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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

A Fo	r the	2009 cal	lendar yea	r, or tax year beginning	07-01-2009 and ending 06-30-2010			
B Che	eck ıf a	pplicable	Please	C Name of organization	- DUCATIONAL		D Employer i	dentification number
✓ Add		•	use IRS	GREATER WASHINGTON I TELECOMMUNICATIONS A			53-02429	992
┌ Nar	ne cha	nge	label or print or	Doing Business As WETA			E Telephone	number
Init		_	type. See Specific				(703) 998	3-2600
_			Instruc-	Number and street (or P 3939 Campbell Avenue	O box if mail is not delivered to street address	s) Room/suite	G Gross receip	ts \$ 74,468,836
Ten			tions.					
✓ Am	ended	return		City or town, state or cou ARLINGTON, VA 2220622				
App	lication	n pending						
				ne and address of princ	ipal officer	H(a) Is th	= nis a group retu	ırn for
				Percy Rockefeller Campbell Avenue		affili	ates?	⊤Yes ▼ No
				GTON, VA 22206226	9	H/h) Aron	ıll affiliates inclu	uded?
-								st (see instructions)
I Tax	x-exen	npt status	▽ 501(c)) (3) ◀ (insert no)	947(a)(1) or		up exemption r	
J W	ebsit e	e: > WW\	W WETA O	RG		(-)		
					<u> </u>			
				ion Trust Association	Other ►	L Year of fo	ormation 1953	M State of legal domicile DC
Pa	rt I	Sumn		o organization's missio	or most significant activities			
	1				n or most significant activities ind production, PBS affiliate and class	ıcal musıc,	literacy and br	aın ınjury websites
ပ္				<u>-</u>	·	,	•	<u> </u>
Governance								
ē.	_	<u> </u>		£ . L		. 	250/ -5:5-	L L -
<u>ۇ</u>	2		·		continued its operations or disposed of			
	3		_	_	ng body (Part VI, line 1a)			3 25
Activities &	4				f the governing body (Part VI, line 1b)			4 25
Ē	5			nployees (Part V , line 2	•			5 236
ş	6			lunteers (estimate if ne				6 378
•		-			om Part VIII, column (C), line 12.	•		7a 204,108
	ь	Net unre	lated busi	ness taxable income fr	om Form 990-T, line 34	1 -		7b 167,031
						Pric	or Year	Current Year
a	8				1h)		85,687,030	, ,
enue	9				(2g)		1,027,735	2,077,819
Rayer	10				A), lines 3, 4, and 7d)		-2,573,106	-467,074
-	11				nes 5, 6d, 8c, 9c, 10c, and 11e)		655,800	416,938
	12				nust equal Part VIII, column (A), line		84,797,459	65,800,111
	13				(, column (A), lines 1 – 3)		348,986	605,000
	14				column (A), line 4)			0
	15				benefits (Part IX, column (A), lines 5	_		
Expenses		10)	,	, , , , , ,			21,671,872	21,098,868
ā	16a	Profess	sional fund	raising fees (Part IX, c	olumn (A), line 11e)		994,055	920,444
ੜੇ	ь	Total fun	draising exp	enses (Part IX, column (D),	line 25) • 10,982,821			
	17	Othere	expenses ((Part IX, column (A), lır	es 11a-11d, 11f-24f)		44,667,120	59,224,832
	18	Total e	xpenses A	Add lines 13–17 (must	equal Part IX, column (A), line 25)		67,682,033	81,849,144
	19	Revenu	ıe less exp	enses Subtract line 18	3 from line 12		17,115,426	-16,049,033
ያ ው						Beginnin	g of Current	End of Year
Net Assets or Fund Balances							Year	
8 B	20						132,291,421	118,780,803
2 g	21		•	Part X, line 26)			19,080,763	19,020,588
	22				ne 21 from line 20		113,210,658	99,760,215
Par	t II	_	ature Blo					
					examined this return, including accompanying stration of preparer (other than officer) is based			
				<u> </u>	, , , , ,			
Sign		I					-11-19	
Here	•	▼ Signa	ture of office	er		Date		
				EATH SR VP, TREAS & CFO				
		Iype	or print nam	e and title				
		Preparer's		M Underwood CDA	l l	heck if elf-	Preparer's ider (see instructio	ntıfyıng number ns)
Paid		signature	Joyce	M Underwood CPA		npolyed 🕨 🦵	(see instructio	113)
Prepa	arer's		me (or yours	BDO USA LLP	I	· ·	ETN &	
Use (Only	ıf self-em address, a	iployed), and ZIP + 4	7101 Wisconsin Ave Su	te 800		EIN Þ	
				Bethesda, MD 208144			Phone no 🕨	(301) 654-4900
Mav t	he IR	S discus	s this retii	·	own above? (see instructions)			✓ Yes No
/ -				F F	· · · · · · · · · · · · · · · · · · ·			,

┌ Yes ┌ No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

WETA's mission is to produce and broadcast programs of intellectual integrity and cultural merit that recognize viewers' and listeners' intelligence, curiosity and interest in the world around them

Did the organization undertake any significant program services during the year which were not listed on

						Form 990 (2009
4e	Total program serv	ice expenses▶\$	69,682,33	6		
	(Expenses \$	5,627,612 inc	luding grants o	of\$) (Revenue \$	494,446)
4d	Other program ser	vices (Describe in Sch	nedule O) See :	also Additional Data	for Description	
	WASHINGTON WEEK W	ITH GWEN IFILL, PBS NEWS OR PERFORMING ARTS, AN	HOUR, DOCUMEN	TARIES FROM KEN BURNS		VERING PROGRAMS SUCH AS 5 FROM THE WHITE HOUSE, THE JOHN ADDRESS CURRENT TOPICS AND
4c	(Code) (Expenses \$	51,247,954	including grants of \$	605,000) (Revenue	, , ,
4b	FOUR DIGITAL CHANNE TELEVISION SERVICE T DOCUMENTARIES, PER	ELS WETA TV 26, WETA HD, HAT DELIGHTS CHILDREN W FORMANCE PROGRAMMING TATION OFFERS VIEWERS A	WETA CREATE, A HILE BUILDING LT CELEBRATING CU	ND WETA WORLD WETA I TERARY SKILLS, PROGRAN LTURAL DIVERSITY AND R	PROGRAMS ENCOMPASS A 24/7 MMING FOR LIFELONG LEARNING ICHNESS OF THE COUNTRY, AN	UALITY TELEVISION PROGRAMMING ON
	broadcaster of classical	music to the metropolitan \	Washington area	Classical WETA 90 9 FM pr		service WETA is the exclusive between many fine performing arts highlighting the rich cultural offerings o
4a	(Code) (Expenses \$	2,868,544	ıncludıng grants of \$) (Revenue	\$ 182,835)
4	Section 501(c)(3) a		ions and secti	on 4947(a)(1) trusts	e largest program service are required to report the i service reported	•
	If "Yes," describe th	ese changes on Sched	ule O			
3	Did the organization services?	cease conducting, or	make sıgnıfıcar	nt changes in how it c	onducts, any program	┌ Yes ┌ No
	If "Yes," describe th	ese new services on S	chedule O			

Dart TV	Chacklie	st of De	auirad	Schedules
7. III T W	CHECKII	SL UI KE	:uun eu	Scileudies

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, 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 term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes," complete Schedule G, Part I</i>	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	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) and 501(c)(4) 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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, 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, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
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		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νο
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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 11 and 19?	38	Yes	

	,====,
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	outenions regarding outer the runnings and run compliance		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		103	
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country ▶			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N o
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

