DLN: 93493309019030

2019

OMB No. 1545-0047

Form 990

Department of the Treasury

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.

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

Open to Public Inspection

		nue Service						
A F	or the	2019 c		ning 01-01-2019 , and ending 12-	31-2019	_		
		pplicable:	C Name of organization CTIA - THE WIRELESS ASSOCIATIO	N		D Employ	er identific	ation number
	dress c me cha	-	% MICHAEL DONNELLAN			52-134	7628	
	tial retu	-	Doing business as			-		
		/terminated						
☐ Am	nended	return		nail is not delivered to street address) Room/	suite	E Telephor	ne number	
□ Ар	plicatio	n pending	1400 16TH STREET NW Suite 600			(202) 7	36-3200	
			City or town, state or province, cou WASHINGTON, DC 20036	ntry, and ZIP or foreign postal code				
			WASHINGTON, BC 23030			G Gross re	ceipts \$ 115	5,278,517
			F Name and address of principal MEREDITH ATTWELL BAKER	al officer:	H(a) Is thi	is a group re	turn for	
			1400 16TH STREET NW			rdinates?		□Yes 🗹 No
			WASHINGTON, DC 20036		H(b) Are a	all subordinat	tes	☐ Yes ☐No
[Ta:	x-exem	npt status:	☐ 501(c)(3) ☑ 501(c)(6) ◄	(insert no.) 4947(a)(1) or 527		o," attach a	list. (see ir	nstructions)
J W	ebsite	e:▶ WW	/W.CTIA.ORG		H(c) Grou	p exemption	number 🕨	•
							,	
K Forr	n of org	ganization:	: 🗹 Corporation 🗌 Trust 🔲 Asso	ociation 🔲 Other ►	L Year of form	nation: 1984	M State of	f legal domicile: DC
		_						
Pa	art I	•	mary					
		briefly des SEE SCHE	scribe the organization's mission o	or most significant activities:				
ည	=							
E E	-							
Ę.	-					_		
Governance	2 (Check thi	is box ▶ □ if the organization dis of voting members of the governi	scontinued its operations or disposed of ng body (Part VI, line 1a)	more than 25%	% of its net a	issets.	34
	l			f the governing body (Part VI, line 1b)		•	4	33
Se Se	l		•	ellendar year 2019 (Part V, line 2a)		•	5	108
Activities &			• •	cessary)		•	6	35
1) (1)	l		•	t VIII, column (C), line 12		•	7a	3.
•	l			, ,,		•	7a 7b	
	D I	Net unrei	lated business taxable income from	m Form 990-T, line 39		ior Year		
	١.,	C	siana and supplies (Dark VIII. line 11)		PI	ior tear	0	Current Year
₫	l		tions and grants (Part VIII, line 1h)			CE 221		72.255.425
Ravenue	l	-	•)		65,231,		72,255,433
å			, , , , , , , , , , , , , , , , , , , ,	lines 3, 4, and 7d)		4,943,		4,660,568
	l		venue (Part VIII, column (A), lines			4,762,		5,373,699
				ust equal Part VIII, column (A), line 12)		74,937,		82,289,70
			nd similar amounts paid (Part IX, o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2,288,		2,539,010
		·	,	olumn (A), line 4)			0	(
8		-		enefits (Part IX, column (A), lines 5-10)		26,945,	272	28,461,93
ens	16a	Professio	onal fundraising fees (Part IX, colu	mn (A), line 11e)			0	
Expenses	l		raising expenses (Part IX, column (D),	· -				
ш	l	•		11a-11d, 11f-24e)		38,978,	414	40,046,06
	l	•	enses. Add lines 13–17 (must equ	, ,,,		68,212,	080	71,047,01
	19	Revenue	less expenses. Subtract line 18 fr	om line 12		6,725,	049	11,242,68
CeS.					Beginning	of Current Y	'ear	End of Year
Net Assets or Fund Balances]	Total	eta (Bart V. line 16)			100.004	200	210.000.12
Ass Be	l		ets (Part X, line 16)		<u> </u>	189,984,		210,069,123
ڲؚڲؚ			oilities (Part X, line 26)			25,609,		23,211,412
			ts or fund balances. Subtract line	21 from line 20		164,375,	193	186,857,710
	rt II		ature Block eriury I declare that I have exam	nined this return, including accompanyir	na schedules an	d statement	s and to t	he hest of my
know	edge a	and belie		. Declaration of preparer (other than of				
any k	nowle	dge.						
		I k			20.	20-11-03		
Sign		Signati	ure of officer		Da			
Here		MERED	DITH ATTWELL BAKER PRESIDENT & CE	0				
			r print name and title	-				
		P	rint/Type preparer's name	Preparer's signature	Date		PTIN	
Paid	t				I I	eck L if f-employed	P00369623	
	a pare	r F	irm's name PricewaterhouseCoope	ers LLP		m's EIN ►		
-	Onl	ı ⊢	irm's address > 600 12TH CTREET NAM	SHITE 1000		one n= (202)	414 1000	
	J111	- ا ر	Firm's address ► 600 13TH STREET NW		Ph	one no. (202)	414-1000	
			WASHINGTON, DC 20	005				
Mav t	he IRS	S discuss	this return with the preparer sho	wn above? (see instructions)			✓ ve	es 🗆 No

Form	990 (2019)				Page 2
Pa	statement of Program S	ervice Accomplish	ments		
	Check if Schedule O contains a	response or note to ar	ny line in this Part III		🗹
1	Briefly describe the organization's mis	sion:			
COMI SERV CONO PRAC	-THE WIRELESS ASSOCIATION IS AN I MUNICATIONS INDUSTRY, INCLUDING VICES AND PRODUCTS. CTIA ADVOCAT GRESS, AND STATE REGULATORY AND CTICES, HOSTS EDUCATIONAL EVENTS DESHOW.	WIRELESS CARRIERS, TES ON THEIR BEHALF BLEGISLATIVE BODIES.	THEIR SUPPLIERS, AN EFORE THE EXECUTIVE THE ASSOCIATION A	ID OTHER PROVIDERS AND MANUFAC /E BRANCH, THE FEDERAL COMMUNIO LSO COORDINATES THE INDUSTRY'S	CTURERS OF WIRELESS CATIONS COMMISSION, VOLUNTARY BEST
2	Did the organization undertake any si the prior Form 990 or 990-EZ? If "Yes," describe these new services		ces during the year w	hich were not listed on	□Yes ☑No
3	Did the organization cease conducting services?	, or make significant ch	nanges in how it cond	ucts, any program	☐ Yes ☑ No
4	Describe the organization's program s Section 501(c)(3) and 501(c)(4) orga expenses, and revenue, if any, for ea	ervice accomplishment nizations are required t	o report the amount o		
4a	(Code:) (Expenses See Additional Data	;	including grants of \$) (Revenue \$)
4b	(Code:) (Expenses See Additional Data	;	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses See Additional Data	;	including grants of \$) (Revenue \$)
	(Code:) (Expenses CERTIFICATIONS - SEE SCHEDULE O	0	including grants of \$	0) (Revenue \$	0)
4d	Other program services (Describe in	•		- 1 (-	
	(Expenses \$ 0	including grants of \$		0) (Revenue \$	0)
4e	Total program service expenses ▶		0		Form 990 (2019)

19

Par	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)? <i>If "Yes," complete Schedule A</i>	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 🕏	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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 \fill .	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? <i>If "Yes," complete Schedule D</i> ,Part 2	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 2	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> 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 🥞	11b	Yes	
	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	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	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,	17		No

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

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

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

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

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

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

Nο

Nο

Nο

Yes

18

19

20a

20b

21

orm	990 (2019)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	. ;		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 158			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			

1c

Yes

Pai	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	a Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by this return	108		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		Yes	
32	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year?	l l	Yes	
	o If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	—	Yes	
	a At any time during the calendar year, did the organization have an interest in, or a signature or other au	—		No
h	financial account in a foreign country (such as a bank account, securities account, or other financial account If "Yes," enter the name of the foreign country:	unt)?		
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accou	nts (FBAR).		
5a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	. 5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on? 5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the o solicit any contributions that were not tax deductible as charitable contributions?		Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions not tax deductible?	or gifts were 6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo provided to the payor?			
	o If "Yes," did the organization notify the donor of the value of the goods or services provided?			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was referred 8282?	equired to file 7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cont	ract? 7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	t? 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form required?	1 8899 as 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization 1098-C?	n file a Form 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained l sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9b		
10				
11				
а				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Forn	n 1041? 12a		
b	o If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	<u> </u>			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneral parachute payment(s) during the year?	tion or excess	Yes	
16	, ·	come? 16		No

