DLN: 93493316008059 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization D Employer identification number B Check if applicable UNITED STATES TELECOM ASSOCIATION ☐ Address change 53-0159345 ☐ Name change Doing business as ☐ Initial return USTÉLECOM ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 601 NEW JERSEY AVE NW NO 600 ☐ Amended return □ Application pending (202) 326-7300 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC  $\,$  20001 G Gross receipts \$ 15,175,262 Name and address of principal officer H(a) Is this a group return for JONATHAN SPALTER □Yes ☑No subordinates? 601 NEW JERSEY AVE NW NO 600 H(b) Are all subordinates WASHINGTON, DC 20001 ☐ 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) **H(c)** Group exemption number ▶ Website: ► WWW USTELECOM ORG L Year of formation 1897 M State of legal domicile IL Summary 1 Briefly describe the organization's mission or most significant activities USTELECOM EXISTS TO ENSURE MEMBERS CAN COMPETE, GROW AND THRIVE TO BUILD A WORLD WHERE FAMILIES, ENTERPRISES AND COMMUNITIES ARE CONNECTED THROUGH THE POWER OF BROADBAND 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) . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 19 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b 37,768 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 12,030,889 12,583,521 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 1,948,179 645,737 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11,549 11.642 13,240,900 13,990,617 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3). 52,950 141,050 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7,352,569 7,567,765 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 3,889,391 5,416,130 11,294,910 13,124,945 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 2,695,707 115,955 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 21,994,872 22,205,740 6,733,587 21 Total liabilities (Part X, line 26) . 5,142,903 16,851,969 15,472,153 22 Net assets or fund balances Subtract line 21 from line 20 . 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 2019-11-04 Signature of officer Sign Here JONATHAN SPALTER PRESIDENT & CEO Type or print name and title Date Print/Type preparer's name Preparer's signature Check I If P00439715 Paid self-employed Firm's name ► TATE AND TRYON Firm's EIN ▶ 52-1855942 **Preparer** Use Only Firm's address ▶ 2021 L STREET NW SUITE 400 Phone no (202) 293-2200 WASHINGTON, DC 20036 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)				Page <b>2</b>
Pa	statement	of Program Service Acc	omplishments		
	Check if Sche	dule O contains a response or	note to any line in this Part III .		🗹
1	Briefly describe the o	rganization's mission	·		
THRO	OUGH THE POWER AND		TOGETHER, WE ARE COMMITTE	TE NEW OPPORTUNITIES TO COM ED TO ENHANCING OUR COMMUN	
2			gram services during the year wh		☐ Yes ☑ No
	If "Yes," describe the	se new services on Schedule	0		
3	Did the organization services?	☐ Yes ☑ No			
	If "Yes," describe the	se changes on Schedule O			
4	Section 501(c)(3) and		required to report the amount o	largest program services, as meas f grants and allocations to others,	
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				·
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4c	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
	See Additional Data				
4d	Other program service				
	(Expenses \$	including	grants of \$	) (Revenue \$	)
4e	Total program serv	rice expenses ▶			
					Form <b>990</b> (2018)

Form	990 (2018)			Page <b>3</b>
Pa	tIV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule $A$	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔁	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section $170(b)(1)(A)(II)$ ? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and $IV$	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,			

18

19

20a

20b

21

22

Yes

Νo

Νo

No

No

Form **990** (2018)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

19

21

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 more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

ar	tIV Checklist of Required Schedules (continued)			
			Yes	No
3	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? <i>If "Yes," complete Schedule J</i>	23	Yes	
la	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
ā	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
,	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
}	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
•	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
,	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
ia	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
i	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
,	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Par	tV 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

1b

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Yes

10a

10b

11a

11b

12b

13b

13c

12a

13a

14a

14b

15

No

Nο

Form **990** (2018)

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

a Initiation fees and capital contributions included on Part VIII, line 12 . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

orm	990 (2018)			Page
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to	lines ✓
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	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 17			
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?	<b>7</b> b	Yes	
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	
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 Revenue	⊇ Cod€	⊋.)	
			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? <i>If "Yes," describe in Schedule O how this was done</i>	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	
	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

	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	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			

status with respect to such arrangements?

16b Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶ Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 19 policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION 601 NEW JERSEY AVE NW NO 600 WASHINGTON, DC 20001 (202) 326-7300 Form **990** (2018)

orm 990 (	2018)										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	this	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	id H	lighe	st C	Compensated En	nployees	
ear • List all f compens	e this table for all persons require of the organization's <b>current</b> of ation Enter -0- in columns (D), (	ficers, directors, E), and (F) if no	trustee	s (wl nsatı	neth on v	er ir vas į	ndıvıdu Daid	als (	or organizations), re	gardless of amount	-
	of the organization's <b>current</b> key		•								
ho receive	organization's five <b>current</b> high ad reportable compensation (Box n and any related organizations										
f reportabl	of the organization's <b>former</b> office e compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	•'			·	•
rganızatıor	of the organization's <b>former dire</b> n, more than \$10,000 of reportab	le compensation	n from t	he or	gan	ızatı	on and	an	y related organization	ns	2
ompensate	s in the following order individua ed employees, and former such p	ersons	•								
_ Check	this box if neither the organizatio	n nor any relate	ed organ	nzatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	Γ
	<b>(A)</b> 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	2/1000 MISC)	MISC)	related organizations
See Addition	al Data Table						Ŀ				
					l	1		l			