3939 Campbell Avenue ARLINGTON, VA 222062269

(703) 998-2600

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	processes, or changes in Schedule O. See instructions.			
Se	ection A. Governing Body and Management		Yes	No
			res	NO
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	7a		No.
L	governing body?	7a 7b		No
ь 8		/B		IN O
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
Re	evenue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
	That the eigenization promises a copy of this form 330 to an included of the governing 500, before iming the form	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
		15b	Yes	
_	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed VA, MD, DC			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply on website. A nother's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of t	he orga	nızatıoı	n ►
	Meghan Biggs controller			

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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 and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶34

			Yes	No	-
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No	-

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Automated Mailing Inc 4407 Wheeler Ave Alexandria, VA 22304	Direct Mail Processing	907,344
The Maslow Group Inc PO Box 1913 merrifield, VA 22116	staffing	612,666
pubLIC INTEREST COMMUNICATION INC 7700 LEESBURG PIKE STE 301 N faLLS CHURCH, VA 22043	promotion Services	467,535
Carl Bloom Associates 81 Main St Ste 126 White Plains, NY 10601	Consulting	273,351
Kapow Inc 522 Wilshire Blvd Ste E Santa Monica, CA 90401	Web design	252,740
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

\$100,000 in compensation from the organization >20

Form 9								Page 9
Part	/1111	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
# #	1a	Federated cam	paigns 1a	305,806				
Contributions, gifts, grants and other similar amounts	ь	Membership du	es 1b					
	c	Fundraising eve	ents 1c					
£ #	d	Related organiz	rations 1d					
% E E	e	Government grants	s (contributions) 1e	4,794,439				
5 8	f	All other contribution	ons, gifts, grants, and 1f	58,672,183				
Fe E		sımılar amounts no	ot included above butions included in					
### 	g	lines 1a-1f \$	38,559					
9 C	h	Total. Add lines	s 1a-1f	▶	63,772,428			
				Business Code				
Ę	2a	television projects		900,099	1,409,587	1,409,587		
Program Serwce Revenue	Ь	ancillary revenues		900,099	416,619	416,619		
ē. E	c	production studio r	ent	900,002	125,805	125,805		
7	d	rent 501(c)3 tenar	nts	900,002	76,904	76,904		
જુ	l e	Radio studio rental		900,002	25,716	25,716		
<u>6</u>	f	-	am service revenue	300,002	23,188	23,188		
္နို	•				23,100	23,100		
	g		s 2a-2f	+	2,077,819			
	3		ome (including dividend		352,757			352,757
	۱,		ar amounts) stment of tax-exempt bond p		332,737			332,737
	4 5			noceeus -	170,906	170,906		
	•	Royalties	(ı) Real	(II) Personal		2. 2,2 2 2		
	6a	Gross Rents	767,867	(II) I CISONAI				
	Ь	Less rental	611,759					
	_c	expenses Rental income	156,108					
		or (loss)			156,108		156,108	
	d	Net rental incol	me or (loss)	(II) O ther	130,100		130,100	
	7a	Gross amount from sales of assets other than inventory	(i) Securities 7,082,013	(II) O thei				
	ь	Less cost or other basis and	7,747,573	154,271				
		sales expenses						
	C .	Gain or (loss)	-665,560	-154,271	010 031			010 021
	d 8a		s)		-819,831			-819,831
Other Revenue	, oa							
ř	Ь	less directer	penses b					
₹	c		(loss) from fundraising (events 🕨				
	9a		rom gaming activities					
	b c		penses b	vities►				
	10a	Gross sales of returns and allo		161,761				
	ь	Less cost of a	oods sold b	155,122				
	c		(loss) from sales of inve		6,639	6,639		
		Miscellaneous		Business Code				
	11a	WETA magazın	e	511,120	48,000		48,000	
	ь	list rental		900,002	19,877			19,877
	c							
	d	All other reven	ue		15,408	15,408		
	e	Total. Add lines	s 11a-11d		83,285			
	12	Total revenue.	See Instructions	•	65,800,111	2,270,772	204,108	-447,197

	990 (2009)				Page 10
Par	t IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	605,000	·		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	,			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,110,597	392,973	672,780	44,844
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	15,830,683	11,617,297	1,097,651	3,115,735
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,290,029	868,663	175,029	246,337
9	Other employee benefits	1,724,732	-	 	239,510
10	Payroll taxes	1,142,827	769,542	 	218,228
11	Fees for services (non-employees)	1,112,021	7 0 3 / 0 1 2	133,637	
a	Management				
b	Legal	62,648	3,612	57,101	1,935
c	Accounting	130,522	87,889	 	24,924
d	Lobbying	18,000	18,000	 	
u	Professional fundraising See Part IV, line 17	920,444	18,000		020 444
•	Investment management fees	· ·		60 504	920,444
f	•	60,504	2 026 520	60,504	640.202
g	Other	3,549,263	2,836,539	 	649,293
12	Advertising and promotion	985,033	,		225,393
13	Office expenses	4,466,699	2,893,889	126,154	1,446,656
14	Information technology				
15	Royalties				
16	Occupancy	952,562		952,562	
17 18	Travel	703,039	602,099	8,942	91,998
	state, or local public officials				
19	Conferences, conventions, and meetings	281,103	217,173	11,835	52,095
20	Interest	399,793	399,793		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,072,952	2,915,223	64,180	93,549
23	Insurance	243,459	163,990	33,010	46,459
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Production costs	37,627,336	37,448,131	9,777	169,428
b	PBS and NPR dues	3,617,406		· · ·	
С	Miscellaneous	3,264,631			2,969,682
d	Tax Expense	406,675	406,675		_
e	Mbrships & affiliations	150,085	28,738	95,326	26,021
f	All other expenses	-766,878	1,290,824	· · ·	400,290
25	Total functional expenses. Add lines 1 through 24f	81,849,144	69,682,336		10,982,821
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-,-33,331	,,-
		•			

Pa	rt X	Balance Sheet					
					(A)		(B)
	1	Cash—non-interest-bearing			Beginning of year	1	End of year
	2	Savings and temporary cash investments			13,326,676		10,200,860
	3	Pledges and grants receivable, net	•		601,800		628,063
	4	Accounts receivable, net	•		58,826,703		40,419,168
	5	·	برماء	ampleyage and	30,020,703	4	40,419,100
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	s, кеу	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ Complete Part II of		1 4958(f)(1)) and			
		Schedule L	chedule L				
Assets	7	Notes and loans receivable, net				7	
Š	8	Inventories for sale or use			208,539	8	95,794
⋖	9	Prepaid expenses and deferred charges			2,800,042	9	4,313,789
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	47,663,382			
	ь	Less accumulated depreciation	10b	27,885,808	21,230,939	10c	19,777,574
	11	Investments—publicly traded securities	-		11,754,007	11	22,373,253
	12	Investments—other securities See Part IV, line 11			4,444,075	12	1,127,719
	13	Investments—program-related See Part IV, line 11			2,519,340	13	2,957,627
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			16,579,300	15	16,886,956
	16	Total assets. Add lines 1 through 15 (must equal line 34)			132,291,421	16	118,780,803
	17	Accounts payable and accrued expenses .			5,539,394	17	6,512,737
	18	Grants payable				18	
	19	Deferred revenue			646,483	19	626,774
	20	Tax-exempt bond liabilities			9,468,333	20	9,035,846
68	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.	•		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
<u>.e</u>		persons Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelated third parties			2,560,000	23	1,960,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			866,553	25	885,231
	26	Total liabilities. Add lines 17 through 25			19,080,763	26	19,020,588
<u></u>		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	let e li	ines 27			
Ð		through 29, and lines 33 and 34.					
<u>a</u>	27	Unrestricted net assets			17,211,332	27	20,763,737
Balance	28	Temporarily restricted net assets			86,343,905	28	69,341,057
Fund	29	Permanently restricted net assets		9,655,421	29	9,655,421	
Œ		Organizations that do not follow SFAS 117, check here ► ┌ an	d com	ıplet e			
Ö	_	lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other fu			32		
Š	33	Total net assets or fund balances			113,210,658	33	99,760,215
	34	Total liabilities and net assets/fund balances			132,291,421	34	118,780,803