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

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. Isist all of the organization's current key employees, if any. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization nor any related organization and any related organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Check this box if neither the organization nor any related organization of the organization from the organization from the organization 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) Or of the organization of the organization of the organization of the organization from the organization from the organization from the organization and related organization shelow dotted line) 	Form 990 (2019)											Page 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than subject or the organization or any related organization or trustee) and the organization or			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,	
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■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ■ List all of the organization which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees		
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. Sie instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization organization organization organization organization organization organization	year.		•						, ,		-	n's tax
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who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization organization (W-2/1099-MISC) ■ Check this box if neither the organization nor any related organization organization nor any related organization organization organization (W-2/1099-MISC) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any neithe												
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Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	☐ Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.		
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estim amount comper from	ated of other sation the
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rela	ted
	See Additional Data Table											

WILEY REIN LLP,

1776 K STREET NW WASHINGTON, DC 20006 MORGAN FRANKLIN,

7900 TYSONS ONE PLACE MCLEAN, VA 22102 DLA PIPER LLP,

500 8TH STREET NW WASHINGTON, DC 20004

compensation from the organization ▶ 55

1,346,847

789,989

718,034

Form 990 (2019)

101111 330 (2013)													rage o
Part VII Section A. Officers, Direct	tors, Trustees	, Key	Empl	loye	es,	and	High	nest Co	mpensate	d Employees	(conti	inued)	
(A) Name and title	(B) Average hours per week (list any hours	than o	ne b	ox, ι n of	t che unles ficer	eck moss pers and a ee)	son	Rep comp fro orga	(D) ortable ensation m the nization	(E) Reportable compensation from related organizations	5	Estima Estima amount o compens from	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensate employee	Former		2/1099- ISC)	(W-2/1099- MISC)		organizati relat organiza	ed
See Additional Data Table						<u> </u>							
	_										+		
	+										+		
	+												
	<u> </u>												
											\perp		
1b Sub-Total	Part VII, Section	Α.				>		13.	512,432		0		1,522,224
Total number of individuals (including of reportable compensation from the compensa	g but not limited	to thos					rece				<u>-1</u>		-,, ·
												Yes	No
3 Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>													
4 For any individual listed on line 1a, is organization and related organization	s the sum of repons	ortable (3150,00	comp 0? <i>If</i>	ensa "Yes	ation	and o	other te Sc	compen	sation fron	n the	3		No
individual											4	Yes	
5 Did any person listed on line 1a rece services rendered to the organization									tion or indi	vidual for	5		No
Section B. Independent Contract	tors											'	
Complete this table for your five high from the organization. Report compe											mpens	sation	
	(A) and business addre									(B) ription of services		(C Comper	
WILKINSON BARKER KNAUER LLP, 1800 M STREET NW WASHINGTON, DC 20036									LEGAL CONS				,850,501
WIRELESS MEDIA CONSULTING INC, 11781 LEE JACKSON MEMORIAL HIGHWAY FAIRFAX, VA 22033									CONSULTAN	ITS		2	,848,193
WILEY BEIN LLD									LECAL CONS	CLUTANTO	+	- 1	246 947

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

LEGAL CONSULTANTS

LEGAL CONSULTANTS

CONSULTANTS

		(2019)	- 6 7							Page 9		
Part	VIII				a respo	onse or note to any	line in this Part VII			🗆		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
, v	18	a Federated campa	igns	s	1a			Tevellue		312 - 314		
ant		b Membership dues	5.		1 b							
, Gr	'	c Fundraising even			1c							
ifts ar	۱ ا	d Related organizat			1d							
ons, Gifts, Grants Similar Amounts		e Government grantsf All other contributio			1e							
itior er S		and similar amounts above	s not	included	1f							
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contributio lines 1a - 1f:\$	ns in	ncluded in	,							
Cont		h Total. Add lines :	1a-1	f	1g	•						
	П					Business Code	0		1	1		
	2a	ANNUAL CONVENTIO	N			900099	4,583,333	4,583,33	3			
R.e	h	CERTIFICATION				-	6,537,313	6,537,31	3			
eve!						515100						
Ge F	c	MEMBERSHIP DUES				541800	10,719,848	10,719,84	8			
Program Service Revenue	d	LICENSING				517000	39,985,259	39,985,25	9			
an		NEAD/LBTB					10,346,325	10,346,32	5			
Togr	•	NEAD/EDID				517000						
4	f	All other program	serv	ice revenue	·.		83,355	83,35	5			
	g	Total. Add lines 2	2a-2	2f	. •	72,255,433						
	3	Investment income similar amounts)		luding divid		nterest, and other	3,536,69	98		3,536,698		
	4	Income from invest				ond proceeds	•	0				
	5	Royalties	_			1	•	0				
				(i) Re	aı	(ii) Personal	\dashv					
		Gross rents	6a	7	414,188	3						
	b	Less: rental expenses	6b	2	.351,944	1						
	С	Rental income or (loss)	6 c	5	.062,244	1	o					
	c	Net rental income	or	(loss)			5,062,24	14		5,062,244		
		_		(i) Secu	rities	(ii) Other						
	7a	Gross amount from sales of assets other	7a	31	760,743	3						
		than inventory					_					
	b	Less: cost or other basis and	7b	30	.634,351	2,52	2					
		sales expenses	_									
	-	Gain or (loss) Net gain or (loss)	7c	1	126,392		1,123,87	70		1,123,870		
•		Gross income from fu		ising events		· · · >	, ,			, ,		
J. C.		(not including \$contributions reported										
}eve		See Part IV, line 18			8a	(
Other Revenue		Less: direct expen Net income or (los			8b sing ev	ents		0				
	9a	Gross income from See Part IV, line 19			. 9a	(
	b	Less: direct expen	ses		9b	(
	c	: Net income or (los	s) fr	rom gaming	activit	ies •	_ _	0				
	10	aGross sales of inve	ento	ry, less								
		returns and allowa			10a	C						
		Less: cost of good: Net income or (los			10b			0				
	Ė	Miscellaneo			iiiveiit	Business Code						
	11	·aMANAGEMENT FE	ES			90009	9 170,00	170,0	00			
	١.					00000	9 141,45					
	"	OTHER NET INCO SUBSIDIARIES	MEF	ROM		90009	141,45	141,4	33			
	6	All other revenue	•									
	•	Total. Add lines 1	1a-:	11d		•	311,45	55				
	12	Total revenue. S	ee ir	nstructions			82,289,70	72,566,8	88	9,722,812		
				_						Form 990 (2019)		

Part IX Statement of Functional Expenses				Page 10
Section 501(c)(3) and 501(c)(4) organizations must c		_	ons must complete col	umn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX		(0)	<u>.</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	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,539,016			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	12,772,954			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	10,604,739			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,341,438			
9 Other employee benefits	1,577,193			
10 Payroll taxes	2,165,610			
11 Fees for services (non-employees):				
a Management	0			
b Legal	317,558			
c Accounting	451,834			
d Lobbying	8,052,841			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	122,153			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,426,292			
12 Advertising and promotion	0			
13 Office expenses	620,049			
14 Information technology	296,751			
15 Royalties	0			
16 Occupancy	2,050,931			
17 Travel	840,788			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	12,385			
19 Conferences, conventions, and meetings	564,130			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	3,212,576			
23 Insurance	3,466,542			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PUBLIC POLICY	6,135,750			
b CSC MONITORING	2,848,193			
c DUES & SUBSCRIPTIONS	387,707			
d STAFF TRAINING/EDUCATION	95,895			
e All other expenses	143,690			
25 Total functional expenses. Add lines 1 through 24e	71,047,015			
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).				

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Assets

11

12

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14

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16

17

18

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20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

٥ 29

Assets 30

1,323,223 43,794,101

10,184,032

0

2,054,664

2,122,984

79,494,326

71.076.186

0

0

0

0

0

0

781,921

23.211.412

186,857,710

186,857,710

210,069,122

Form 990 (2019)

19,606

210,069,122

10,500,046

11.929.445

Page **11**

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

Notes and loans receivable, net . . .

Inventories for sale or use . . . Prepaid expenses and deferred charges .

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

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Investments—other securities. See Part IV, line 11 .