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

Page 8

Section A. Officers, Direct		<del>//</del> -		<u>-,-</u>							<del>'</del> —		
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than o	one bo ooth a	lo not ox, u an off	ot che unles fficer	ess pers er and a	son	compensa from th organization	ation ne n (W-	from related organizations (	w-	Estima amount o compens from	ated of other sation the
	for related organizations below dotted line)		Institutional Truste	Officer	key employee	Highest compense employee	Former	2/1099-MI	ISC)	2/1099-MISC	)	relate	ed
Address Date Table		<u> </u>	j.	<u>                                     </u>	$\perp$	# £	<u> </u>				$\perp$		
dditional Data Table		<u> </u>	<u></u>		—		<u> </u> -				$\dashv$		
		<del> </del>	<u> </u>	$\vdash$	-	+	+				+		
	<del>                                     </del>	<del> </del>	<del>                                     </del>	$\vdash$	$\vdash$	+-	+				+		
		<del>                                     </del>	<del>                                     </del>	H	$\vdash$	+	+				+		
				$\mid \mid \mid$		+	$\vdash$				$\top$		
	!										$\top$		
											$\Box$		
				<u> </u>		<u> </u>							
						<b>&gt;</b>			_		$\vdash$		
· · · · · · · · · · · · · · · · · · ·							0		402,846				
			e liste	ed al	bove	e) who	) rec	eived more th	1an \$10	00,000			
											_	Yes	No
	•			•				-		employee on	3		No
										the	4	Yes	
									or ındı	vidual for	_		No
ction B. Independent Contract	ors		_	_	_	_	_						140
											npen	nsation	
·	(A)									(B)			
INSON BARKER KNAUER LLP	IIM Euro								ISLATIVI	E AND REGULATOR	Y		617,200
M STREET NW SUITE 800N HINGTON, DC 20036													
MUNICATION MEDIA ADVISORS								REGU	ŪLATOR	Y CONSULTING	-		250,893
ON, MA 02110								- WRI	TING SE	-DVICES		<del>                                     </del>	220,000
L PIENZA COURT RSIDE, CA 92503													
/Y PUBLIC RELATIONS WORLDWIDE INC				_	_			PUBL	IC AFFI	ARS CONSULTING			165,000
DX 781983 DELPHIA, PA 191781983										-::: · TOP!			
Y AUSTIN LLP											Y		155,576
AGO, IL 60690		t not lin					<u></u>		und me		no of	:	
	Additional Data Table  Additional Data Table  Additional Data Table  Total from continuation sheets to Particular and Table  Total from continuation sheets to Particular and Table  Total number of individuals (including of reportable compensation from the of line 1a? If "Yes," complete Schedule J.  For any individual listed on line 1a, is organization and related organizations individual	Additional Data Table  Additional Data Table	Name and Title    Average hours per week (list any hours for related organizations below dotted line)   Position of the calendar for reportable compensation from continuation sheets to Part VII, Section A	Name and Title    Average hours per week (list any hours per week (lis	Name and Title    Average week (list any hours per week (list any hours for related organizations) below dotted line)   Additional Data Table	Name and Title    Average hours per week (list any hours for related organizations below dotted line)   Position (do not than one box, unless both an officer director/trust specified to the property of the	Name and Title    Average hours per week (list any hours for related organizations below dotted line)   Position (do not check me than one box, unless per is both an officer and a director/trustee)   Position (do not check me than one box, unless per is both an officer and a director/trustee)   Position (do not check me than one box, unless per is both an officer and a director/trustee)   Position (do not check me than one box, unless per is both an officer and a director/trustee)   Position (director/trustee)   Position (director/trustee)	A verage hours per week (list any hours for related organizations below dotted in the line   Position (do not check more than one box, unless person is both an officer and a director/trustee)   Position (do not check more than one box, unless person is both an officer and a director/trustee)   Position (do not check more than one box, unless person is both an officer and a director/trustee)   Position (do not check more than one box, unless person is both an officer and a director/trustee)   Position (do not check more than one box, unless person is both an officer and a director/trustee)   Position (do not check more than one box, unless person is both an officer and a director/trustee)   Position (do not check more than one box, unless person is both an officer and a director/trustee)   Position (do not check more than one box, unless person is both an officer and a director/trustee)   Position (do not check more than one box, unless person is both an officer and a director/trustee)   Position (do not check more than one box, unless person is both an officer and a director/trustee)   Position (do not check more than one box, unless person is both an officer and a director/trustee)   Position (do not check more than one box, unless person is both an officer and a director/trustee)   Position (do not check more than one box, unless person is both an officer and a director/trustee)   Position (do not check more than one box, unless person is both an officer and a director/trustee)   Position (do not check more than one box, unless person is both an officer and a directory   Position (do not check more than one box, unless person is both an officer and is both an officer and is both and directory   Position (do not check more than one box, unless person is both an officer and is both and directory   Position   Positi	Name and Title    A	A   A   A   A   A   A   A   A   A   A	Name and Title    Average hours per week (hit any hours for related per week (hit any hours for related pelow) and the pelow dotted plant of the pel	Name and Title    California Data Table   California Data Table	(a) Name and Title  (b) Name and Title  (c) Average hour's per week (stat any locate and a per compensation of the contractors and a per compensation or per compensat

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 ▶ 8

Part		Statement of	Revenue							rage 9
		Check if Schedul	le O contains a	a respo	onse or note to any	line in this Part VII	١			🗆
						<b>(A)</b> Total revenue	Rel e> fu	(B) ated or cempt nction	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections
	12	a Federated campaig	ns	1a			re	venue		512 - 514
nts nts		<b>b</b> Membership dues		1b						
irai 10 u		c Fundraising events		1c						
s, G An		d Related organizatio		1d	<u> </u>					
iii. Iar		e Government grants (c			<u> </u>					
s, ( iiii				1e						
Contributions, Gifts, Grants and Other Similar Amounts	1	f All other contributions and similar amounts n	ot included	1f						
but the	١.	above  9 Noncash contribution	nne included							
ng S	'	in lines 1a - 1f \$								
Contained		<b>h Total.</b> Add lines 1a	-1f		•					
٦.					Business	Code				
Program Service Revenue	2a	DUES & ASSESSMENTS				900099	,519,901	12,519	,901	
4	b	WEBINARS & CONFERE	NCES			900099	63,620	63	,620	
Ce F						300033				
Ē	C	1		_						
S E	d									
grai	f	All other program se	rvice revenue							
å.		Total. Add lines 2a-2			12,5	583,521				
		Investment income (ii			Interest and other	1				
		similar amounts) .			► • • • • • • • • • • • • • • • • • • •	429,60	54			429,664
		Income from investm								
	5	Royalties				10,40	00			10,400
	6a	Gross rents	(ı) Real		(II) Personal	_				
	b	Less rental expenses								
	c	Rental income or				-				
		(loss)				_				
	d	Net rental income o	<u> </u>		•					
	72	Gross amount	(ı) Securit	ies	(II) Other	_				
	<i>,</i> a	from sales of assets other	2,1	50,435						
		than inventory								
	b	Less cost or other basis and	1.0	.02.211	24.454					
		sales expenses		03,211	·	_				
		Gain or (loss)		47,224	-31,15	4	72			216.072
		I Net gain or (loss) . Gross income from f			<b>•</b>	216,0	/3			216,073
<u>a</u>	O.a	(not including \$		of						
Other Revenue		contributions reporte See Part IV, line 18		а	}					
ev	ь	Less direct expense		ь		_				
<u>ه</u> ا		: Net income or (loss)			ents	_				
Ť.	9a	Gross income from g		es						
0		See Part IV, line 19		a	}					
	ь	Less direct expense	s	ь		_				
		: Net income or (loss)			ies 🕨	_				
	10a	Gross sales of invent	tory, less							
		returns and allowand	ces	a	}					
	ь	Less cost of goods s	sold	b						
		: Net income or (loss)				_				
ŀ		Miscellaneous			Business Code					
•	11	aMISCELLANEOUS RI	EVENUE		900099	1,24	42			1,242
	Ь	·								
	c	:								
	d	All other revenue .								
	e	<b>Total.</b> Add lines 11a	-11d		•	1,24	42			
	12	<b>Total revenue.</b> See	Instructions					12 502 524		0 657.55
					•	13,240,90	וטע	12,583,521		0 657,379 Form <b>990</b> (2018)

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anızatıons must com	plete column (A)	
Check if Schedule O contains a response or note to any	Ine in this Part IX .			<u> 🗹 </u>
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	<b>(D)</b> Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	141,050			
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				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	3,928,542			
<b>6</b> 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	2,711,048			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	303,155			
9 Other employee benefits	333,170			
<b>10</b> Payroll taxes	291,850			
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	1,312,598			
c Accounting	62,527			
<b>d</b> Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	28,603			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,424,535			
12 Advertising and promotion				
13 Office expenses	33,189			
<b>14</b> Information technology	258,767			
15 Royalties				
<b>16</b> Occupancy	703,600			
<b>17</b> Travel	114,390			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	210,453			
<b>20</b> Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	182,008			
23 Insurance	83,182			
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 PENSION BENEFIT EXPENSE	621,041			
b EXTERNAL RELATIONS	208,725			
c PRINTING & PUBLICATIONS	73,090			
d MEMBERSHIP AND DUES	20,853			
e All other expenses	78,569			
25 Total functional expenses. Add lines 1 through 24e	13,124,945			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2018)

19

20

21

23

24

26

27

28

29

31

32

33

34

**Fund Balances** 

Assets or 30

Net

Liabilities 22 Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Tax-exempt bond liabilities . . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

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.