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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	3b	Yes	

Form **990** (2009)

0 M B N - 1 E 4 E 00 4

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization GREATER WASHINGTON EDUCATIONAL

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Employer identification number

TELEC	COMMUI	NICATIONS	ASSOCIATION	INC					53-024299	2		
Pa	rt I	Reas	on for Pul	blic Charity Stat	us (All org	<u>anızatıon</u> s	must comp	lete this p	art.) See ins	tructions		
The	organı	zation is	not a private	e foundation because	ıtıs (Forlı	nes 1 throu	gh 11, check	only one bo	x)			
1	Γ	A churc	h, conventi	on of churches, or as	sociation of	churches s	ection 170(b)	(1)(A)(i).				
2	Γ	A scho	ol described	ın section 170(b)(1)	(A)(ii). (Att	ach Schedu	le E)					
3	Γ	A hosp	ıtal or a coop	perative hospital serv	vice organiza	ation descri	bed in sectior	170(b)(1)	(A)(iii).			
4	Γ			organization operate ty, and state	ed in conjunc	ction with a	hospital desc	rıbed ın sec	tion 170(b)(1)	(A)(iii). Ent	er the	
5	Г	An orga	anızatıon ope	erated for the benefit	of a college	or universit	y owned or op	perated by a	governmental	unıt describ	ed in	
		section	170(b)(1)(A)(iv). (Complete Pa	rt II)							
6	Г	A feder	al, state, or	local government or	governmenta	al unit desci	ıbed ın sectio	on 170(b)(1)(A)(v).			
7	⊽	describ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)									
8	Г			described in section		(vi) (Com	plete Part II)				
9	Г	Anorga	anızatıon tha	t normally receives	(1) more tha	an 331/3% d	fits support	rom contrib	utions, membe	ership fees, a	and gro	SS
		receipt	s from actıvı	ties related to its ex	empt functio	ns—subject	to certain ex	ceptions, a	nd (2) no more	than 331/39	% of	
		ıts sup _l	port from gro	ss investment incom	ne and unrela	ated busines	ss taxable inc	ome (less s	ection 511 ta	x) from busıı	nesses	
		acquire	d by the org	anızatıon after June 3	30,1975 Se	ee sect ion 5	09(a)(2). (Co	mplete Par	tIII)			
10	Г	An orga	anızatıon org	anızed and operated	exclusively	to test for p	ublic safety	See section	509(a)(4).			
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type III - Other							Check				
e f	Γ	other th section If the o	nan foundation 509(a)(2)	ox, I certify that the con managers and other	erthan one o	or more pub	icly supporte	d organizat	ons described	in section 5	09(a)(1) or
g		Since A		006, has the organiz	ation accept	ted any gıft	or contributio	on from any	of the			•
		(i) a pe	rson who dir	ectly or indirectly co	ntrols, eithe	r alone or to	gether with p	ersons des	cribed in (ii)		Yes	No
		and (III)) below, the (governing body of the	the support	ed organiza	tion?			11g(i)		
			•	r of a person describ	• •					11g(ii)		
		(iii) a 3	5% controll	ed entity of a person	described in	n (ı) or (ıı) a	bove?			11g(iii)	
h		Provide	the followin	g information about t	the supporte	d organızatı	on(s)					
(i) Namo suppo organiz		e of (ii) (described on orted EIN lines 1-9 above		(iv) Is the organizat col (i) lis your gove docume	e Ion In ted In Erning	(v) Did you no organizat col (i) o	tify the tion in f your	(vi) Is the organizate col (i) org	e ıon ın anızed	Am	(vii) ount of oport?	
				(see instructions))	Yes	No	Yes	No	Yes	No		
Tota	ı							1				

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

S	ection A. Public Support		Jon on mile of	,,				
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	65,220,45	79,960,737	74,935,355	85,687,030	63	,722,428	369,526,003
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	65,220,45	79,960,737	74,935,355	85,687,030	63	,722,428	369,526,003
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							12,942,331
6	(f) Public Support. Subtract line 5							256 592 672
	from line 4							356,583,672
	ection B. Total Support endar year (or fiscal year							
Сак	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
7	A mounts from line 4	65,220,453	892,905	74,935,355	85,687,030	63	,722,428	369,526,003
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	969,824	892,905	1,112,444	658,350		964,516	4,598,039
9	Net income from unrelated business activities, whether or not the business is regularly carried on	111,793	103,547	109,315	171,349		167,031	663,035
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	73,066	39,730	54,772	86,510		72,781	326,859
11	Total support (Add lines 7 through 10)							375,113,936
12	Gross receipts from related activiti	es, etc (See ins	tructions)			12		20,070,158
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second	, thırd, fourth, or f	ifth tax year as a	501(c)(3	3) organız	ation, ▶
S	ection C. Computation of Pul							
14	Public Support Percentage for 200	9 (line 6 column	(f) divided by line	11 column (f))		14		95 060 %
15	Public Support Percentage for 200	8 Schedule A , Pa	art II, line 14			15		95 560 %
	33 1/3% support test—2009. If the and stop here. The organization qua 33 1/3% support test—2008. If the	alıfıes as a public organization did	cly supported orga I not check the bo	inization x on line 13 or 16				► ✓ check this_
	box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization mecorganization	— 2009. If the org tion meets the " ets the "facts an	ganization did not facts and circums d circumstances"	check a box on lir tances" test, che test The organiz	ck this box and st ation qualifies as	op here. a publici	Explain y support	red
b	10%-facts-and-circumstances test 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization	nızatıon meets th	ne "facts and circu	ımstances" test, o	check this box an	d stop he	ere.	▶ □
18	Private Foundation If the organizations	ion did not chec	k a box on line 13	, 16a, 16b, 17a o	r 17b, check this	box and	see	▶ □

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Expl	anat	ion
------	------	-----

Schedule A, Part IV, Supplemental Information Schedule A, Part II, Line 10, explanation for other income, Miscellaneous

Schedule A (Form 990 or 990-EZ) 2009

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DLN: 93493323005040

OMB No 1545-0047

Political Campaign and Lobbying Activities

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

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

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

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

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, linection 501(c)(4), (5), or (6) organizations. Complete Part III	e 35a (re	•gar	ding	proxy tax), the	en
N a GR	me of the organization EATER WASHINGTON EDUCATIONAL	mployer			ition numb	er	
Par	t I-A Complete if the organization is exempt under section 501(c) or is a s				janizatio	n.	
1	Provide a description of the organization's direct and indirect political campaign activities in Part	IV					
2	Political expenditures	F		\$			
3	V olunteer hours			_			
Par	t I-B Complete if the organization is exempt under section 501(c)(3).						
1	Enter the amount of any excise tax incurred by the organization under section 4955		►	\$			
2	Enter the amount of any excise tax incurred by organization managers under section 4955		 -	\$_			
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?				☐ Yes	Г	No
4a	Was a correction made?				┌ Yes	Γ	No
b	If "Yes," describe in Part IV						
Par	t I-C Complete if the organization is exempt under section 501(c) except s	ection	50	1(c)	(3).		
1	Enter the amount directly expended by the filing organization for section 527 exempt function act	ivities	F	\$			
2	Enter the amount of the filing organization's funds contributed to other organizations for section 5 exempt funtion activities	27	Þ	\$			
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 1	7 b	F	\$			
4	Did the filing organization file Form 1120-POL for this year?			· —	┌ Yes	$\overline{}$	No
5	State the names, addresses and employer identification number (EIN) of all section 527 political were made. For each organization listed, enter the amount paid from the filing organization's funds contributions received that were promptly and directly delivered to a separate political organization for a political action committee (BAC). If additional space is provided information in B	Also er on, such	nter i	the ar	nount of po	olitica	al

fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either line section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