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

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

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

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 .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

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

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*}

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

Retained earnings, endowment, accumulated income, or other funds

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Tax-exempt bond liabilities . .

	beginning or year		Lift of y
Cash-non-interest-bearing	1,994,846	1	
$oldsymbol{2}$ Savings and temporary cash investments $oldsymbol{.}$ $oldsymbol{.}$ $oldsymbol{.}$ $oldsymbol{.}$	34,087,432	2	

Pledges and grants receivable, net . . Accounts receivable, net Loans and other payables to any current or former officer, director, trustee,

10a

10b

key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

8.249,816

6,126,832

10.228.348 2,003,874

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2,361,661

68,847,055

70.448.167

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0 24

508,550

25.609.095

164,375,193

164,375,193

189,984,288

12,905

189,984,288

13,007,071

12.093.474

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

3a

3h

Nο

Form 990 (2019)

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:** 52-1347628

Name: CTIA - THE WIRELESS ASSOCIATION

Form 990 (2019)

Form 990, Part III, Line 4a: THE ASSOCIATION REPRESENTS THE WIRELESS COMMUNICATIONS INDUSTRY BEFORE CONGRESS, STATE LEGISLATURES, THE FEDERAL COMMUNICATIONS COMMISSION AND OTHER FEDERAL AND STATE ADMINISTRATIVE AGENCIES ON MATTERS OF PUBLIC POLICY. THE ASSOCIATION ALSO REPRESENTS THE WIRELESS COMMUNICATIONS INDUSTRY BY FILING AMICUS (OR "FRIEND-OF-THE-COURT") BRIEFS IN SUPPORT OF IMPORTANT WIRELESS INTERESTS.

Form 990, Part III, Line 4b: THE ASSOCIATION CO-SPONSORS NORTH AMERICA'S LARGEST FORUM FOR MOBILE INNOVATION AND ONE OF THE MOST INFLUENTIAL MOBILE MARKETPLACES THAT BRINGS TOGETHER THE LEADING AUTHORITIES AND COMPANIES IN THE WIRELESS INDUSTRY.

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

Form 990, Part III, Line 4c:

CONTENT PROVIDERS THAT WISH TO RECEIVE TEXT MESSAGES FROM, OR SEND TEXT MESSAGES TO, WIRELESS SUBSCRIBERS TO FACILITATE SUCH ACTIVITIES AS

ASSIGNMENT, CSCS ARE ASSIGNED TO ADVERTISERS AND ADVERTISING AGENCIES, TELEVISION AND RADIO PROGRAMS, DIRECT MARKETING AGENCIES, AND OTHER

INFORMATION REQUESTS, DIRECT RESPONSE MARKETING PROMOTIONS, WIRELESS ADVERTISING, AND CUSTOMER ENGAGEMENT.

WISHING TO USE THOSE CODES, AND MAINTAINS A REGISTRY OF WHICH CSCS HAVE BEEN ASSIGNED AND FOR WHAT PURPOSES, AND WHICH CSCS ARE AVAILABLE FOR

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

(W- 2/1099-

698,689

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622,518

605,324

468,584

417,850

(W- 2/1099-

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75,989

69,030

71,369

organization and

for related

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

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
MEREDITH A BAKER PRESIDENT & CEO	36.0 4.0	Х		x				5,746,048	0	595,032
BRADLEY GILLEN EXECUTIVE VICE PRESIDENT	38.0				х			1,395,490	0	79,839
ROCCO CARLITTI CHIEF FINANCIAL OFFICER	38.0				х			718,126	0	76,331
THOMAS POWER	38.0				х			711,434	0	63,327

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CHIEF FINANCIAL OFFICER	
THOMAS POWER	
SVP, GENERAL COUNSEL	
JAMIE HASTINGS	Г

SVP, EXTERNAL & STATE AFFAIRS

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SVP, CHIEF TECHNOLOGY OFFICER

VP, CYBERSECURITY & TECHNOLOGY

SVP, GOVERNMENT AFFAIRS

SVP, REGULATORY AFFAIRS

THOMAS SAWANOBORI

KELLY COLE

SCOTT BERGMANN

JOHN MARINHO

NICHOLAS LUDLUM

SVP, COO

and Independent Contractors

(A) (E) (B) (C) (D) (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

and Independent Contractors

DIRECTOR

TIM BAXTER

DIRECTOR

MANNY BECERRA

RUBEN CABALLERO

JAMES CATHEY

VICE CHAIRMAN

DIRECTOR (UNTIL 07/2019)

DIRECTOR (UNTIL 03/2019)

DIRECTOR (AS OF 04/2019)

DAVID CHRISTOPHER

	ally hours	anu	a un	ecti) / LI	ustee	,	Organización (Organizations	i i iii iii ii ii ii ii ii ii ii ii ii
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ROBERT ROCHE	40.0					x		402,891	0	66,777
VP, RESEARCH	0.0							402,891	0	00,777
JAMES SCHULER	40.0					x		378,241	0	73,828
VP, EXT & STATE AFFAIRS	0.0					^		3/8,241	O	73,828
MARK SARGENT	40.0							242 502	0	71 106
VP, CERTIFICATION PROGRAM	0.0					X		343,503	U	71,196

JAMES SCHULER	40.0			v	378,241	0	l
VP, EXT & STATE AFFAIRS	0.0			^	370,241	0	
MARK SARGENT	40.0			>	343,503	0	
VP, CERTIFICATION PROGRAM	0.0			^	343,303	0	
JAMIE HJORT	40.0			<	322,246	0	
VP, GOVERNMENT AFFAIRS	0.0			Χ	322,246	0	
TAMI BARRON	1.0						П

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MARK SARGENT	40.0					242.500		74.40
VP, CERTIFICATION PROGRAM	0.0				Х	343,503	U	71,19
JAMIE HJORT	40.0				×	322,246	0	65,40
VP, GOVERNMENT AFFAIRS	0.0				^	322,240		03,40
TAMI BARRON	1.0							
	l	V				 ۸ ۱	I .	I

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

and Independent Contractors

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

MIKE FINLEY

DIRECTOR

YH EOM

ALLISON DINARDO

DEAN DOUGLAS

RONAN DUNNE

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DIRECTOR (AS OF 07/2019)

	any hours	and	a dir	ecto		ustee)		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
MICHEL COMBES	1.0									
DIRECTOR (AC OF 04 (2040)		Х						0	0	0
DIRECTOR (AS OF 01/2019)	0.0									
BRET COMOLLI	1.0									
TREASURER		X		X				0	0	0
- TREASURER	0.0									
RICKY CORKER	1.0			,						
SECRETARY		X		X				0	0	0
SECKET/IKT	0.0			<u> </u>						
EDUARDO DIAZ CORONA	1.0									
DIRECTOR		Х						0	0	0
21.20.01.	0.0			\vdash						
TOM DEMARIA	1.0	l	l	I	1		l	1		

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RICKY CORKER	1.0	×		×		0	
SECRETARY	0.0	Α.					
EDUARDO DIAZ CORONA	1.0	×				0	
DIRECTOR	0.0	Α.					
TOM DEMARIA	1.0						
		Y			l	l n	

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

	any hours		a dir	recto		ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
EHSAN GHARATAPPEH DIRECTOR	0.0	Х						0	0	0
NIKLAS HEUVELDOP DIRECTOR	1.0	Х						0	0	0
JUDD HINKLE DIRECTOR	0.0	Х						0	0	0
ASHA KEDDY DIRECTOR	1.0	Х						0	0	0

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		X 1	l		I 01	
DIRECTOR	0.0					
JUDD HINKLE	1.0	>				
DIRECTOR	0.0	Х			0	
ASHA KEDDY	1.0					
DIRECTOR	0.0	Х			0	
SANG KIM	1.0					

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and Independent Contractors

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

CHAIRMAN

DIRECTOR

GLENN LURIE

KENNETH MEYERS

WILLIAM MOUNGER

BRAD LI

JOHN LEGERE

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

	any hours		a dir	ecto		ustee))	organization	organizations	from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	related organizations	
DANIEL O'BRIEN DIRECTOR	0.0	х						0	0	0	
WILLY PIRTLE DIRECTOR	1.0	Х						0	0	0	
PATRICK RIORDAN DIRECTOR	0.0	Х						0	0	0	
RONALD SMITH DIRECTOR	1.0	Х						0	0	0	

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

TJ THINAKARAN

CHARLIE TOWNSEND

STEVE VONDRAN

MICHELLE WHEELER

DIRECTOR (AS OF 05/2019)

and Independent Contractors

• Section 527 organizations: Complete Part I-A only.