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

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

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

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

Retained earnings, endowment, accumulated income, or other funds

		Check if Schedule O contains a response or note to any line in this Part IX	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	1,000	1	118
	2	Savings and temporary cash investments	39,430	2	2,399,678
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	4,748	4	65,340
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
ts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
sset	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
٦	9	Prepaid expenses and deferred charges	1,522,332	9	1,538,515
- 1					

S		section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	f section 501(c)(9) structions) Complete		6		
eŧ	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use				8	
٨	9	Prepaid expenses and deferred charges			1,522,332	9	1,538,515
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,756,263			
	b	Less accumulated depreciation	10b	292,857	1,641,181	10c	1,463,406
	11	Investments—publicly traded securities .			18,786,181	11	16,738,683
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	11 .			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11		15			
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	21,994,872	16	22,205,740
	17	Accounts navable and accrued expenses			467 101	17	1 363 736

10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D.	10a	1,756,263			
ь	Less accumulated depreciation	<b>10</b> b	292,857	1,641,181	10c	1,463,406
11	Investments—publicly traded securities .			18,786,181	11	16,738,683
12	Investments—other securities See Part IV, line	11 .			12	
13	Investments—program-related See Part IV, line			13		
14	Intangible assets				14	
15	Other assets See Part IV, line 11				15	
16	Total assets.Add lines 1 through 15 (must equ	al line	34)	21,994,872	16	22,205,740
17	Accounts payable and accrued expenses			467,101	17	1,363,736
18	Grants payable				18	

165.339

5.204.512

6.733.587

15.472.153

15,472,153

22,205,740

Form **990** (2018)

176.612

4.499.190

5.142.903

16.851.969

16,851,969

21,994,872

20

21

22 23

24

25

26

27 28

29

30

31 32

33

34

3a

3b

No

Form 990 (2018)

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

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

Audit Act and OMB Circular A-133?

#### Additional Data

Software ID: Software Version:

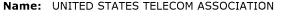
**EIN:** 53-0159345

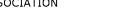
GOVERNMENT AFFAIRS. REPRESENTS THE ASSOCIATION'S INTERESTS BEFORE CONGRESS AND THE ADMINISTRATION. IT ALSO MANAGES THE ASSOCIATION'S POLITICAL

ACTION COMMITTEE

Form 990 (2018)

Form 990, Part III, Line 4a:







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

Form 990, Part III, Line 4c: COMMUNICATIONS & PUBLIC AFFAIRS OVERSEES MEMBER COMMUNICATIONS AND EXTERNAL MEDIA RELATIONS AND MANAGES THE USTFLECOM WEBSITE AS WELL AS

VARIOUS ELECTRONIC COMMUNICATIONS. IT ALSO FACILITATES EDUCATIONAL OPPORTUNITIES FOR OUR MEMBERS.

(A) (D) (B) (C) (E) (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 from related compensation and a director/trustee) any hours organization organizations from the

·	1 6							J /W 2/1000	/14/ 3/1000	
	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
ANAND VADAPALLI CHAIRMAN	2 00	×		х				0	0	0
BOB UDELL VICE CHAIRMAN	2 00	x		х				0	0	0
MARK D NIELSEN TREASURER (AS OF 10/18)	2 00	x		х				0	0	0
JOHN JONES TREASURER (THRU 10/18)	2 00	x		x				0	0	0
DARBY MCCARTY	2 00							1		

Χ

Χ

Х

Х

Х

Х

0

0

0

0

0 00 2 00

0 00 2 00

0 00 2 00

0 00 2 00

0 00

......

......

......

SECRETARY

SCOTT BARBER

CLAY BAILEY

JEFF ENGLAND

BOARD MEMBER

BOARD MEMBER

KEN GLUECK

BOARD MEMBER (THRU 7/18)

BOARD MEMBER (AS OF 10/18)

BOARD MEMBER (AS OF 8/18)

CHRISTOPHER E FRENCH

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 week (list from the from related compensation

	any hours	and	a dır	ecto	-	ustee)	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	eevoldine Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
KATHY GRILLO	2 00	l .								
BOARD MEMBER (AS OF 8/18)	0 00	X						l o	0	0
ROBERT HUNT BOARD MEMBER	2 00	х						0	0	0
JACK W KEEN BOARD MEMBER	2 00	×						0	0	0
JOAN MARSH BOARD MEMBER (AS OF 5/18)	2 00	×						0	0	0
RON B MCCUE	2 00	Х						0	0	0
BOARD MEMBER (THRU 7/18)	0 00									

2 00

1 00 2 00

0 00 2 00

0 00

Χ

Х

Х

Х

Х

0

0

0

......

......

......

JOAN MARSH
BOARD MEMBER (AS OF 5/18)
RON B MCCUE
BOARD MEMBER (THRU 7/18)

RUSTY MOORE

**BOARD MEMBER** 

MARK D NIELSEN

**BOARD MEMBER** 

DAN OVERLAND

BOARD MEMBER

**BOB QUINN** 

MASAHIKO NITTONO

.......

BOARD MEMBER (AS OF 10/18)

BOARD MEMBER (THRU 5/18)

and Independent Contractors

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

	ally flours	ا مااله	a uii	ecto	// LI	usice,	, ।	Organization	organizacions	l lioni 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
MARTY RUBIN	2 00	x						0	0	0
BOARD MEMBER	0 00	l ''						9	3	
RICHARD RUHL	2 00	×						0	0	
BOARD MEMBER	0 00								U	0
YUKIYASU SAKAMOTO	2 00	v						0	0	0

RICHARD RUHL	2 00	l					
BOARD MEMBER	0 00	X				0	
YUKIYASU SAKAMOTO	2 00						
BOARD MEMBER (THRU 10/18)	0 00	×				0	
CRAIG SILLIMAN	2 00	l					
		X	i l			0	

0 00 2 00

0 00 38 00

2 00 39 00

1 00 39 00

1 00 39 00

1 00

. . . . . . . . . . . . . . . . . .

......

......

and Independent Contractors

BOARD MEMBER

JASON WILLIAMS

**BOARD MEMBER** 

JONATHAN SPALTER

PRESIDENT & CEO

LORNA JOHNSON

ALLISON REMSEN

JONATHAN BANKS

SVP, LAW & POLICY

VP, FINANCE AND ADMIN

**EVP & CHIEF OF STAFF** 

......