Sche	edule C (<u>F</u> orm 990 or 990-EZ) 2009					age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	OT fi	led F	orm	5768	3
	<u> </u>	(a	1)	 	(b)	
		Yes	No	4	Amour	it
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		1		
c	Media advertisements?		Νo	1		
d	Mailings to members, legislators, or the public?		Νo			
e	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			2	21,978
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo			
i	Other activities? If "Yes," describe in Part IV		Νo			
j	Total lines 1c through 1:				2	21,978
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	01 (c)(5),	or s	ectio	n
	301(c)(0).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		Γ	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		F	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		F	3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5	01(c)(5).	or s	ectio	n
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II answered "Yes".					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
	political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Pä	art IV Supplemental Information					
	mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and	l Part I	II-B, lın	e 1ı		
	so, complete this part for any additional information		-,			
	Identifier Return Reference Explanat	ion_				

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DLN: 93493323005040

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ernal Revenue Service	Attach to Fo	orm 990. ► See separate instructions.		Inspection
Name of the organiz	EDUCATIONAL		Employer identific	ation number
TELECOMMUNICATIONS		Inited Funds on Other Charles	53-0242992	a Compalate fill
	zations Maintaining Donor Acation answered "Yes" to Form 99	dvised Funds or Other Similar Fu 0. Part IV. line 6.	unas or Account	s. Complete if the
0. ga	4.0	(a) Donor advised funds	(b) Funds and	other accounts
. Total number at	end of year			
Aggregate cont	ributions to (during year)			
Aggregate gran	ts from (during year)			
Aggregate value	e at end of year			
		sors in writing that the assets held in don organization's exclusive legal control?	or advised	┌Yes ┌No
used only for ch	- , , , , , , , , , , , , , , , , , , ,	donor advisors in writing that grant funds efit of the donor or donor advisor, or for ar	•	┌ Yes ┌ No
Part III Consei	rvation Easements. Complete	if the organization answered "Yes" to	o Form 990, Part I	V, line 7.
Preservation Protection Preservation Complete lines	onservation easements held by the or on of land for public use (e g , recreati of natural habitat on of open space 2a-2d if the organization held a quali e last day of the tax year	on or pleasure) Preservation of an	<u> </u>	
a Total number o	f conservation easements		2a	e cilu di tile Teal
_	estricted by conservation easements	·	2b	
	ervation easements on a certified his	toric structure included in (a)	2c	
_	ervation easements included in (c) ac	` '	2d	
the taxable yea	r Þ	rred, released, extinguished, or terminate	d by the organization	n during
Does the organ	es where property subject to conserva ization have a written policy regarding the conservation easements it holds?	the periodic monitoring, inspection, hand	— dling of violations, an	d 「Yes 「No
		ecting and enforcing conservation easem		
		ng, and enforcing conservation easements		
170(h)(4)(B)(ı)	and 170(h)(4)(B)(II)?	(d) above satisfy the requirements of sec		┌ Yes
balance sheet,		onservation easements in its revenue and he footnote to the organization's financial nents		
		ns of Art, Historical Treasures, (Yes" to Form 990, Part IV, line 8.	or Other Similar	Assets.
art, historical ti	reasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researc ancial statements that describes these it	ch in furtherance of p	
historical treas	· ·	116, to report in its revenue statement a public exhibition, education, or research in		•
(i) Revenues in	ncluded in Form 990, Part VIII, line 1		► \$	
(ii) Assets incl	uded in Form 990, Part X		► \$	
If the organizat	·	orical treasures, or other similar assets fo S 116 relating to these items		
a Revenues inclu	ded in Form 990, Part VIII, line 1		> \$	

b Assets included in Form 990, Part X

Zelli	TIL Organizations Maintaining Co	illections of Art	, HIS	toricai ire	eası	ires, or c	<u>Jtne</u>	r Similar <i>P</i>	SSE	ts (co	<u>ntınued)</u>	
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e following th	nat ar	e a sıgnıfıc	ant u	ise of its colle	ctıoı	า		
а	Public exhibition		d	┌ Loan o	rexc	hange prog	rams					
b	☐ Scholarly research e ☐ Other											
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ın how	they further	the	organizatio	n's e>	kempt purpose	ın :			
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	Г	Yes	┌ No	
Par	t IV Escrow and Custodial Arrang					n answere	ed "Y	es" to Form	990),		
	Part IV, line 9, or reported an ar			<u> </u>								
	Is the organization an agent, trustee, custoo included on Form 990, Part X?				ions	or other as:	sets	not	Γ	Yes	Г No	
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing table		ı		T _				
								Α	mou	ınt		
с	Beginning balance						1c					
d	Additions during the year						1d					
e	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an amount on Fe	orm 990, Part X, line	e 21?						Γ	Yes	┌ No	
	If "Yes," explain the arrangement in Part XI\											
Pa	rt V Endowment Funds. Complete							t IV, line 10 Three Years Back		N Faur V	aara Daak	
1a	Beginning of year balance	(a)Current Year 23,380,732	(D	Prior Year 27,550,302	+ ` `	IWO TEATS DAG	x (a	Jilliee fears bac	ж (е	e)rour re	ears Back	
b	Contributions	1,050,000		2,125,000	+				+			
c	Investment earnings or losses	2,240,266		-5,151,036	+				+			
d	Grants or scholarships	, ,			1				+			
e	Other expenditures for facilities	220,000		1,143,534								
	and programs											
f	Administrative expenses											
g	End of year balance	26,450,998		23,380,732								
2	Provide the estimated percentage of the year	r end balance held a	as									
а	Board designated or quasi-endowment 🕨	38 540 % %										
b	Permanent endowment ► 36 500 % %											
c	Term endowment ► 24 960 % %											
3a	Are there endowment funds not in the posse	ssion of the organiza	atıon t	hat are held	and a	admınıstere	d for	the				
	organization by (i) unrelated organizations							3	a(i)	Yes	No No	
	(ii) related organizations				•		•		a(ii)		No	
ь	If "Yes" to 3a(II), are the related organization			chedule R?			٠.		3b			
4	Describe in Part XIV the intended uses of th	•										
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee Form 99	0, P	art X, lıne	10.					
	Description of investment			(a) Cost or o		(b)Cost or o basis (oth		(c) Accumulate depreciation	ed	(d) Boo	ok value	
1a	Land					2,22	2,725		\top	-	2,222,725	
Ь	Buildings					8,92	4,944	4,111,6	546	4	4,813,298	
c	Leasehold improvements					9,19	2,577	4,489,8	356	4	4,702,721	
d	Equipment					27,32	3,136	19,284,3	306	8	8,038,830	
e	Other								\neg			

19,777,574

Part VII Investments—Other Securities. See (a) Description of security or category			d of valuation
(including name of security)	(b)Book value		f-year market value
Financial derivatives			
Closely-held equity interests Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation f-year market value
		Cost of end-o	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III		4	
(a) Descrip			(b) Book value
film assets			16,886,956
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			16,886,956
Part X Other Liabilities. See Form 990, Part X	, line 25.		16,886,956
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability			16,886,956
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		16,886,956
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		16,886,956
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		16,886,956
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		16,886,956
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		16,886,956
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Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		16,886,956
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		16,886,956