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

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

DLN: 93493309019030

Open to Public

Department of the Treasury Internal Revenue Service

SCHEDULE C (Form 990 or 990-

EZ)

or 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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

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

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

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

Inspection

• 5	xy Tax) (see separate instruction Section 501(c)(4), (5), or (6) orga			T=							
	ne of the organization A - THE WIRELESS ASSOCIATION			Employer ider	ntification num	nber					
/				52-1347628							
Par	t I-A Complete if the org	anization is exempt under section	n 501(c) or is	a section 527 organi	zation.						
1	Provide a description of the org "political campaign activities")	anization's direct and indirect political cam	paign activities in	Part IV (see instructions f	for definition of						
2	Political campaign activity expe	nditures (see instructions)		>	\$	100,000					
3	<u> </u>	npaign activities (see instructions)									
Par	t I-B Complete if the org	anization is exempt under section	n 501(c)(3).								
1	Enter the amount of any excise	tax incurred by the organization under se	ction 4955	>	\$						
2	Enter the amount of any excise	tax incurred by organization managers ur	der section 4955		\$						
3	If the organization incurred a s	ection 4955 tax, did it file Form 4720 for tl	nis year?		☐ Yes	□ No					
4a	Was a correction made?				☐ Yes	□ No					
b	If "Yes," describe in Part IV.				□ les	NO					
		anization is exempt under section	n 501(c), exce	ept section 501(c)(3)).						
1		nded by the filing organization for section			<u> </u>						
2		rganization's funds contributed to other or	· ·		T						
	function activities										
3	Total exempt function expendit	ures. Add lines 1 and 2. Enter here and on	Form 1120-POL,	line 17b ▶	\$	100,000					
4	Did the filing organization file F	orm 1120-POL for this year?			✓ Yes	□ No					
5	Enter the names addresses an	d employer identification number (EIN) of	all section 527 no	ditical organizations to whi		NO					
J	organization made payments. F of political contributions receive	or each organization listed, enter the amo d that were promptly and directly delivere ttee (PAC). If additional space is needed, p	unt paid from the d to a separate p	filing organization's funds olitical organization, such a	. Also enter the						
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount contributions and promp directly delives separate proganization enter	received otly and vered to a political . If none,					
	EMOCRATIC ATTORNEYS ERAL ASSOCIATION	PO Box 34445 WASHINGTON, DC 20005	13-4220019	25,000		0					
	EPUB LEGISLATIVE PAIGN COMMITTEE	1201 F STREET NW WASHINGTON, DC 20004	05-0532524	25,000		0					
	DEMOCRATIC SLATIVE CAMPAIGN	1225 EYE STREET NW WASHINGTON, DC 20005	52-1870839	25,000		0					
	EPUBLICAN ATTORNEYS ERAL ASSOCIATION	1747 PENNSYLVANIA AVE NW SUITE 800 WASHINGTON, DC 20006	46-4501717	25,000		0					
5											
6											
	anomyork Roduction Act Notice co	e the instructions for Form 990 or 990-EZ.		. No. 50084S Schedule C (Form 990 or 990						

SCHEDULE C, PART I-A, LINE 1:

Pa	rt II-B	Complete if the organization is exempt under section $501(c)(3)$ and has NO Form 5768 (election under section $501(h)$).)T filed				
or o	ach "Vac"	response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		(a)		(b)	
ctivi		esponse on lines 1a timough 11 below, provide in Part IV a detailed description of the lobbying	Yes	N	o	Amour	nt
L		e year, did the filing organization attempt to influence foreign, national, state or local legislation any attempt to influence public opinion on a legislative matter or referendum, through the use o		T			
а	Voluntoo	rs?					
a b		or management (include compensation in expenses reported on lines 1c through 1i)?	-	+	_		
c		vertisements?	<u> </u>	+-	-		
d		to members, legislators, or the public?	<u> </u>	+-	-		
e	_	ons, or published or broadcast statements?	<u> </u>	+-	-		
f		other organizations for lobbying purposes?	<u> </u>	+-	_		
g		ntact with legislators, their staffs, government officials, or a legislative body?	<u> </u>	+-	-		
h		emonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u> </u>	+-	-		
ï		ivities?	-	+	-		
j		d lines 1c through 1i	<u> </u>	+-	_		
a!a		ctivities in line 1 cause the organization to be not described in section $501(c)(3)$?					
b		enter the amount of any tax incurred under section 4912		+	-		
c		enter the amount of any tax incurred by organization managers under section 4912					
		ng organization incurred a section 4912 tax, did it file Form 4720 for this year?			-		
	t III-A	Complete if the organization is exempt under section 501(c)(4), section 50		or se	ction		
		501(c)(6).				Yes	No
1	Were sub	stantially all (90% or more) dues received nondeductible by members?			1	Yes	110
2		rganization make only in-house lobbying expenditures of \$2,000 or less?			2	+	No
3		rganization agree to carry over lobbying and political expenditures from the prior year?			3	+	No
	t III-B	Complete if the organization is exempt under section 501(c)(4), section 50 and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) answered "Yes."	1(c)(5), Part III-	or se	ection e 3, is	501(c	(6)
1		sessments and similar amounts from members		+			
2		62(e) nondeductible lobbying and political expenditures (do not include amounts of political s for which the section 527(f) tax was paid).					
а	· · · · · · · · · · · · · · · · · · ·	ear	2a				
b		r from last year	2b				
С	Total		20				
3	Aggregat	e amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues .	3				
4	the orgar	were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess extraction agree to carryover to the reasonable estimate of nondeductible lobbying and political					
_		re next year?		+			
5		amount of lobbying and political expenditures (see instructions)	5				
Pa	art IV	Supplemental Information					
		escriptions required for Part l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group and Part II-B, line 1. Also, complete this part for any additional information.	list); Part l	iI-A, li	nes 1 ar	nd 2 (s€	ee
	Retu	ırn Reference Explanation					

CTIA GIVES TO THE FOLLOWING ORGANIZATIONS: DEMOCRATIC ATTORNEYS GENERAL ASSOCIATION -

\$25,000; REPUBLICAN LEGISLATIVE CAMPAIGN COMMITTEE - \$25,000; DEMOCRATIC LEGISLATIVE CAMPAIGN - \$25,000; REPUBLICAN ATTORNEYS GENERAL ASSOCIATION - \$25,000. THE TOTAL AMOUNT OF

WHICH EQUALS \$100,000.

SCHEDULE D

DLN: 93493309019030

OMB No. 1545-0047

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.

Department of the Treasury

(Form 990)

itern	al Revenue Service ► Go to <u>www.irs.gov/Fo</u>	<u>rm990</u> for instructions and the I	atest information. Inspection
Na	me of the organization		Employer identification number
CH	A - THE WIRELESS ASSOCIATION		52-1347628
Pa	art I Organizations Maintaining Donor Ad	vised Funds or Other Similar	l
	Complete if the organization answered "	Yes" on Form 990, Part IV, line	6.
		(a) Donor advised fund	s (b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	L	
5	Did the organization inform all donors and donor advi organization's property, subject to the organization's		
6		•	∟ fes ∟ N
	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the don private benefit?	or or donor advisor, or for any othe	r purpose conferring impermissible
Pa	rt II Conservation Easements.		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line	7.
1	Purpose(s) of conservation easements held by the org		
	Preservation of land for public use (e.g., recreat	ion or education)	ation of an historically important land area
	Protection of natural habitat	Preserv	ation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held easement on the last day of the tax year.	a qualified conservation contribution	n in the form 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
c	Number of conservation easements on a certified history	oric structure included in (a)	2c
d	Number of conservation easements included in (c) accestructure listed in the National Register	quired after 7/25/06, and not on a h	istoric 2d
3	Number of conservation easements modified, transfertax year ▶	rred, released, extinguished, or terr	ninated by the organization during the
4	Number of states where property subject to conserva	tion easement is located >	
5	Does the organization have a written policy regarding and enforcement of the conservation easements it ho		, handling of violations,
6	Staff and volunteer hours devoted to monitoring, insp	pecting, handling of violations, and e	enforcing conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectin \$ \\$	g, handling of violations, and enfor	ing conservation easements during the year
В	Does each conservation easement reported on line 2(d) above satisfy the requirements of	of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		··· Yes 🗌 No
9	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easem	he footnote to the organization's fin	
Par	Organizations Maintaining Collection Complete if the organization answered "		
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held f provide, in Part XIII, the text of the footnote to its fin	or public exhibition, education, or re	esearch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for profollowing amounts relating to these items:		
((i) Revenue included on Form 990, Part VIII, line 1		▶\$
	ii)Assets included in Form 990, Part X		
2	If the organization received or held works of art, histo following amounts required to be reported under SFA	orical treasures, or other similar ass	ets for financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1	, ,	
٠ ـ	Assets included in Form 990 Part V		- · · · · · · · · · · · · · · · · · · ·