YUKIYASU SAKAMOTO		,						ı
BOARD MEMBER (THRU 10/18)		^				U	0	
CRAIG SILLIMAN	2 00	V						
BOARD MEMBER (THRU 8/18)		^				U	U	
TONY THOMAS	2 00							Г

Х

Χ

Х

Χ

Х

Х

1,316,548

189,260

493,899

688,411

6,600

28,280

14,566

44,966

0

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

and Independent Contractors

PAT BROGAN

VP, POLICY

VP, LAW AND POLICY

MARC GONZALES

	any hours					ustee		organization	organizations	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
SALLY AMAN	40 00				×			324,629	0	44,156
SVP, COMM & PUBLIC AFFAIRS	0 00							321,023	3	11,130
GALEN ROEHL SVP OF GOVERNMENT AFFAIRS	40 00				×			263,893	0	35,937
ROBERT MAYER	40 00				Ų			403 300	0	26 520
VP, INDUSTRY/STATE AFFAIRS	0 00				×			403,288	U	36,520
DIANE HOLLAND	40 00					,		216 000	0	46 510

46,518

42,404

34,629

GALEN ROEHL	40 00						263,893	0	l
SVP OF GOVERNMENT AFFAIRS	0 00			^			203,893	0	
ROBERT MAYER	40 00								
VP, INDUSTRY/STATE AFFAIRS				X			403,288	0	
VI, INDUSTRIJSTATE ALTAIRS	0 00								
DIANE HOLLAND	40 00						24.5 000		
					l ×		316,000	U	i

ROBERT MAYER	40 00		l x		403,288	0	
VP, INDUSTRY/STATE AFFAIRS	0 00		, .		1.00,200		
DIANE HOLLAND	40 00			v	316,000	0	
VP, LAW AND POLICY	0 00				310,000	0	
							· ·

VP, INDUSTRY/STATE AFFAIRS	0 00		,,		,200		
DIANE HOLLAND	40 00			×	316,000	0	
VP, LAW AND POLICY	0 00			^	310,000	3	
KEVIN RUPY	40 00			x	235.485	0	

	0 0	1								
DIANE HOLLAND	40 0									
						Ιx		316,000	0	İ
VP, LAW AND POLICY	0.0									
KEVIN RUPY	40 0									
NEVIN NOT I						Ιx		235,485	0	ĺ
UD LAW AND DOLTOW		1	ı	l	l	l ^`	l	]	· ·	i

	0 00	l	I					
KEVIN RUPY	40 00							
					l x l	235,485	0	17,448
VP, LAW AND POLICY	0 00							
LYNN FOLLANSBEE	40 00							
ETHN TOLENIODEL					X	221,990	0	50,822

Х

195,535

209,415

				Х	235,485	0	1
VP, LAW AND POLICY	0 00						
LYNN FOLLANSBEE	40 00						
				l x	221.990	ol	i
VP, LAW AND POLICY	0 00						ı

40 00

0 00 40 00

0 00

SCHEDULE C

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

# **Political Campaign and Lobbying Activities**

OMB No 1545-0047

DLN: 93493316008059

Open to Public

Department of the Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

EZ)

(Form 990 or 990-

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

Inspection

f the	Section 501(c)(3) organizations tha Section 501(c)(3) organizations tha	n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under 9 t have NOT filed Form 5768 (election u n Form 990, Part IV, Line 5 (Proxy Ta is), then	section 501(h)) Co nder section 501(h	omplete Part II-A Do not c i)) Complete Part II-B Do	omplete Part II-B not complete Part II-A
Nar	ne of the organization			Employer ide	ntification number
UNI	TED STATES TELECOM ASSOCIATION			53-0159345	
Par	t I-A Complete if the orga	nization is exempt under section	on 501(c) or is		ization.
1	Provide a description of the orgar "political campaign activities")	nization's direct and indirect political cal	mpaign activities ii	n Part IV (see instructions	for definition of
2	Political campaign activity expend	ditures (see instructions)		<b>&gt;</b>	\$
3	Volunteer hours for political camp	paign activities (see instructions)			
Par	t I-B Complete if the orga	nization is exempt under section	on 501(c)(3).		
1	Enter the amount of any excise to	ax incurred by the organization under s	ection 4955	<b>&gt;</b>	\$
2	Enter the amount of any excise to	ax incurred by organization managers u	ınder section 4955	<b>&gt;</b>	\$
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for	this year?		🗌 Yes 🔲 No
4a	Was a correction made?				☐ Yes ☐ No
	If "Yes," describe in Part IV				
	<u> </u>	nization is exempt under section			).
1	, ,	led by the filing organization for section	•		\$
2	Enter the amount of the filing org function activities	panization's funds contributed to other o	organizations for se	ection 527 exempt	\$
3	Total exempt function expenditur	es Add lines 1 and 2 Enter here and o	n Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file For	rm 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) or reach organization listed, enter the am that were promptly and directly deliver ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	e filing organization's funds political organization, such	Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
l					
2					
3					
1					
5					
5					
	1512			1	

Grassroots ceiling amount

activity

Volunteers?

Part III-B

Current year

Carryover from last year

expenditure next year?

Return Reference

1

2

С Total

Part IV

3

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

1

Schedule C (Form 990 or 990-EZ) 2018

(b)

Amount

(a)

No

Yes

1

2a

2b

2c

3

4 5

Schedule C (Form 990 or 990EZ) 2018

### Media advertisements? 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? Other activities? Total Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 2a 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

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

12,519,901

2,791,943

-1.398.567

1,393,376

3,958,936

-2,565,560

a	d If the filing organization incurred a section 4912 tax, did it file Form 4/20 for this year?							
Par	Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).							
			Yes	No				
1	Were substantially all (90% or more) dues received nondeductible by members?	1		No				
2	2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?							
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	Yes					

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)

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

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

(Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

**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.

▶ Go to www.irs.gov/Form990 for the latest information.