	Recently of the state of the st		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	65,800,111
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	81,849,144
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-16,049,033
4	Net unrealized gains (losses) on investments	4	2,617,268
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-18,678
9	Total adjustments (net) Add lines 4 - 8	9	2,598,590
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-13,450,443
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	69,105,078
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d -18,678		
e	Add lines 2a through 2d	2e	2,598,590
3	Subtract line 2e from line 1	3	66,506,488
4	A mounts 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 60,504		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	-706,377
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	65,800,111
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	82,555,521
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	82,555,521
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 60,504		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-706,377
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	81,849,144
Par	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to 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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanat ion
Part V, Line 4	Description of Intended Use of Endowment Funds	WETA's endowment is intended to support programming activities through an annual funding supplement and/or appropriations for special program projects
Part X	Description of Uncertain Tax Positions Under FIN 48	WETA has adopted the provisions of FASB Interpretation No 48, Accounting for uncertainty in Income Taxes, (FIN 48) Under FIN 48, an organization must recognize the tax benefit associated with tax positions taken for tax return purposes when it is more-likely-than-not that the position will be sustained WETA does not believe there are any material uncertain tax positions and, accordingly, it will not recognize any liability for unrecognized tax benefits
Part XI, Line 8 - Other Adjustments		change in market value of interest rate swap -18678
Part XII, Line 2d - Other Adjustments		change in market value of interest rate swap -18678
Part XII, Line 4b - Other Adjustments		Cost of goods sold (sale of inventory) -155122 expenses related to rental income -611759
Part XIII, Line 4b - Other Adjustments		Cost of goods sold (sale of inventory) -155122 expenses related to rental income -611759

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
GREATER WASHINGTON EDUCATIONAL
TELECOMMUNICATIONS ASSOCIATION INC

Employer identification number

53-0242992

Part I	Fundraising Activities.	Complete if the organization	answered "Yes" to	o Form 990, Part IV,	lıne 17.
	Form 990-EZ filers are not	required to complete this pa	rt.		

- 1 Indicate whether the organization raised funds through any of the following activities Check all that apply
- a 🔽 Mail solicitations
- **b** 🔽 Internet and e-mail solicitations
- Phone solicitations
- **d** 🔽 In-person solicitations

- e 🔽 Solicitation of non-government grants
- f Solicitation of government grants
- g | Special fundraising events
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

 (ii) Name of individual

 (iii) Activity

 (iv) Amount paid to custody or (iv) Gross receipts

 (vi) Amount paid to (or retained by)

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

(i) Name of individual or entity (fundraiser)	(ii) Activity	fundrais custo conti contribi	dy or rol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
		Yes	No				
The Mail Bag	Printing & mailing		No	2,616,413	63,647	2,552,766	
A utomated Mailing Inc	Printing & mailing		No	1,306,824	299,101	1,007,723	
Public Interest Comm Inc	telemarketing		No	1,288,792	381,862	906,930	
Direct Advantage Marketing	telemarketing		No	1,143,018	206,807	936,211	
Carl Bloom Associates Inc	databases for direct mail		No	558,750	199,337	359,413	
SD&A Teleservices Inc	telemarketing		No	416,250	97,790	318,460	
The Sharon Group	Consulting services		No	217,078	50,000	167,078	
RWT PRODUCTION	Printing & mailing		No	111,750	38,982	72,768	
A cxiom Corporation	list broker		No	74,500	27,380	47,120	
FOXCROFT CONSULTING LLC	Consulting services		No	73,750	15,000	58,750	
Total			>	7,807,125	1,379,906	6,427,219	

³ List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ted
			(a) Event #1	(b) Event #2	(c) O ther Events (total number)	(d) To	otal Eve ol (a) th ol (c))	
Revenue	1 2 3	Gross receipts Less Charitable contributions Gross income (line 1 minus line 2)	(event type)		(total number)			
	4	Cash prizes						
Ses	5 6	Non-cash prizes				+		
Expenses	7	Food and beverages						
Direct B	8	Entertainment						
ឨ	9	Other direct expenses .				<u> </u>		
	10 11	Direct expense summary Add line Net income summary Combine lii			. 			
Par	t III		ganızatıon answered		irt IV, line 19, or repo	rted mo	re thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add co	otal gam I (a) th ol (c))	
	1 (Gross revenue						
Ses	2 (Cash prizes				<u> </u>		
Expenses	s 1	Non-cash prizes				<u> </u>		
Direct E	4 F	Rent/facility costs						
<u></u>	5 (Other direct expenses						
	6 \	Volunteer labor	∀es	│	Г Yes			
		Direct expense summary Add lines			.			
	8	Net gaming income summary Com	bine lines 1, column d, a	ind line 7	<u> </u>		Yes	No
9 a	Is th	er the state(s) in which the organiza ne organization licensed to operate				· 9a		
b		lo," Explain				_		
10a b		e any of the organization's gaming l es," Explain	ıcenses revoked, suspe	nded or terminated during	the tax year?	10a	3	
11		s the organization operate gaming a					. _	
12		ne organization a grantor, beneficia ied to administer charitable gaming				. .,		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

OMB No 1545-0047

2009

DLN: 93493323005040

Open to Public Inspection

Name of the organization		Employer identification number					
GREATER WASHINGTON EDUCATION TELECOMMUNICATIONS ASSOCIAT	53-0242992						
Part I General Information	on Grants and	Assistance					
 Does the organization maintain re the selection criteria used to awa Describe in Part IV the organization 	rd the grants or ass	sistance?					▽ Yes ┌ N
Form 990, Part IV, line Part IV and Schedule I-	21 for any recipi	ent that received n	nore than \$5,000. Ch	eck this box if no one	recipient received	d more than \$5,000.	Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran
See Additional Data Table					·		

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplem	ientai imormation. cor	nplete this part to provide the information required in Part I, line 2, and any other additional information.
Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 WETA monitors the use of grant funds by requiring interim and final performance reporting in both narrative and financial form from grant recipient. The reports are reviewed to ensure compliance and that they meet the grant requirements.

Software ID:

Software Version:

EIN: 53-0242992

Name: GREATER WASHINGTON EDUCATIONAL

TELECOMMUNICATIONS ASSOCIATION INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AETN350 S Donaghey Conway, AR 72034	71-0847443	501(c)(3)	7,500				Station Outreach Grant-Am's Best Idea Nat'l Parks
Blue Ridge Public TV WBRA 1215 McNeil Dr Roanoke, VA 24015	54-0798878	501(c)(3)	7,500				Station O utreach Grant-Am's Best Idea Nat'l Parks
Detroit Public TelevisionOne Clover Ct Wixom, MI 48393	38-1440200	501(c)(3)	7,500				Station O utreach Grant-Am's Best Idea Nat'l Parks
East TN Public Communication1611 East Magnolia Avenue Knoxville,TN 37917	62-1173293	501(c)(3)	15,000				Station O utreach Grant-Am's Best Idea Nat'l Parks
Georgia Public Broadcasting 260 14th Street NW Atlanta, GA 303185360	58-1496258	501(c)(3)	7,500				Station O utreach Grant-Am's Best Idea Nat'l Parks
Georgia Public Broadcasting 260 14th Street NW Atlanta, GA 303185360	58-1496258	501(c)(3)	5,000				Station O utreach Grant-Tenth Inning
Howard University Television 2222 4th Street NW Washington, DC 20059	53-0204707	501(c)(3)	7,500				Station O utreach Grant-Am's Best Idea Nat'l Parks
Howard University Television 2222 4th Street NW Washington, DC 20059	53-0204707	501(c)(3)	5,000				Station O utreach Grant-Tenth Inning
Idaho Public Television1455 North Orchard Boise,ID 83706	82-0400218	501(c)(3)	7,500				Station O utreach Grant-Am's Best Idea Nat'l Parks
Iowa Public Television6450 Corporate Drive Johnston,IA 50131	42-1169207	501(c)(3)	7,500				Station O utreach Grant-Am's Best Idea Nat'l Parks