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2019

<u> UCIR</u>	3+++	Organizations Ma	aintaining Coi	lections c	or Art,	HISTOR	cal T	reası	ares, oi	r Otner	Similar A	ssets (con	tinued)	
3		the organization's acq (check all that apply):		n, and other	records	s, check	any of	the fo	ollowing t	hat are a	significant	use of its co	llection	
а		Public exhibition				d		Loan	or excha	ange prog	grams			
b		Scholarly research				е		Othe	r					
c		Preservation for future	e generations											
4	Provid	de a description of the o	organization's col	lections and	l explair	n how the	ey furtl	her th	e organiz	ation's e	xempt purp	ose in		
5		ig the year, did the organists to be sold to raise fur										☐ Yes		lo
Par	t IV	Escrow and Cust Complete if the org X, line 21.			" on Fo	rm 990	, Part	IV, li	ine 9, o	r reporte	ed an amo	unt on For	n 990,	Part
1a		e organization an agent ded on Form 990, Part)										Yes		lo
b	If "Ye	es," explain the arrange	ement in Part XIII	and comple	ete the f	followina	table:					Amount		_
c		nning balance				_				1c	<u>. </u>			_
d	_	ions during the year .								1d				_
е		butions during the year								1e				_
f		ng balance								1f				_
2a		he organization include								ccount li	ability?	. Yes		— In
b		es," explain the arrange										_		
	rt V	Endowment Fund		. Check here	e ii die i	explanat	on nas	been	provide	u III Fait	XIII	<u> </u>		
ı dı		Complete if the org		vered "Yes	" on Fo	rm 990	, Part	IV, li	ine 10.					
		'		(a) Currer			rior yea			ears back	(d) Three ye	ears back (e)	Four yea	ars back
1a	Beginn	ing of year balance .												
b	Contrib	outions												
c	Net inv	estment earnings, gair	ns, and losses											
d (Grants	or scholarships												
		expenditures for facilitie	es											
	and pro	ograms												
f ,	Admini	istrative expenses .												
g	End of	year balance												
2	Provid	de the estimated percei	ntage of the curre	ent year end	l balanc	e (line 1	g, colu	mn (a)) held a	s:				
а	Board	d designated or quasi-e	ndowment 🟲											
b	Perm	anent endowment ►												
С	Temp	orarily restricted endov	wment >											
	The p	percentages on lines 2a	ı, 2b, and 2c shou	ld equal 100	ጋ%.									
3a		here endowment funds	not in the posses	sion of the	organiza	ation tha	t are h	eld an	ıd admini	istered fo	r the			
	-	nization by: nrelated organizations										3a(i)	Yes	No
		elated organizations .		• • •			•					3a(ii		
b		es" on 3a(ii), are the rel										. 3b	'	
4		ribe in Part XIII the inte						·· •						<u> </u>
	t VI	Land, Buildings,												
		Complete if the org			" on Fo	rm 990	, Part	IV, li	ine 11a.	See Fo	rm 990, Pa	art X, line :	10.	
	Descri	iption of property	(a) Cost or oth (investme		(b) Cos	st or other	basis (other)	(c) Acc	umulated (depreciation	(d)	Book valı	ie
1 a	Land													
		gs												
		old improvements					1,0	48,362			307,606			740,75
		nent						01,454	 		5,819,226			, 1,382,22
											. ,			

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

2,122,984

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Fe (a) Description of security or category (including name of security)	orm 990, Part IV, lir	(c	1 990, Part X, Method of varend-of-year n	luation:
(1) Financia	I derivatives		2031 01	s.a o. year ii	
(3) Other _	held equity interests				
	CES & CONSERVATION CNTR	56,862,860		F	
(B) CM LAND		13,683,914		F	
(C) SECURE (D)	G	529,412		F	
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)	71,076,186			
Part VIII	Investments—Program Related.	•		- 000 P- 1 V	Day 40
	Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, III	te 11c. See Forn (b) Book	value (c)	Method of valuation:
				Cost	or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)		•		
Part IX	Other Assets. Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, lin	e 11d. See Form	990, Part X, lin	e 15.
(1)	(a) Description				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col.(B) line 15.)			▶	
	Other Liabilities.		<u> </u>	<u> </u>	
1.	Complete if the organization answered 'Yes' on Fo (a) Description of lia		<u>e 11e or 11f.See</u>	Form 990, F	Part X, line 25. (b) Book value
	income taxes				0
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of	the footnote to the or	ganization's financi	al statements	781,921 that reports the
	's liability for uncertain tax positions under FIN 48 (ASC 7 -				

b

Part XII

1

2

3

Schedule D (Form 990) 2019

Page 4

172,511

65,776,602

1,775,603 64,000,999

d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Associate included on Forms COO. Book VIII. Book 42, but not on the 4.		

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

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:

Other (Describe in Part XIII.)

Subtract line 2e from line 1

Add lines 2a through 2d . .

Net unrealized gains (losses) on investments

2a

2b 2c

2a 2b

2c

2d

е	Add lines 2a through 2d		•	 	2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a				
b	Other (Describe in Part XIII.)	4b		-1,437,992		
С	Add lines 4a and 4b				4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	

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

act line 2e from line 1					3	83,727,692
nts included on Form 990, Part VIII, line 12, but not on line 1:						
ment expenses not included on Form 990, Part VIII, line 7b .	4a					
(Describe in Part XIII.)	4b			-1,437,992		
nes 4a and 4b					4c	-1,437,992
revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					5	82,289,700
Reconciliation of Expenses per Audited Financial Statem			•	nses per F	etur	n.

Schedule D (Form 990) 2019

1

2e

3

1,775,603

а	Investment expenses not include	d on Form 990, Part VIII, l	line 7b	4a	-3,464				
b	Other (Describe in Part XIII.) .			4b	7,049,480				
c Add lines 4a and 4b							7,046,016		
5	Total expenses. Add lines 3 and 4		5	71,047,015					
Pai	Part XIII Supplemental Information								
	Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.								
	Return Reference	Explanation							
See A	Additional Data Table								

chedule D (Forn	n 990) 2019	Page 5					
Part XIII Supplemental Information (continued)							
Return Reference		Explanation					

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 52-1347628

Name: CTIA - THE WIRELESS ASSOCIATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE ASSOCIATION IS SUBJECT TO THE FINANCIAL ACCOUNTING RULES FOR UNCERTAINITY IN INCOME TA XES. THIS PRONOUNCEMENT PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTABLE FO R THE FINANCIAL STATEMENTS OF TAX POSITIONS TAKEN ON ASSOCIATION'S TAX RETURN. THE ASSOCIA TION HAS REVIEWED ALL OF ITS TAX POSITIONS TAKEN ON TAX RETURNS AND HAS CONCLUDED THAT NON E OF THE TAX POSITIONS FALL ABOVE THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD. AS A RES ULT, NO TAX LIABILITIES ARE RECORDED FOR THE YEARS ENDED DECEMBER 31, 2019 OR 2018 RELATED TO THIS MATTER.

Supplemental Information						
Return Reference	Explanation					
PART XI, LINE 2D:	INCOME FROM SUBSIDIARIES: \$172,511.					

.

Supplemental Information Return Reference Explanation EQUITY IN SUBSIDIARY ADJUSTMENT: \$916,474; LOSS ON DISPOSAL OF FIXED ASSETS: \$-2,522; RENTAL PART XI, LINE 4B: EXPENSE: \$-2,351,944.

Supplemental Information Return Reference Explanation

EXPENSES FROM SUBSIDIARIES: -\$576,341; RENTAL EXPENSE: \$2,351,944. PART XII, LINE 2D:

Supplemental Information							
Return Reference	Explanation						
PART XII, LINE 4B:	REAL ESTATE EXPENSE: \$7,049,480.						

.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

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

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

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

OMB No. 1545-0047

Open to Public

Inspection

DLN: 93493309019030

lame of the organization						Employer identific	ation number
CTIA - THE WIRELESS ASSOCIAT	ION					52-1347628	
Part I General Inform	ation on Grants	and Assistance					
Does the organization mair the selection criteria used t	to award the grants	or assistance?				ce, and	☑ Yes ☐ No
2 Describe in Part IV the organical Part II Grants and Other	'	_	•		rannization anguered "Vee	" on Form COO Bort IV line	31 for any reginient
that received more t	than \$5,000. Part II	l can be duplicated if ad	ditional space is needed.	ents. Complete ii the o	rganization answered Tes	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of secti3 Enter total number of other		-					28
Enter total number of other				C-+ N- 5005			- dul- 7 (F 200) 2010

(Form 990)

Department of the

Internal Revenue Service

Treasury

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

Page 2

Schedule I (Form 990) 2019

(2) (3) (4)

(5) (6) (7)

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

Return Reference Explanation SCHEDULE I, PART I, LINE 2:

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

CHARITABLE AND/OR EDUCATIONAL PURPOSES THE SELECTION CRITERIA USED TO AWARD GRANTS OR CONTRIBUTIONS IS BASED ON CTIA PROGRAM GOALS. Schedule I (Form 990) 2019