DLN: 93493316008059 OMB No 1545-0047

**Inspection** Employer identification number

UNI	TED STATES TELECOM ASSOCIATION				53-0159345	
Pa	rt I Organizations Maintaining Donor Advi	ised Funds or Oth	er	Similar Funds c	1	
	Complete if the organization answered "Ye					
		(a) Donor a	idvis	sed funds	(b)Funds and other accoun	ts
•	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
ļ	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex			ets held in donor ad	vised funds are the	□ No
5	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?				onferring impermissible	□ No
Pai	t II Conservation Easements. Complete if the	he organization ans	we	red "Yes" on Forr		
	Purpose(s) of conservation easements held by the orga				,	
	Preservation of land for public use (e.g., recreation	· -	٦.		historically important land area	
	Protection of natural habitat	Г	_		ertified historic structure	
		_	_	rieservation of a c	ertified filstoric structure	
	☐ Preservation of open space					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation	1 CO	ntribution in the for	m of a conservation  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 historic	ıc structure ıncluded ır	n (a	)	2c	
d	Number of conservation easements included in (c) acquistructure listed in the National Register	ired after 7/25/06, an	d no	ot on a historic	2d	
3	Number of conservation easements modified, transferre tax year ▶	ed, released, extinguis	hed	, or terminated by	the organization during the	
ŀ	Number of states where property subject to conservation	on easement is located	<b>d ▶</b> _			
;	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	he periodic monitoring s?	j, in	spection, handling (		lo
•	Staff and volunteer hours devoted to monitoring, inspect	cting, handling of viola	atior	ns, and enforcing co	onservation easements during the y	year
,	Amount of expenses incurred in monitoring, inspecting,  ▶ \$	. handling of violations	, ar	nd enforcing conser	vation easements during the year	
3	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(II)^7$	) above satisfy the req	luire	ments of section 1		lo
)	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	e footnote to the orgar	n its nizai	revenue and exper ion's financial state	nse statement, and ements that describes	
ar	t IIII Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical			er Similar Assets.	
.a	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	16 (ASC 958), not to r public exhibition, edu	epo ıcatı	rt in its revenue sta on, or research in f		of
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	16 (ASC 958), to repo	rt ın	ıts revenue statem		
1	i) Revenue included on Form 990, Part VIII, line 1				<b>&gt;</b> \$	
ין	i) Assets included in Form 990, Part X	eal transcripts	<b>.</b>	nday agasta 6 6	notal gain provide the	
2	If the organization received or held works of art, histori following amounts required to be reported under SFAS				ncial gain, provide the	
а	Revenue included on Form 990, Part VIII, line 1				<b>▶</b> \$	
h	Assets included in Form 990 Part X				<b>▶</b> \$	

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Ma	aintaining Col	lections o	of Art,	Histori	ical Ti	reası	ires, oi	r Other	Simila	r Assets	(continued)
3		the organization's acquicheck all that apply)	uisition, accessior	n, and other	records	, check	any of	the fo	llowing t	hat are a	significa	int use of it	s collection
а		Public exhibition				d		Loan	or exch	ange pro	grams		
b		Scholarly research				е		Othe	r				
С		Preservation for future	generations										
4	Provid Part X	de a description of the o	organızatıon's coll	ections and	d explain	how the	ey furtl	ner th	e organiz	zation's e	xempt pı	ırpose ın	
5		g the year, dıd the orga s to be sold to raise fur									nılar	□ <b>Y</b>	es 🗌 No
Pa	rt IV	Escrow and Custo Complete if the org X, line 21.			" on Fo	rm 990	, Part	IV, lı	ıne 9, o	r reporte	ed an ar	mount on	Form 990, Part
1a		organization an agent led on Form 990, Part )		an or other	ınterme	diary for	contri	butior	s or othe	er assets	not	□ <b>Y</b>	es 🗌 No
b	If "Ye	s," explain the arrange	ment in Part XIII	and comple	ete the f	ollowina	table					Amount	
c		ning balance								1c			
d	_	ons during the year								1d			
е		butions during the year	•							1e			
f		g balance								1f			
<b>2</b> a		ne organization include	an amount on Fo	rm 990. Pai	rt X. line	21. for	escrow	ı or cı	ıstodial a	ccount li	ability?.	🗆 v	es 🗆 No
b		s," explain the arrange										_	
	irt V	Endowment Fund											
			abi complete ii	(a)Currer			rior yea			ears back		e years back	(e)Four years back
1a	Beginn	ing of year balance .		. , ,	,								,
b	Contrib	outions											
С	Net inv	estment earnings, gain	ns, and losses										
		or scholarships						$\dashv$					
		expenditures for facilities						_					
_		ograms											
f	Admini	strative expenses .											
g	End of	year balance											
2	Provid	de the estimated percer	ntage of the curre	nt year end	balance	e (line 1	g, colu	mn (a	)) held a	S	•		
а	Board	designated or quasi-ei	ndowment 🕨										
b	Perma	anent endowment 🕨											
С	Temp	orarily restricted endov	vment ▶										
•	The p	ercentages on lines 2a,	, 2b, and 2c shoul	ld equal 100	0%								
3a		nere endowment funds	not in the posses	sion of the	organıza	tion tha	t are h	eld an	ıd admın	istered fo	r the		Yes No
	_	related organizations										[3	Ba(i)
	(ii) re	elated organizations .										<u> </u>	a(ii)
b		s" on 3a(ıı), are the rel		s listed as i	required	on Sche	dule R	?.				. [	3b
4	Descr	ibe in Part XIII the inte	ended uses of the	organızatıo	n's endo	wment	funds						<u> </u>
Pa	rt VI	Land, Buildings,											
	D	Complete If the org	ganization answ (a) Cost or oth			rm 990 t or other				. See Fo umulated			ne 10. (d) Book value
	Descri	ption of property	(investme		(b) cos	t or other	nasis (i	ourier)	(C) ACC	.umulateu	лергесіаці <b>с</b>	)   	(d) Book value
1a	Land												
b	Building	gs											
С	Leaseh	old improvements		1,280,086							169,4	163	1,110,623
d	Equipm	nent											
				476,177							123,3	394	352,783
		lines 1a through 1e (Co	olumn (d) must ed	gual Form 9	90, Part	X, colui	mn (B)	, line	10(c))		<b>&gt;</b>		1,463,406
		·										Schedule	D (Form 990) 2018

Soc Form COO Bort V Line 13	iization answe	ered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b)	(c) Method of valuation
(including name of security)	Book value	Cost or end-of-year market value
(1) Financial derivatives		
(3)Other	-	
(A)		
B)		
C)		
D)		
E)		
F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )	•	
Part VIII Investments—Program Related.  Complete if the organization answered 'Yes' on Form 99	0, Part IV, line	e 11c. See Form 990, Part X, line 13.
(a) Description of investment (b)	) Book value	(c) Method of valuation Cost or end-of-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 )		
Part IX Other Assets. Complete if the organization answered 'Yes' on  (a) Description	Form 990, Part	t IV, line 11d See Form 990, Part X, line 15  (b) Book value
1)		
2)		
3)		
4)		
5)		
5) 6)		
5) 6) 7)		
<ul><li>(5)</li><li>(6)</li><li>(7)</li><li>(8)</li></ul>		
5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15)		
5) 6) 7) 8) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.	d 'Yes' on For	m 990, Part IV, line 11e or 11f.
5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. L. (a) Description of liability	d 'Yes' on For	
5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. L. (a) Description of liability 1) Federal income taxes	d 'Yes' on For	m 990, Part IV, line 11e or 11f.
5) 6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. L. (a) Description of liability 1) Federal income taxes DEFERRED RENT ACCRUED PENSION BENEFITS	d 'Yes' on For	m 990, Part IV, line 11e or 11f.
6)  7)  8)  9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.  L. (a) Description of liability  1) Federal income taxes  DEFERRED RENT  ACCRUED PENSION BENEFITS  3)	d 'Yes' on For	m 990, Part IV, line 11e or 11f.  ok value  2,138,817
6)  6)  7)  88)  9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.  L. (a) Description of liability  1) Federal income taxes  DEFERRED RENT  ACCRUED PENSION BENEFITS  3)  4)	d 'Yes' on For	m 990, Part IV, line 11e or 11f.  ok value  2,138,817
66)  77)  88)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.  L. (a) Description of liability  11) Federal income taxes  DEFERRED RENT  ACCRUED PENSION BENEFITS  13)  14)	d 'Yes' on For	m 990, Part IV, line 11e or 11f.  ok value  2,138,817
66)  (7)  (8)  (9)  (1)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.  (a) Description of liability  (1) Federal income taxes  DEFERRED RENT  ACCRUED PENSION BENEFITS  (3)  (4)  (5)	d 'Yes' on For	m 990, Part IV, line 11e or 11f.  ok value  2,138,817
(6) (7) (8) (9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.  1. (a) Description of liability (1) Federal income taxes  DEFERRED RENT ACCRUED PENSION BENEFITS (3) (4) (5)	d 'Yes' on For	m 990, Part IV, line 11e or 11f.  ok value  2,138,817
(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 answered See Form 990, Part X, line 25.  1. (a) Description of liability (1) Federal income taxes  DEFERRED RENT  ACCRUED PENSION BENEFITS (3) (4) (5) (6) (7)	d 'Yes' on For	m 990, Part IV, line 11e or 11f.  ok value  2,138,817
Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.	d 'Yes' on For	m 990, Part IV, line 11e or 11f.  ok value  2,138,817