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KAET TV Finance&A dministr 555 North Central Avenue Suite 500 Phoenix, AZ 85004	54-1880297	501(c)(3)	5,000				Station O utreach Grant-Tenth Inning
KCET4401 Sunset Blvd Los Angeles, CA 90027	95-2211661	501(c)(3)	15,000				Station O utreach Grant-Am's Best Idea Nat'l Parks
KCOS TV9050 Viscount Blvd STE A 440 El Paso,TX 29925	23-7138922	501(c)(3)	7,500				Station O utreach Grant-Am's Best Idea Nat'l Parks
KCPT Public Television 19 125 E 31st Street Kansas City, MO 64108	23-7114952	501(c)(3)	7,500				Station O utreach Grant-Am's Best Idea Nat'l Parks
KCTS Television401 Mercer Street Seattle, WA 98109	91-1221895	501(c)(3)	20,000				Station O utreach Grant-Am's Best Idea Nat'l Parks
KCTS Television401 Mercer Street Seattle, WA 98109	91-1221895	501(c)(3)	5,000				Station Outreach Grant-Tenth Inning
KEET TV7246 Humboldt Hıll Rd Eureka, CA 95503	94-1658168	501(c)(3)	7,500				Station Outreach Grant-Am's Best Idea Nat'l Parks
Kentucky Educational Network 600 Cooper Drive Lexington, KY 40502	61-0722558	501(c)(3)	7,500				Station Outreach Grant-Am's Best Idea Nat'l Parks
KETC-TV 3655 O live Street St Louis, MO 63108	43-0685345	501(c)(3)	7,500				Station Outreach Grant-Am's Best Idea Nat'l Parks
KIXEChannel 9603 N Market St Redding, CA 96003	94-1569300	501(c)(3)	7,500				Station Outreach Grant-Am's Best Idea Nat'l Parks

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501(c)(3) Kirn-The Learning PlaceP O 74-2461534 Station Outreach Grant-Am's Best Idea Box 9 15,000 San Antonio, TX 782910009 Nat'l Parks Kirn-The Learning PlaceP O 74-2461534 501(c)(3) Station Outreach Box 9 Grant-Tenth Inning 5,000 San Antonio, TX 782910009 501(c)(3) KNME-TV 5 (Univ of New 85-6000642 Station Outreach Grant-Am's Best Idea Mexico)1130 University Blvd 15,000 ΝE Nat'l Parks Albuquerque, NM 87102 KNME-TV 5 (Univ of New 85-6000642 501(c)(3) Station Outreach Mexico)1130 University Blvd Grant-Tenth Inning 5,000 Albuquerque, NM 87102 501(c)(3) KNPB Channel 51670 North 88-0172215 Station Outreach Grant-Am's Best Idea Virginia Street 7,500 Reno, NV 89503 Nat'l Parks KPBS5200 Campanile Drive 95-6042721 501(c)(3) Station Outreach Grant-Am's Best Idea San Diego, CA 92182 7,500 Nat'l Parks KQED Inc2601 Mariposa 501(c)(3) 94-1241309 Station Outreach Street Grant-Am's Best Idea 20,000 San Francisco, CA 94110 Nat'l Parks Ksps - Friends Of Seven3911 23-7203753 501(c)(3) Station Outreach South Regal Grant-Am's Best Idea 7,500 Spokane, WA 99223 Nat'l Parks KtwuWashburn Univeristy 48-6030115 501(c)(3) Station Outreach Washburn University 1700 Grant-Am's Best Idea 7,500 SW College Nat'l Parks College Topeka, KS 66621 74-2652689 501(c)(3) KUAT Channel 61423 Station Outreach University Blvd- MLB 67 Rm Grant-Am's Best Idea 7,500 223 Nat'l Parks 223 Tucson, AZ 85721

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KUED TV (Univ of Utah)101 S Wasatch Drive Room 215 Salt Lake City, UT 84112	87-6000525	501(c)(3)	7,500				Station Outreach Grant-Am's Best Idea Nat'l Parks
KVIE2030 W El Camino A venue Sacramento, CA 95833	94-1421463	501(c)(3)	5,000				Station Outreach Grant-Tenth Inning
Louisiana Public Broadcastin 7733 Perkins Road Baton Rouge, LA 70810	72-0794108	501(c)(3)	7,500				Station Outreach Grant-Am's Best Idea Nat'l Parks
Maryland Public Television 11767 Owings Mills Blvd Owings Mills, MD 211171499	52-6002033	501(c)(3)	7,500				Station O utreach Grant-Am's Best Idea Nat'l Parks
Montana Pbs309 Montana Hall PO Box 172470 Bozeman, MT 59717	81-0426350	501(c)(3)	7,500				Station Outreach Grant-Am's Best Idea Nat'l Parks
NETNebraska Ed Telecom 1800 N 33rd Street Lincoln,NE 68503	23-7122088	501(c)(3)	7,500				Station Outreach Grant-Am's Best Idea Nat'l Parks
New Hampshire Public Television268 Mast Road Durham, NH 038244601	02-6000937	501(c)(3)	5,000				Station O utreach Grant-Tenth Inning
Oregon Pub Broadcasting 7140 SW Macadam Avenue Portland,OR 97219	93-0814638	501(c)(3)	7,500				Station Outreach Grant-Am's Best Idea Nat'l Parks
Ozarks Public Telvision901 S National Ave Springfield, MO 65897	43-1234200	501(c)(3)	7,500				Station Outreach Grant-Am's Best Idea Nat'l Parks
PBS Hawaii2350 Dole Street Honolulu, HI 96701	99-0334518	501(c)(3)	7,500				Station Outreach Grant-Am's Best Idea Nat'l Parks

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501(c)(3) Rocky Mountain Public 84-0510785 Station Outreach Broadc1089 Bannock Street Grant-Am's Best Idea 20,000 Denver, CO 802049972 Nat'l Parks SceCon Scenic Services 1101 57-6000286 Station Outreach 501(c)(3) George Rogers Blvd Grant-Am's Best Idea 7,500 Columbia, SC 29201 Nat'l Parks South Dakota Public 23-7310698 Station Outreach 501(c)(3) Broadcasting555 N Dakota Grant-Am's Best Idea 20,000 Street Nat'l Parks Vermillion, SD 570695000 ThirteenWNET450 West 33rd 13-1945149 Station Outreach 501(c)(3) Street Grant-Am's Best Idea 7,500 New York, NY 10001 Nat'l Parks UNC Center for Public TV10 58-1720178 501(c)(3) Station Outreach Grant-Am's Best Idea TW Alexander Drive 7,500 Rsrch Triangle Park, NC Nat'l Parks 27709 UNC Center for Public TV10 58-1720178 Station Outreach 501(c)(3) TW Alexander Drive Grant-Tenth Inning 5,000 Rsrch Triangle Park, NC 27709 Valley Public TelevisionKVPT Station Outreach 77-0162617 501(c)(3) 1544 Van Ness Ave Grant-Am's Best Idea 7,500 Fresno, CA 93721 Nat'l Parks Vermont Public Television 22-2990644 501(c)(3) Station Outreach 204 Ethan Allen Avenue Grant-Am's Best Idea 7,500 Colchester, VT 05446 Nat'l Parks Vermont Public Television 22-2990644 501(c)(3) Station Outreach 204 Ethan Allen Avenue Grant-Tenth Inning 5,000 Colchester, VT 05446 Virgin Islands Public TV 66-0432100 501(c)(3) Station Outreach SystemPOBox 7879 Grant-Am's Best Idea 7,500 St Thomas 00801 Nat'l Parks VΙ