Additional Data

SUITE 600

ARLINGTON, VA 22202

		Software ID: Software Version:						
			 I: 52-1347628					
				CTIA - THE WIRELESS ASSOCIATION				
Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance		(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
AFRICAN AMERICAN MAYORS ASSOCIATION 80 M STREET SE SUITE 1 WASHINGTON, DC 20003	46-5593933	501(C)(3)	30,000				GENERAL SUPPORT	
AMERICAN LEGISLATIVE EXCHANGE COUNCIL 2900 CRYSTAL DRIVE	52-0140979	501(C)(3)	17,000				GENERAL SUPPORT	

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) CONGRESSIONAL BLACK 52-1160561 501(C)(3) 25 000 l SPONSORSHIP

CAUCUS FOUNDATION 1720 MA AVE NW WASHINGTON, DC 20036		333(3)(4)			
CRITTENTON SERVICES OF	53-0196511	501(C)(3)	10,000		SPONSORSHIP

SILVER SPRING, MD 20910

GREATER WASHINGTON 815 SLVR SPRNG AVE

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government CURE SMA 36-3320440 501(C)(3) 20.000 SPONSORSHIP

104 HUME AVENU	JΕ
ALEXANDRIA, VA	22301
FCBA FOUNDATIO	N
1020 19TH STREE	T NIM

51-0334407 501(C)(3) 24.100 IGENERAL SUPPORT SUITE 325 WASHINGTON, DC 20036

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

(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, non-cash assistance or assistance organization grant cash or government assistance other) FORD'S THEATRE SOCIETY 52-6073157 501(C)(3) 41.666 IGENERAL SUPPORT 511 TENTH STREET NW

 WASHINGTON, DC 20004
 S01(C)(3)
 30,000
 GENERAL SUPPORT

 FOUNDATION FOR CALIFORNIA'S TECHNOLOGY 777 S FIGUEROA ST SUITE 4050
 SUITE 4050
 TO1(C)(3)
 TO1(C)(3)

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

LOS ANGELES, CA 90017

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 27-1428117 501(C)(3) 15.000 GLOBAL WOMEN'S IGENERAL SUPPORT INNOVATION NETWORK 233 PENNSYLV AVE SE 2ND FLOOR

WASHINGTON, DC 20003 501(C)(3) 15,000 HEARING LOSS ASSOCIATION 52-1177011 OF AMERICA

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

SPONSORSHIP 7910 WOODMONT AVE **SUITE 1200** BETHESDA, MD 20814

(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 if applicable grant cash non-cash assistance or assistance assistance other) or government 52-1331552 501(C)(3) 15,000 SPONSORSHIP MIRIAM'S KITCHEN

2401 VIRGINIA AVE NW WASHINGTON, DC 20037					
MMTC 1919 PENN AVE NW	52-1880677	501(C)(3)	15,000		SPONSORSHIP

SUITE 725

(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, non-cash assistance organization grant cash or assistance or government assistance other) 20-2404168 501(C)(4) 1,657,000 IGENERAL SUPPORT MYWIRELESSORG

SUITE 600 WASHINGTON, DC 20036					
NATIONAL ASSOCIATION OF BLACK COUNTY OFFICIALS 660 NORTH CAPITOL ST SUITE 400	33-0031000	501(C)(3)	10,000		GENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) NATIONAL BLACK CAUCUS OF 52-1218832 501(C)(3) 27.500 GENERAL SUPPORT STATE LEGISLATORS 444 N CAPITAL ST NW

SUITE 622 WASHINGTON, DC 20001					
NATIONAL CONFERENCE OF STATE LEGISLATURE 444 N CAPITAL ST NW	84-0772595	501(C)(3)	280,000		GENERAL SUPPORT

SUITE 515

(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, non-cash assistance or assistance organization grant cash or government assistance other) NALEO EDUCATION FUND 52-1212849 501(c)(3) 10.000 IGENERAL SUPPORT 1122 W WASH BLVD LOS ANGELES, CA 90015 84-1168319 501(C)(3) 27.500 SPONSORSHIP

NATIONAL HISPANIC CAUCUS
OF STATE LEGISLATORS
444 NORTH CAPITAL ST

WASHINGTON, DC 20001

SUITE 404

(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, non-cash assistance or assistance organization grant cash or government assistance other) 74-2232576 501(C)(3) 12.500 SPONSORSHIP 7700 FAST FIRST PL DENVER.CO 80230 NG9-1-1 20-0293876 501(C)(3) 10.000 IGENERAL SUPPORT

NCSL FOUNDATION FOR STATE LEGISLATURES

300 NEW JERSEY AVENW

WASHINGTON, DC 20002

SUITE 900

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 95-4546966 501(C)(3) 20.000 SPONSORSHIP NOBEL WOMEN 20 F STREET NW

SPONSORSHIP

5,500

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

501(c)(7)

WASHINGTON, DC 20001

NATIONAL DEMOCRATIC CLUB

30 IVY STREET SE WASHINGTON, DC 20003 53-0233594

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) NATIONAL EMERGENCY 39-1395449 501(C)(3) 7.500 SPONSORSHIP

2ND FLOOR

ALEXANDRIA, VA 22314

NUMBER ASSOCIATION PO BOX 37151 BALTIMORE, MD 21297					
STATE GOVERNMENT AFFAIRS COUNCIL 108 NORTH COLUMBUS ST	52-1067087	501(C)(3)	6,500		GENERAL SUPPORT

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) THE CONGRESSIONAL 52-1504189 501(C)(4) 15.000 IGENERAL SUPPORT

INICTITLITE

SUITE 601

ALEXANDRIA, VA 22314 THE ECONOMIC CLUB	52-1469926	501(C)(3)	21,000		GENERAL SUPPORT
1700 DIAGONAL ROAD SUITE 730					

(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, non-cash assistance organization grant cash or assistance or government assistance other) THE FAITH AND POLITICS 52-1759052 501(0)(3) 25 nonl SPONSORSHIP

INSTITUTE 110 MARYLAND AVENUE NE SUITE 504 WASHINGTON, DC 20005	32 1/33032	301(0)(3)	25,000		SI S
THE MEDIA INSTITUTE	52-1061431	501(C)(3)	17,500		SPONSORSHIP

2300 CLARENDON BLVD SUITE 602

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

ARLINGTON, VA 22201

(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, non-cash assistance or assistance organization grant cash or government assistance other) 04-2370356 501(C)(4) 33.500 SPONSORSHIP THE RIPON SOCIETY 1155 15TH STREET NW SUITE 550

WASHINGTON, DC 20005 TELECOMMUNICATION FOR 35-1146784 501(c)(3) 7.000

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

SPONSORSHIP THE DEAF PO BOX 8009 SILVER SPRING, MD 20907

(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, non-cash assistance or assistance organization grant cash or government assistance other) US CHAMBER OF COMMERCE 53-0045720 501(C)(6) 8.750 IGENERAL SUPPORT 1615 H STREET NW WASHINGTON, DC 20062 52-2296554 501(C)(3) 10.000 SPONSORSHIP