Part XI

4

b

c

Part XII

5

1 2

d

3

4

b

5

Part XIII

See Additional Data Table

Schedule D (Form 990) 2018

Page 4

-1,495,771

13,243,448

## Add lines 2a through 2d . . 3

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

2	Amounts included on line 1 but not on Form 990, Part VIII, line 12
а	Net unrealized gains (losses) on investments
b	Donated services and use of facilities
c	Recoveries of prior year grants
d	Other (Describe in Part XIII )
_	Add been 3- through 3d

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 .

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 . . .

Supplemental Information

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

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

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

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

Donated services and use of facilities . . .

Add lines 2a through 2d . .

Return Reference

2b

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2c 2d

-1,495,771

31,151

28,603

2e

3

4c

5

2a

2a 2b

2c 2d

4a

4b

Explanation

2e

t line <b>2e</b> from line <b>1</b>		•				3	
s included on Form 990, Part VIII, line 12, but not on line <b>1</b>							
ent expenses not included on Form 990, Part VIII, line 7b	4a				28,603		
Describe in Part XIII )	4b				-31,151		
s <b>4a</b> and <b>4b</b>						4c	
venue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12 )							
Reconciliation of Expenses per Audited Financial Statem				ense	s per R	eturr	١.

	-2,	548
13,2	240,	900
13,1	27,	493

31,151

28,603

13.124.945

Schedule D (Form 990) 2018

13,096,342

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

### **Additional Data**

Software ID:

Software Version:

**EIN:** 53-0159345

Name: UNITED STATES TELECOM ASSOCIATION

Sunn	laman	tal T	nfor	mat	i,

Explanation

Return Reference

LOSS ON DISPOSAL TREATED AS EXPENSE FOR AFS PURPOSES -31,151

PART XI, LINE 4B - OTHER **ADJUSTMENTS** 

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	LOSS ON DISPOSAL TREATED AS EXPENSE FOR AFS PURPOSES 31,151

Sı

DLN: 93493316008059 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasurv Internal Revenue Service Name of the organization Employer identification number UNITED STATES TELECOM ASSOCIATION 53-0159345 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (1) See Additional Data (2) (5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . 2 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018						Page <b>2</b>	
Part III Grants and Other As Part III can be duplica				anization answered "Yes"	on Form 990, Part IV, line 22		
(a) Type of grant or assistance		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
(1)				<u> </u>			
(2)							
(3)							
(4)	(4)						
(5)	(5)						
(6)	6)						
(7)	(7)		1		Ţ		
Part IV Supplemental	Informati	on. Provide the in	iformation required in '	Part I, line 2; Part III	I, column (b); and any other a	additional information.	
Return Reference	Explanation	Explanation					
PART I, LINE 2	WHICH CON CONTRIBUT	USTELECOM MAKES CONTRIBUTIONS PRIMARILY TO CHARITABLE ORGANIZATIONS AN ANNUAL BUDGET IS ESTABLISHED AND SENIOR MANAGEMENT PRIORITIZES WHICH CONTRIBUTIONS WILL BE MADE RECORDS ARE MAINTAINED TO SUBSTANTIATE AMOUNTS OF CONTRIBUTIONS AND INVOICES ARE REVIEWED TO ASSURE CONTRIBUTIONS ARE NOT DEEMED POLITICAL, ARE MADE TO 501C3 ORGANIZATIONS, ETC USTELECOM TYPICALLY DOES NOT ATTEMPT TO AUDIT ACTUAL USE OF CONTRIBUTIONS BY THE RECEIVING ORGANIZATION					

Schedule I (Form 990) 2018

## **Additional Data**

(a) Name and address of

CAUCUS FOUNDATION 1720 MASSACHUSETTS

WASHINGTON, DC 20036

CONGRESSIONAL HISPANIC CAUCUS INSTITUTE 911 2ND STREET NE WASHINGTON, DC 20002

AVENUE NW

# **Software ID: Software Version: EIN:** 53-0159345 Name: UNITED STATES TELECOM ASSOCIATION

**(b)** EIN

52-1114225

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

organization	1	іт арріісавіе	grant	casn	(DOOK, FMV, appraisai,
or government				assistance	other)

501(C)(3)

15,000

(c) IRC section

or government			g. 4	assistance	other)
CONGRESSIONAL BLACK	52-1160561	501(C)(3)	15,000		

Domestic Organizations and Domestic Governments.						
(d) Amount of cash	(e) Amount of non-	(f) Method of valuation				

PROGRAM SUPPORT

(h) Purpose of grant

or assistance

PROGRAM SUPPORT

(q) Description of

non-cash assistance

(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 (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 27-1428117 501(C)(3) 15.000 GLOBAL WOMEN'S PROGRAM SUPPORT INNOVATION NETWORK 233 PENNSYLVANIA AVENUE

SE 2ND FLOOR WASHINGTON, DC 20003 HORTON'S KIDS 52-1755403 501(C)(3) 11,300

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

WASHINGTON, DC 20002

PROGRAM SUPPORT 100 MARYLAND AVE NE SUITE 520

(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 MARCH OF DIMES 13-1846366 501(C)(3) 10.000 PROGRAM SUPPORT FOUNDATION

PO BOX 62770
BALTIMORE, MD 21264

CENTER FOR DEMOCRACY & 52-1905358 501(C)(3) 10,000

PROGRAM SUPPORT

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

1401 K STREET NW SUITE 200 WASHINGTON, DC 20036

(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 52-1938281 501(C)(3) 8.500 PROGRAM SUPPORT EVERYBODY WINS DC