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WCET-TV1223 Central Parkway Cincinnati, OH 45214	31-0560051	501(c)(3)	7,500				Station Outreach Grant-Am's Best Idea Nat'l Parks
Wedu-Fl West Coast1300 N Blvd Tampa,FL 33607	59-0840626	501(c)(3)	7,500				Station Outreach Grant-Am's Best Idea Nat'l Parks
WGCU Public Media10501 FGCU Blvd S Fort Myers,FL 33965	65-0403969	501(c)(3)	7,500				Station O utreach Grant-Am's Best Idea Nat'l Parks
WHRO 5200 Hampton Boulevard Norfolk, VA 23508	54-0843118	501(c)(3)	7,500				Station Outreach Grant-Am's Best Idea Nat'l Parks
WHYY-Tv150 North 6th Street Philadelphia,PA 19106	23-1438083	501(c)(3)	7,500				Station Outreach Grant-Am's Best Idea Nat'l Parks
WHYY-Tv150 North 6th Street Philadelphia,PA 19106	23-1438083	501(c)(3)	5,000				Station Outreach Grant-Tenth Inning
WIPB2000 University Ave Muncie, IN 473060080	35-6000221	501(c)(3)	7,500				Station Outreach Grant-Am's Best Idea Nat'l Parks
Wisconsin Public TV821 University Ave Madison, WI 53706	23-7300462	501(c)(3)	7,500				Station Outreach Grant-Am's Best Idea Nat'l Parks
WKNO7151 Cherry Farms Road Cordova,TN 38016	62-0525567	501(c)(3)	7,500				Station Outreach Grant-Am's Best Idea Nat'l Parks
WKNO7151 Cherry Farms Road Cordova,TN 38016	62-0525567	501(c)(3)	5,000				Station O utreach Grant-Tenth Inning

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Wned-TvHorizons Plaza PO Box 1263 Buffalo, NY 14240	16-0834459	501(c)(3)	7,500				Station O utreach Grant-Am's Best Idea Nat'l Parks
WPBT14901 NE 20th Ave Miami,FL 33181	59-0737868	501(c)(3)	15,000				Station O utreach Grant-Am's Best Idea Nat'l Parks
WPBT14901 NE 20th Ave Mıamı,FL 33181	59-0737868	501(c)(3)	5,000				Station Outreach Grant-Tenth Inning
WQ ED Multimedia4802 Fifth A venue Pittsburgh, PA 15213	25-1010296	501(c)(3)	7,500				Station Outreach Grant-Am's Best Idea Nat'l Parks
WQED Multimedia4802 Fifth Avenue Pittsburgh,PA 15213	25-1010296	501(c)(3)	5,000				Station Outreach Grant-Tenth Inning
WQLNChannel 548425 Peach Street Erie,PA 16509	25-1154116	501(c)(3)	7,500				Station O utreach Grant-Am's Best Idea Nat'l Parks
WSIU Public Broadcasting 1100 Lincoln Drive Mailcode 6602 Carbondale, IL 62901	37-6005961	501(c)(3)	7,500				Station O utreach Grant-Am's Best Idea Nat'l Parks
WSRE-TV Foundation Inc 1000 College Boulevard Pensacola,FL 32504	59-2993200	501(c)(3)	7,500				Station O utreach Grant-Am's Best Idea Nat'l Parks
WSRE-TV Foundation Inc 1000 College Boulevard Pensacola,FL 32504	59-2993200	501(c)(3)	5,000				Station Outreach Grant-Tenth Inning
WTTW Channel 115400 N St Louis Chicago, IL 60625	36-2246703	501(c)(3)	7,500				Station Outreach Grant-Am's Best Idea Nat'l Parks

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
WTVI3242 Commonwealth Avenue Charlotte, NC 28205	56-1309525	501(c)(3)	7,500				Station O utreach Grant-Am's Best Idea Nat'l Parks				
WVPT 51298 Port Republic Harrisonburg, VA 22801	54-0785147	501(c)(3)	7,500				Station Outreach Grant-Am's Best Idea Nat'l Parks				
WXEL3401 S Congress Ave Boynton Beach, FL 33426	65-0728353	501(c)(3)	7,500				Station Outreach Grant-Am's Best Idea Nat'l Parks				
WYES TV111 Veterans Memorial Blvd Ste 250 New Orleans, LA 70005	72-0497926	501(c)(3)	7,500				Station Outreach Grant-Am's Best Idea Nat'l Parks				

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DLN: 93493323005040

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization	Employer identification number
GREATER WASHINGTON EDUCATIONAL	
TELECOMMUNICATIONS ASSOCIATION INC	53-0242992
Part I Questions Regarding Compensation	

				Yes	Νo				
1a	Check the appropiate box(es) if the organization provided any of 990, Part VII, Section A, line 1a Complete Part III to provide								
	First-class or charter travel	ousing allowance or residence for personal use							
	Travel for companions	syments for business use of personal residence							
	Tax idemnification and gross-up payments He	ealth or social club dues or initiation fees							
	Discretionary spending account	ersonal services (e g , maid, chauffeur, chef)							
b	b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain								
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?								
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply								
		ritten employment contract							
		ompensation survey or study							
	Form 990 of other organizations	oproval by the board or compensation committee							
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization								
а	a Receive a severance payment or change-of-control payment?								
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?								
c	c Participate in, or receive payment from, an equity-based compensation arrangement?								
	If "Yes" to any of lines 4a-c, list the persons and provide the a	pplicable amounts for each item in Part III							
	Only 501(c)(3) and 501(c)(4) organizations only must complete	e lines 5-9.							
5	For persons listed in form 990, Part VII, Section A, line 1a, did compensation contingent on the revenues of	I the organization pay or accrue any							
а	a The organization?								
b	Any related organization?		5b		Νo				
	If "Yes," to line 5a or 5b, describe in Part III								
6	For persons listed in form 990, Part VII, Section A, line 1a, did compensation contingent on the net earnings of	I the organization pay or accrue any							
а	The organization?		6a		Νο				
Ь	b Any related organization?								
	If "Yes," to line 6a or 6b, describe in Part III								
7									
8	Were any amounts reported in Form 990, Part VII, paid or accusible to the initial contract exception described in Regs section Part III		8		No				
9	If "Yes" to line 8, did the organization also follow the rebuttable section 53 4958-6(c)?	e presumption procedure described in Regulations	9						

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
SHARON PERCY ROCKEFELLER	(I) (II)	348,104		18,076		32,509	398,689	
JOSEPH B BRUNS	(1) (11)	267,259		18,076		32,624	317,959	
DALTON DELAN	(ı) (ıı)	210,934		18,036		39,326	268,296	
POLLY POVEJSIL HEATH	(ı) (ıı)	220,649		18,036		25,324	264,009	
ADAM GRONSKI	(ı) (ıı)	101,905	75,895	767		22,189	200,756	
MARY CATHERINE PHELPS	(ı) (ıı)	165,871		1,197		24,960	192,028	
LISA DELANEY	(ı) (ıı)	158,187		1,130		23,921	183,238	
ELLEN MORGENSTERN	(1) (11)	151,668		1,116		26,885	179,669	
KEVIN HARRIS	(ı) (ıı)	162,113		1,156		13,535	176,804	
DANIEL DEVANY	(ı) (ıı)	156,576		1,116		8,010	165,702	
CHRISTOPHER GUARINO	(ı) (ıı)	152,625		1,136		11,530	165,291	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
	1 '	UNDERWRITING MANAGEMENT EARNS COMMISSIONS BASED ON CORPORATE UNDERWRITING DOLLARS THESE AMOUNTS ARE ACCRUED AND PAID EACH MONTH

Schedule J (Form 990) 2009

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Schedule L

Department of the Treasury

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
GREATER WASHINGTON EDUCATIONAL