WOMEN'S HIGH TECH COALITION 499 S CAPITOL ST SW

WASHINGTON, DC 20036

SUITE 608

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

MULTIPLE MYELOMA CHARITY 26-3835874 501(C)(3) 10,000 GENERAL SUPPORT PO BOX 1987

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

ALEXANDRIA, VA 22313

efil	le GRAPHIC p	orint - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49330	9019	030
	nedule J	С	ompensati	ion Information	C	MB No.	1545-0	0047
(Forr	m 990)	► Complete if the or	Compensa ganization answ ► Attach	rustees, Key Employees, and Hig ated Employees rered "Yes" on Form 990, Part IV, ato Form 990.	, line 23.	20		
-	tment of the Treasur al Revenue Service	y	ov/Form990 for	instructions and the latest inform	nation.	Open i Insp	to Pul ectio	
Nar	me of the organi				Employer identifica			
CTIA	A - THE WIRELESS	ASSOCIATION			52-1347628			
Pa	rt I Quest	ions Regarding Compens	ation		01 10 17 010			
							Yes	No
1 a				f the following to or for a person lister y relevant information regarding thes				
		ss or charter travel		Housing allowance or residence for	personal use			
		or companions	님	Payments for business use of person				
	_	nnification and gross-up paymen		Health or social club dues or initiation				
	☐ Discretio	nary spending account	\checkmark	Personal services (e.g., maid, chauf	feur, chef)			
b				follow a written policy regarding pays ve? If "No," complete Part III to expl		1b	Yes	
2				or allowing expenses incurred by all		2	Yes	
	directors, trust	ees, officers, including the CEO/	Executive Director	r, regarding the items checked on Lir	ne la?			
3	organization's	CEO/Executive Director. Check a	all that apply. Do r	ed to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain i				
	✓ Compens	sation committee	\checkmark	Written employment contract				
	· ·	dent compensation consultant	✓	Compensation survey or study				
	Form 99	0 of other organizations	\checkmark	Approval by the board or compensa	tion committee			
4	During the yea related organiz		990, Part VII, Se	ction A, line 1a, with respect to the fi	iling organization or a			
а	Receive a seve	rance payment or change-of-co	ntrol payment? .			4a		No
b	Participate in,	or receive payment from, a supp	olemental nonqual	ified retirement plan?		4b	Yes	
С		. ,	, ,	nsation arrangement?		4c		No
	If "Yes" to any	of lines 4a-c, list the persons ar	nd provide the app	plicable amounts for each item in Part	III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29	1) organizations	must complete lines 5-9				
5	For persons lis		-	the organization pay or accrue any				
а	The organization	on?				5a		
b						5b		
		e 5a or 5b, describe in Part III.						
6		ted on Form 990, Part VII, Secti contingent on the net earnings o		the organization pay or accrue any				
а	The organization	on?				6a		
b	Any related org	ganization?				6b		
	If "Yes," on line	e 6a or 6b, describe in Part III.						
7				the organization provide any nonfixed rt III		7		
8	subject to the	initial contract exception describ	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de		8		
9				presumption procedure described in		9		
For E	Danerwork Ded	luction Act Notice, see the In	structions for Fo	rm 990 Cat No 5	50053T Schedule	1 (Form	1 990)	2019

Schedule J (Form 990) 2019

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

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

Schedule J (Form 990) 2019	Page 3							
Part III Supplemental Inform	nation							
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.								
Return Reference Explanation								
	THE ASSOCIATION PAID FOR FIRST-CLASS TRAVEL FOR THE PRESIDENT/CEO AND SENIOR EXECUTIVES. THE FIRST-CLASS TRAVEL WAS FOR BUSINESS PURPOSES, AND ACCORDINGLY, THE COST OF THE FIRST-CLASS TRAVEL WAS NOT TREATED AS TAXABLE COMPENSATION. ALL CTIA EMPLOYEES RECEIVE STANDARD LIFE INSURANCE COVERAGE. ADDITIONALLY, ALL EMPLOYEES WITH THE TITLE VICE PRESIDENT AND ABOVE RECEIVE ADDITIONAL LIFE INSURANCE COVERAGE IN EXCESS OF THE STANDARD AMOUNT. THIS ADDITIONAL LIFE INSURANCE IS CONSIDERED TAXABLE INCOME TO THE EMPLOYEE. IN ORDER TO OFFSET THE TAX IMPACT ON THIS ADDITIONAL BENEFIT, CTIA USES THE "GROSS UP" METHOD TO COVER THE TAXES FOR THE EMPLOYEE. ANNUALLY, THE ASSOCIATION PROVIDES THE PRESIDENT/CEO AN EXECUTIVE PERQUISITE. THESE PERQUISITES INCLUDE AN ALLOWANCE WHICH CAN BE USED FOR PROFESSIONAL MEMBERSHIP, INVESTMENT, TAX AND ACCOUNTING SERVICES. THE ASSOCIATION INCLUDES THESE PERQUISITES IN THE EMPLOYEE'S TAXABLE WAGES (W-2).							

SCHEDULE J, PART I, LINE 4B: THE FOLLOWING INDIVIDUAL RECEIVED A SUPPLEMENTAL EXECUTIVE RETIREMENT PAYMENT DURING CALENDAR YEAR 2019 WHICH IS INCLUDED IN SCHEDULE J. PART II. COLUMN (B)(III): MEREDITH A. BAKER - \$2,784,041 THE FOLLOWING INDIVIDUAL PARTICIPATED IN A SUPPLEMENTAL NON-OUALIFIED RETIREMENT

PLAN FROM CTIA. THE CONTRIBUTIONS ACCRUED TO THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C) AS PART OF DEFERRED COMPENSATION. MEREDITH A. BAKER - \$500,000

Schedule 1 (Form 990) 2019

Software ID:

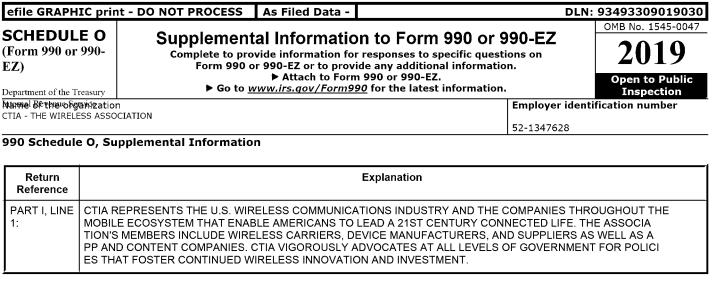
Software Version:

EIN: 52-1347628

Name: CTIA - THE WIRELESS ASSOCIATION

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

(A) Name and Title			of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1MEREDITH A BAKER PRESIDENT & CEO	(i)	1,527,530	1,434,477	2,784,041	536,085	58,947	6,341,080	2,284,041
	(ii)	0	0	0	0	0	0	0
1SCOTT BERGMANN SVP, REGULATORY AFFAIRS	(i)	468,808	153,710	0	36,085	42,175	700,778	0
	(ii)	0	0	0	0	0	0	0
2 ROCCO CARLITTI CHIEF FINANCIAL OFFICER	(i)	535,625	182,501	0	36,085	40,246	794,457	0
	(ii)	0	0	0	0	0	0	0
3KELLY COLE SVP, GOVERNMENT	(i)	518,882	162,606	0	36,085	31,845	749,418	0
AFFAIRS	(ii)	0	0	0	0	0	0	0
EXECUTIVE VICE	(i)	715,846	679,644	0	36,085	43,754	1,475,329	0
PRESIDENT ((ii)	0	0	0	0	0	0	0
5 JAMIE HASTINGS SVP, EXTERNAL & STATE	(i)	533,656	165,033	0	35,553	32,358	766,600	0
AFFÁIRS	(ii)	0	0	0	0	0	0	0
6JAMIE HJORT VP, GOVERNMENT AFFAIRS (ii	(i)	245,047	77,199	0	35,052	30,353	387,651	0
	(ii)	0	0	0	0	0	0	0
7NICHOLAS LUDLUM (SVP, COO	(i)	316,913	100,937	0	35,613	35,756	489,219	0
	(ii)	0	0	0	0	0	0	0
8 JOHN MARINHO VP, CYBERSECURITY & TECHNOLOGY	(i)	359,582	109,002	0	36,085	32,945	537,614	0
	(ii)	0	0	0	0	0	0	0
9 THOMAS POWER SVP, GENERAL COUNSEL	(i)	514,863	196,571	0	36,085	27,242	774,761	0
	(ii)	0	0	0	0	0	0	0
10 ROBERT ROCHE VP, RESEARCH	(i)	315,660	87,231	0	34,516	32,261	469,668	0
	(ii)	0	0	0	0	0	0	0
VP, CERTIFICATION	(i)	265,993	77,510	0	36,085	35,111	414,699	0
	(ii)	0	0	0	0	0	0	0
SVP_CHIEF TECHNOLOGY	(i)	466,612	138,712	0	35,628	40,361	681,313	0
OFFICER	(ii)	0	0	0	0	0	0	0
13 JAMES SCHULER VP, EXT & STATE AFFAIRS	(i)	287,993	90,248	0	36,017	37,811	452,069	0
	(ii)	0	0	0	0	0	0	0



Return Explanation
Reference

PART III,	THE ASSOCIATION ADMINISTERS SEVERAL PRODUCT TESTING AND CERTIFICATION PROGRAMS INCLUDING P
LINE 4D:	ROGRAMS RELATING TO WIRELESS PRODUCTS AND DEVICES. THESE PROGRAMS TEST CONSUMER WIRELESS P
	RODUCTS FOR CONFORMANCE TO ESTABLISHED INDUSTRY STANDARDS. THEY PROVIDE THE WIRELESS INDUS
	TRY WITH AN UNBIASED. INDEPENDENT AND CENTRALIZED PRODUCT EVALUATION SERVICE.

Return Explanation

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

Return Explanation
Reference

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

Return Explanation

PART VI,	THE CTIA 2019 FORM 990 WAS PREPARED BY PRICEWATERHOUSECOOPERS AND REVIEWED BY MANAGEMENT A
LINE 11B:	ND CTIA'S AUDIT COMMITTEE. A COPY OF THE RETURN WAS PROVIDED TO CTIA'S BOARD OF DIRECTORS
	AND OFFICERS. ALL MEMBERS OF THE GOVERNING BODY WERE GIVEN THE OPPORTUNITY TO REVIEW THE D
	OCUMENT. ALL APPROPRIATE CHANGES WERE INCORPORATED IN THE FINAL DRAFT BEFORE SUBMISSION TO
	THE IRS.