1420 NEW YORK AVENUE NW SUITE 650 WASHINGTON, DC 20005					
JDRF	23-1907729	501(C)(3)	7,500		PROGRAM SUPPORT

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

1400 K STREET SUITE 725 WASHINGTON, DC 20005

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 if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 52-1880677 501(C)(3) 10.000 PROGRAM SUPPORT

MULTICULTURAL MEDIA TELECOM & INTERNET COUNCIL 1620 L STREET NW

WASHINGTON, DC 20036

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19331	6008	059
Sch	nedule J	Co	mpensati	on Information	40	1B No	1545-0	0047
(Fori	m 990)		Compensa anization answ	rustees, Key Employees, and Hig ited Employees ered "Yes" on Form 990, Part IV	hest , line 23.	20	18	3
Depar	tment of the Treasury	▶ Go to <u>www.irs.go</u>		to Form 990. instructions and the latest inform	mation.	pen i		
	al Revenue Service me of the organiza	ation			Employer identificat		ectio	
	TED STATES TELECO							
Pa	rt I Questi	ons Regarding Compensat	ion		53-0159345			
	- Quioson	ons regarding component					Yes	No
1a				the following to or for a person liste y relevant information regarding the				
		s or charter travel		Housing allowance or residence for	•			
	_	companions	님	Payments for business use of perso				
		nification and gross-up payments		Health or social club dues or initiati				
	□ Discretion	nary spending account		Personal services (e g , maid, chau	rreur, cner)			
b		xes in line 1a are checked, did th all of the expenses described abo		ollow a written policy regarding payn plete Part III to explain	nent or reimbursement	1b		
2				or allowing expenses incurred by all r, regarding the items checked in line	. 1.2	2	Yes	
	directors, truste	es, officers, including the CEO/E	xecutive Director	, regarding the items checked in line	: Ia·			
3	organization's C	EO/Executive Director Check all	that apply Don	d to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain				
	☑ Compensa	ation committee	<b>✓</b>	Written employment contract				
		ent compensation consultant	✓	Compensation survey or study				
	☐ Form 990	of other organizations	$\checkmark$	Approval by the board or compensa	ition committee			
4	During the year, related organiza		990, Part VII, Sed	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cont	rol payment?			4a		No
b		r receive payment from, a supple		fied retirement plan?		4b		No
C	Participate in, o	r receive payment from, an equi	y-based comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	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		ed on Form 990, Part VII, Section ontingent on the revenues of		the organization pay or accrue any				
а	The organization	n?				5a		
b	Any related orga					5b		
	-	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of		the organization pay or accrue any				
а	The organization					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 "Yes		the organization provide any nonfixe rt III	a	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 8 53 4958-6(c)?	8, did the organization also follow	w the rebuttable	presumption procedure described in	Regulations section	9		
For I	Paperwork Redu	iction Act Notice, see the Inst	ructions for Fo	rm 990. Cat No. !	50053T Schedule J	(Form	990)	2018

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. the individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

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

Schedule J (Form 990) 2018 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

Schedule J (Form 990) 2018

(1)

(11)

(1)

(1)

(III)

(1)

(1)

(III)

(1)

(1)

(ı)

(III)

(1)

# lionai L

JONATHAN SPALTER

PRESIDENT & CEO

LORNA JOHNSON

ALLISON REMSEN

JONATHAN BANKS

SALLY AMAN

AFFÁIRS

GALEN ROEHL

**AFFAIRS** 

DIANE HOLLAND

KEVIN RUPY

PAT BROGAN

VP, POLICY

ROBERT MAYER

SVP, LAW & POLICY

SVP, COMM & PUBLIC

SVP OF GOVERNMENT

VP. INDUSTRY/STATE

VP, LAW AND POLICY

VP, LAW AND POLICY

LYNN FOLLANSBEE

VP, LAW AND POLICY

VP, LAW AND POLICY

MARC GONZALES

**EVP & CHIEF OF STAFF** 

VP, FINANCE AND ADMIN

Software ID: Software Version:

928,548

173,137

411,319

474,402

280,416

223,105

330,645

273,591

216,016

204,521

180,119

191,986

**EIN:** 53-0159345

Name: UNITED STATES TELECOM ASSOCIATION

309,000

16,123

82,400

214,009

44,033

40,788

72,643

42,409

19,289

17,289

15,416

17,249

Form 990, Schedule J,	Part II - Officers, Di	rectors, Trustees, K	ey Employees, and I	Highest Compensate	d Employees		
(A) Name and Title	(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	( <b>D</b> ) Nontaxable	(E) Total of columns	(F) Compensation in
	(i) Base Compensation	` '	(iii)	other deferred	benefits	(B)(ı)-(D)	column (B) reported as deferred on
		Bonus & incentive	Other reportable	compensation			prior Form 990

6,600

13,501

6,600

20,091

4,950

10,560

20,404

13,200

15,624

10,373

13,613

14,860

3,120

20,302

15,712

30,435

46,385

30,872

19,082

37,162

7,803

46,456

34,367

25,598

1,326,268

223,063

516,211

738,937

375,964

305,325

442,774

366,362

258,912

278,819

243,515

249,873

79,000

180

180

180

180

180

efile GRAPH	IC print - DO NOT PROCESS	As Filed Data -		DLN:	93493316008059		
					OMB No 1545-0047		
SCHEDUL (Form 990 or EZ)	990- Complete to pr	Supplemental Information to Form 990 or 990-EZ  Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.					
Department of the T	reasury FGo to		n 990 or 990-EZ. <u>90</u> for the latest information.		Open to Public Inspection		
Namel Bethe ofg UNITED STATES To	କଳାହation ELECOM ASSOCIATION			Employer identi	fication number		
990 Schedule	e O, Supplemental Information	on					
Return Reference			Explanation				
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE SHOP DIRECTORS ON ALL MATTER THE BYLAWS OR THE OPERATION	RS EXCEPT THOSE E					

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

Return Reference	Explanation
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 CHIEF OF STAFF, SVP POLICY & ADVOCACY, AND THE VP OF FINANCE AND ADMIN ONCE THESE PARTIE S HAVE SIGNED OFF ON THE DRAFT, IT IS SENT TO THE PRESIDENT & CEO FOR HIS REVIEW BEFORE T HE 990 IS FILED, IT IS DISCUSSED AT AN EXECUTIVE COMMITTEE MEETING OF THE BOARD AND MADE A VAILABLE FOR REVIEW BY COMMITTEE MEMBERS EXTERNAL AUDITORS THEN FINALIZE THE RETURN AND T HE 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