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

990 Schedule O, Supplemental Information

Return Explanation

Reference

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

Return Explanation

Reference	
PART VI,	CTIA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS A
LINE 19:	VAILABLE TO ITS MEMBERS; HOWEVER IT DOES NOT PROVIDE THIS INFORMATION TO THE GENERAL PUBLI
	C.

990 Schedule O, Supplemental Information Return Evolunation

Reference	Explanation
PART XI.	CUMULATIVE EFFECT OF ACCOUNTING CHANGE IN ASC 606: \$2,666,667 DEFERRED TAXES: \$59,956

LINE 9:

Return Explanation
Reference

FORM 990 DESCRIPTION:NEAD DATABASE DEVELOPMENT TOTAL FEES:4467171
PART IX
LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION:CYBERSECURITY/PLATFORM/NETWORK TOTAL FEES:2063159
PART IX
LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION:TEST BED IMPLEMENTATION TOTAL FEES:1571955
PART IX
LINE 11G

Return Explanation
Reference

DESCRIPTION: CERTIFICATION PROGRAM TOTAL FEES: 944059

990 Schedule O, Supplemental Information

FORM 990

PART IX LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION:MESSAGING PROGRAM DEVELOPMENT TOTAL FEES:540309
PART IX
LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION:OTHER CONSULTANTS TOTAL FEES:458018
PART IX
LINE 11G

Return Explanation
Reference

DESCRIPTION:CONSULTANTS DIGITAL & CREATIVE TOTAL FEES:381621

990 Schedule O, Supplemental Information

FORM 990

PART IX LINE 11G

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE R**

(Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

As Filed Data -

▶ 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.

DLN: 93493309019030 OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CTIA - THE WIRELESS ASSOCIATION							52-1	347628						
Part I Identification of Disregarded Entities. Comple	te if the organ	nization answ	vered "Yes	s" on Form	990, Part	IV, line 3	•					,		
See Additional Data Table (a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity		(c) Legal domicile (state or foreign country)		(d) Total income		(e) End-of-year assets		ts Direct controlling entity				
Part II Identification of Related Tax-Exempt Organiza	tions Comple	ata if the are	anization	answord	"Voc" on E	iorm 000	Dart I	V line 24 h	0631160	it had one or	r moro			
related tax-exempt organizations during the tax yes (a) Name, address, and EIN of related organization	ar.	(b) ary activity	(Legal don	c) nicile (state n country)	(d)		Public o	(e) Charity status on 501(c)(3))		(f) rect controlling entity	Section (13) co ent	ntrolle tity?		
(1)THE WIRELESS FOUNDATION 1400 16TH STREET NW	CHARITBL	SUPT		DC 501(12A, II		CTIA		Yes	No		
WASHINGTON, DC 20036 52-1708229 (2)MYWIRELESSORG 1400 16TH STREET NW	GRASRTS /	ADVOC		DC 5		I	N/A		CTIA		Yes			
WASHINGTON, DC 20036 20-2404168 (3)CTIA - THE WIRELESS ASSOCIATION PAC 1400 16TH STREET NW WASHINGTON, DC 20036	PAC	PAC				DC	527	N/A	N/A		CTIA		Yes	
(4)CTIA - THE WIRELESS ASSOC CA PAC 455 CAPITOL MALL STE 600	PAC			DC	527	1	N/A		CTIA		Yes			
SACRAMENTO, CA 95814														
For Panerwork Reduction Act Notice see the Instructions for Fo	rm 990		(3	t No 5013					Sche	dule R (Form	990) 20	019		

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	Disprop alloca	h) ortionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	(j) eral or laging tner?	(k Percer owne	ntage
CM LAND LLC		REAL ESTATE	DC	NA	EXCLUDED	601,001	10,268,992	Yes	No No	0	Yes	No No	50./	000 9
00 16TH ST NW SHINGTON, DC 20036 2106041		RENT				·								
												$\frac{1}{1}$		
													i	
Identification of Related Organ because it had one or more relate	nizations Taxable as and organizations treated	a Corporati as a corpor	on or 1 ation or	rust. Com trust durin	plete if the org ng the tax yea	ganization . r.	answered "Ye	es" on	Form	990, Part I	.V, lir	ne 34		
(a) Name, address, and EIN of related organization	(b) Primary activity	(st	(c) Legal domicile ate or for country)	eign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp or trust)		l Shai	(g) re of en year assets	d-of- Percowr	(h) centag nership	je p	(i Section (13) cor enti	ntro
			.,										les	
						-								
		1										,	. ,	

(1)MYWIRELESSORG

(2)MYWIRELESSORG

(4)MYWIRELESSORG

(3)THE WIRELESS FOUNDATION

(5) THE WIRELESS FOUNDATION

(6)THE WIRELESS FOUNDATION

No

Yes

1f

1g

1h

1k Yes

11

1m

1nl Yes

10 Yes

1p

1q Yes

1r

1s

Schedule R (Form 990) 2019

Method of determining amount involved

Page 3

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.

В

Ν

Ν

0

0

Q

(b)

Transaction type (a-s)

Amount involved

1,657,000

154,068

96,945

1.101.013

1,407,382

170,000

GAAP

GAAP

GAAP

GAAP

GAAP

GAAP

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.

1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 1a Yes Yes **1**b

1c **1**d 1e

Sale of assets to related organization(s). .

Purchase of assets from related organization(s).

Name of related organization

Lease of facilities, equipment, or other assets to related organization(s)

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

Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (a) Name, address, and EIN of entity (b) (c) (d) (e) Are all partners (f) (g) (h) (i) Code V-UBI (j) **(k)** Percentage Primary activity Legal Predominant Share of Share of Disproprtionate General or allocations? ownership domicile income section total end-of-year amount in box managing (state or (related, 501(c)(3) income assets partner? unrelated, organizations? of Schedule foreign excluded from country) K-1 (Form 1065) tax under sections 512-514) Yes No Yes No Yes No

Schedule R (Fo	rm 990) 2019		Page 5						
Part VII	Supplemental Info	upplemental Information							
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).							
Retu	ırn Reference	Explanation							

Additional Data

CTIA INDEMNITY COMPANY LLC

26-1442352

56-2615684 NEAD LLC

47-4166803

47-4181373

52-1460393 CERTIFICATION LLC

82-3102940

84-3550193

1400 16TH STREET NW STE 600 WASHINGTON, DC 20036

1400 16TH STREET NW STE 600 WASHINGTON, DC 20036

1400 16TH STREET NW STE 600 WASHINGTON, DC 20036

1400 16TH STREET NW STE 600 WASHINGTON, DC 20036

1400 16TH STREET NW STE 600 WASHINGTON, DC 20036

1400 16TH STREET NW STE 600 WASHINGTON, DC 20036

1400 16TH ST NW STE 600 WASHINGTON, DC 20036

5G SECURITY INDUSTRY TEST BED LLC

CTIA SPECTRUM CLEARINGHOUSE LLC

911 LOCATION TECHNOLOGIES TEST BED LLC

RESOURCES & CONSERVATION CENTER LLC

Software ID:

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

Name: CTIA - THE WIRELESS ASSOCIATION

(b)

Primary Activity

CAPTIVE INSUR

INFO CLRGHSE

TECH SERVICE

TECH SERVICE

REAL ESTATE

CERTIFICATION

TECH SERVICE

(c)

Legal Domicile

(State

or Foreign Country)

DC

DC

DC

DC

DC

DC

DC

(d)

Total income

603,894

152,531

8,266,503

2,273,883

9,064,387

6,625,599

(e)

End-of-year assets

13,286,357 CTIA

433,153 CTIA

5,519,397 CTIA

2,256,686 CTIA

62,276,466 CTIA

6,901,944 CTIA

0 CTIA

(f)

Direct Controlling

Entity

rorm 990, Schedule K, Part 1	- Identification of	Disregarded E	nuues

(a) Name, address, and EIN (if applicable) of disregarded entity	
--	--

 (a) Name of related organization
 (b) Transaction type(a-s)
 (c) Amount Involved
 (d) Method of determining amount involved

 MYWIRELESSORG
 B
 1,657,000
 GAAP

 MYWIRELESSORG
 N
 154,068
 GAAP

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

THE WIRELESS FOUNDATION

THE WIRELESS FOUNDATION

THE WIRELESS FOUNDATION	N	96,945	GAAP
MYWIRELESSORG	0	1,101,013	GAAP

1,407,382

170,000

GAAP

GAAP