LINE 11G

FORM 990, PART IX,

Return Explanation
Reference

LINE 2C

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

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 BUILDING 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 TH E 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 HI GH-SPEED BROADBAND SERVICES AND APPLICATIONS, A ROBUST BROADBAND INFRASTRUCTURE IS NOW AVA ILABLE COAST-TO-COAST USTELECOM UNITES AMERICA'S BROADBAND SERVICE PROVIDERS ACROSS OUR M EMBERSHIP IN THE ADVOCACY OF PRO-INVESTMENT POLICIES THAT PROMOTE BROADBAND ACCESS AND EXP ANSION, AND PROVIDE VALUABLE SERVICES AND PLATFORMS TO EVERY AMERICAN BROADBAND PROVIDERS HAVE BEEN ACTIVELY ENGAGED IN A NUMBER OF EFFORTS TO ADVANCE ADOPTION AND EXPAND SERVICE TO AREAS ACROSS THE COUNTRY USTELECOM IS ALSO COMMITTED TO PROVIDING PROFESSIONAL DEVELOP MENT OPPORTUNITIES AND ONLINE TECHNICAL EDUCATION IN ADDITION, WE STRIVE TO KEEP THE PUBL IC INFORMED AND UPDATED ON THE STATE OF THE COMMUNICATIONS MARKETPLACE, WHILE PROVIDING HI GH-QUALITY RESEARCH AND INFORMATION ON THE BROADBAND INDUSTRY THROUGH WEEKLY NEWSLETTERS AND CEO UPDATES, OUR ASSOCIATION OFFERS ACCESS TO INVALUABLE INDUSTRY RESOURCES

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

(Form 990)

Department of the Treasury

UNITED STATES TELECOM ASSOCIATION

Internal Revenue Service Name of the organization

#### **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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

**Employer identification number** 

DLN: 93493316008059 OMB No 1545-0047

> Open to Public Inspection

							53-0	159345				
Part I Identification of Disregarded Entities Comple	te If the organ	ızatıon answere	d "Yes"	on Form 9	90, Part	IV, lıne 3	3.					
(a) Name, address, and EIN (If applicable) of disregarded entity		(b) Primary activit	ty	<b>(c)</b> Legal domici or foreign co		(d) Total inc		( <b>e)</b> End-of-year a	assets	<b>(f)</b> Direct conti entity		
Part II Identification of Related Tax-Exempt Organizations during the tax years.		ete if the organiz	zation ar	nswered "\	res" on F	orm 990,	Part I\	/, line 34 b	ecause	ıt had one or m	ore	
Name, address, and EIN of related organization		( <b>b)</b> ry activity	Legal dor	(c) micile (state gn country)	Exempt Co	de section	Public c	(e) harity status in 501(c)(3))	Dı	(f) rect controlling entity	Sectio (b)( contr	n 512 [13] folled
(1)UNITED STATES TELECOM FOUNDATION 601 NEW JERSEY AVE NW 600 WASHINGTON, DC 20001	PROVIDE EDUCA PROGRAMS ON TELECOMMUNIC TECHNOLOGY			DC	501(C)(3)		509(A)(3	3)	USTELE	COM ASSOCIATION	Yes	No No
52-1691824 (2)UNITED STATES TELECOM ASSOCIATION POLITICAL ACTION COMMITTEE 601 NEW JERSEY AVE NW 600	PROVIDE FEDER CONTRIBUTIONS			DC	527(F)				USTELE	COM ASSOCIATION		No
WASHINGTON, DC 20001  (3)UNITED STATES TELEPHONE ASSOCIATION 501(C)(9) TRUST 601 NEW JERSEY AVE NW 600	FUND HEALTH B ELIGIBLE EMPLO	ENEFIT PLANS FOR		DC					USTELE	COM ASSOCIATION		No
WASHINGTON, DC 20001 52-1851497	DEPENDENTS AN											
For Paperwork Reduction Act Notice, see the Instructions for Fo	rm 990.		Cat	No 50135	Y				Sch	edule R (Form 9	90) 20	18

(a) Name, address, and EIN of related organization		Legal domicile (state or foreign country)	Direct controlling entity		ted, total incom om		Disprop alloca	rtionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	parti	nging ner?	Percent owners
							Yes	No		Yes	No	
ations Taxable as a Coorganizations treated as	Corporation a corporation	or Trus on or tru	<b>t</b> Complete st during th	   If the orga   ne tax year.	nization ans	 swered "Yes	" on F	l orm 99	l 90, Part IV,	line	34	
<b>(b)</b> Primary activity	L do (state	.egal mıcıle or foreıgn			(e) Type of entity C corp, S corp, or trust)	(f) Share of total income		year	of- Perce	ntage	(13	(i) ection ! 3) con entit
												Yes
												$\perp$
												$\dashv$
	organizations treated as	(b) Primary activity  (state	zations Taxable as a Corporation or Trus organizations treated as a corporation or tru	rations Taxable as a Corporation or Trust Complete organizations treated as a corporation or trust during the legal domicile (state or foreign	country)  sections 51 514)  rations Taxable as a Corporation or Trust Complete If the orga organizations treated as a corporation or trust during the tax year.  (b)  Primary activity  (c)  Legal  domicile (state or foreign  Direct controlling entity  (d)	country)  sections 512- 514)  Eations Taxable as a Corporation or Trust Complete If the organization ansorganizations treated as a corporation or trust during the tax year.  (b) Primary activity  (c) Legal domicile (state or foreign  (d) Direct controlling entity (C corp, S corp, or trust)	country)  sections 512- 514)  Eations Taxable as a Corporation or Trust Complete if the organization answered "Yes organizations treated as a corporation or trust during the tax year.  (b)  Primary activity  (c)  Legal  domicile (state or foreign  Direct controlling entity (C corp, S corp, or trust)  (Type of entity (C corp, S corp, or trust)  (state or foreign)	rations Taxable as a Corporation or Trust Complete If the organization answered "Yes" on Forganizations treated as a corporation or trust during the tax year.    Corporation   Corporat	country)  sections 512- 514)  Yes No  Yes No  Rations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 9 organizations treated as a corporation or trust during the tax year.  (b)  Primary activity  (c)  Legal  domicile (state or foreign  Direct controlling entity  (Corp., S corp., or trust) organizations  (g)  Share of total income year assets	country)  sections 512- 514)  Yes No  Yes No  Rations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, organizations treated as a corporation or trust during the tax year.  (b)  Primary activity  (c)  Legal domicile (state or foreign  Direct controlling entity  (C)  Type of entity  Type of entity  (C)  Share of total income year assests assests assests assests	country)    Sections 512-   Yes   No   Yes   Yes   No   Yes   Yes   No   Yes   Yes	country)  sections 512- 514)  Yes No

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?	П											
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No									
<b>b</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									
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No									
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No									
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No									
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes										
o Sharing of paid employees with related organization(s)	10		No									
p Reimbursement paid to related organization(s) for expenses	1p		No									
<b>q</b> Reimbursement paid by related organization(s) for expenses	1q		No									

n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
О	Sharing of paid employees with related organization(s)	10		No							
р	Reimbursement paid to related organization(s) for expenses	1р		No							
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No							
r	Other transfer of cash or property to related organization(s)	1r		No							
s	Other transfer of cash or property from related organization(s)	1s		No							
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds											
	(a) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining am	(d) Method of determining amount involved									
	type (a-s)	Mechod of determining amount involved									

Page **3** 

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

		<del></del>															
(a) Name, address, and EIN of entity	(b) Primary activity		(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)			(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income (g) Share end-of-y assets	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or x managing partner?		(k) Percentage ownership
İ			514)	Yes	No	ļ ,		Yes	No		Yes	No					
Schedule R (Form 990) 2018												)) 2018					