Employer identification number

	UNICATIONS ASSOCIATION INC					53-0	024299	2		
Part I	Excess Benefit Trans Complete If the organization	•				rganızat	tions or	nly).	40b	
1	(a) Name of disqual				ription of			<u>urc v ,o</u>		rrected [*]
	r the amount of tax imposed ion 4958			r disqualified perso	ons durinç	the yea	runder . ►	\$		
3 Ente	r the amount of tax, if any, o	n line 2, above, reir	nbursed by th	ne organization .			. •	\$		
Part II	Loans to and/or Fro). Part IV. line 26	. or Form	990-FZ.	Part V.	line 38a		
(a) Name	of interested person and	(b) Loan to or from the (c)O riginal ipal amount	(d)Balance due	(e) In	b b	(f) Approve by board ommitte	ed or a	(g) Writte greemen	
		To From			Yes		Yes	No	Yes	No
Total .										
	Complete if the organi			<u>rm 990, Part IV</u> een interested per	rs on					
(4) Name of interested person		and the or	ganızatıon		(C)	nic or gra	ant or type	01 455151	ance
Part IV	Business Transactio Complete if the organi				/, line 28	a, 28b,	or 28c.			
(a)	Name of interested person	(b) Relatı between ınt person aı organızı	terested nd the	(c) A mount of transaction	(d)	Descript	ion of tr	ansaction	organı	aring of zation's nues? No
FREDERIC	CK J RYAN JR	Business		260,4	of Dir Allbri WETA trans owne pre-d	ectors, i tton Con A leases mitter or d by Allb	s the CC nmunica space fo n a tower ritton T Ryan's	tions or it's TV r partially he lease election to	i	N o

rates

considered to be at market

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION INC **Employer identification number**

53-0242992

Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	etermı	nıng	
1	Art—Works of art	аррпсавіе		<u> </u>				
	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
•	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	40	138,109	ML Confirm Report			
10	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Q ualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
25	Other ► (<u>Equipment</u>)	Х	1	450	FMV			
26	O ther ▶()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization compl				29			
							Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	eriod?			30a		No
b	If "Yes," describe the arrangeme	ent in Part 1	I					
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or us contributions?	e third part • • •	es or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
b	If "Yes," describe in Part II							
33	If the organization did not report	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II		() · · · · · · · · · · · · · · · · · ·	. ,	,			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference		Explanation		
Third Party Use	Part I, Line 32b	WETA uses Merrill Lynch to sell noncash stock gifts		

Schedule M (Form 990) 2009

SCHEDULE 0

Name of the organization GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION INC

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047
2009
Open to Public

► Attach to Form 990.

Employer identification number

53-0242992

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Process for review ing Form 990 After Budget Manager completes return, Controller reviews and then passes on to CFO to review. Any questions are then raised and necessary corrections are made before sending draft to CPA
Form 990, Part VI, Section B, line 12c		Process for monitoring and enforcing compliance with the conflict of interest policy. The conflict of interest policy is part of WETA's overall Code of Conduct policy. All new employees are given this information upon hire. In addition, WETA periodically re-communicates the policy organization-wide and keeps it posted on the intranet.
Form 990, Part VI, Section B, Iine 15		the process for determining compensation of the organization's CEO, or top management official Compensation for WETA's officers is reviewed and approved annually by WETA's Compensation Committee and Board of Trustees with an external consultant based upon comparable market information. This annual compensation review is documented the process for determining compensation of the organization's officers or key employees. Compensation for WETA's key employees is reviewed by WETA officers using external market information.
Form 990, Part VI, Section C, line 19		The governing documents and conflict of interest policy are available on the internal wiebsite. The financial statements are available upon request
Form 990, Part XI, Line 2	Oversight of Audit	There was no change in the process for overseeing the audit from the prior year
Form 990, Part VII, Section A	Amended Return Explanation	The return is amended to modify Form 990, Part III, sections 4b and 4c descriptions, Schedule D, Part V, column a, lines 1a and 1g amounts, and Schedule R, Part IV, column a, street address

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493323005040

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Name of the organization GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION INC **Employer identification number**

53-0242992

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

(a)
Name, address, and EIN of disregarded entity

Primary activity

(c) Legal domicile (state or foreign country)

Total income

(e) End-of-year assets

(f) Direct controlling entity

Part II

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

(a)
Name, address, and EIN of related organization

(b) Primary activity

(c) Legal domicile (state or foreign country)

Exempt Code section

Public charity status (if section 501(c)(3))

Direct controlling entity

(j)

General or

managing

partner?

No

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part	IV, line 3
	because it had one or more related organizations treated as a partnership during the tax year.)	

(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

(h) Disproprtionate allocations?

(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)

Yes No Yes

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
wetacom inc 3939 Campbell Avenue arlington, VA22206 52-1537263	for profit prod (inactive since 2002)	DC	N/A	С			100 000 %

(5)

(6)

F (4	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 3	4, 33, 01 30.)		Yes	
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			res	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No
b	Gift, grant, or capital contribution to other organization(s)		1b		No
C	Gift, grant, or capital contribution from other organization(s)		1c		No
d	Loans or loan guarantees to or for other organization(s)		1d		No
е	Loans or loan guarantees by other organization(s)		1e		No
f	Sale of assets to other organization(s)		1f		No
g	Purchase of assets from other organization(s)		1 g		No
h	Exchange of assets		1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)		1 i		No
j	Lease of facilities, equipment, or other assets from other organization(s)		1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)		1k		No
- 1	Performance of services or membership or fundraising solicitations by other organization(s)		11		No
m	Sharing of facilities, equipment, mailing lists, or other assets		1m		No
n	Sharing of paid employees		1n		No
o	Reimbursement paid to other organization for expenses		10		No
P	Reimbursement paid by other organization for expenses		1р		No
q	O ther transfer of cash or property to other organization(s)		1 q		No
r	O ther transfer of cash or property from other organization(s)		1r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and	transaction thre	sholds		
	(a) Name of other organization	(b) Transaction type(a-r)	Amoun	(c) t involve	ed
(1) (2)					
(3)					
(5)					
(4)					

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

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

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)**Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Additional Data

Software ID:

Software Version:

EIN: 53-0242992

Name: GREATER WASHINGTON EDUCATIONAL

TELECOMMUNICATIONS ASSOCIATION INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other progran	n services				
(Code) (Expenses \$	5,627,612	ıncludıng grants of \$) (Revenue \$	494,446)
Other program ser	rvice expenses include functio	nal expenses f	rom all promotion, education, ai	nd outreach activities	

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
LESLEE ALEXANDER	1 00	Х						0	0	0
Trustee CYNTHIA BAKER TRUSTEE	1 00	x						0	0	0
MARGUERITE BATEMAN TRUSTEE	1 00	Х						0	0	0
STEPHEN F BLACK TRUSTEE	1 00	Х						0	0	0
M DIANE BODMAN TRUSTEE	1 00	Х						0	0	0
KARNA SMALL BODMAN TRUSTEE	1 00	Х						0	0	0
GAHL HODGES BURT TRUSTEE	1 00	Χ						0	0	0
ARMANDO CHAPELLI TRUSTEE	1 00	Χ						0	0	0
LAVERN JACKSON CHATMAN TRUSTEE	1 00	Χ						0	0	0
TIMOTHY C COUGHLIN Chairman, Trustee	1 00	Χ		Χ				0	0	0
CHERRIE DOGGETT Chairman, Trustee LISA CLAIRE DWOSKIN	1 00	Х						0	0	0
TRUSTEE ANN B FRIEDMAN	1 00	Х						0	0	0
TRUSTEE	1 00	Χ						0	0	0
GREGORY GALLOPOULOS TRUSTEE JOHN WHECHINGER JR	1 00	Х						0	0	0
Vice Chairman, Trustee ANN DIBBLE JORDAN	1 00			Χ				0	0	
VC & SEC, TRUSTEE RO GER KRO NE	1 00			Χ				0		
TRUSTEE CHARITO KRUVANT	1 00							0	0	
TRUSTEE SALLY MERTEN	1 00							0		
TRUSTEE ROBERT PECK	1 00							0	0	
TRUSTEE IAN K PORTNOY	1 00							0	0	
TRUSTEE EDWARD HART RICE	1 00							0		
TRUSTEE JAYE ROGOVIN	1 00							0	0	
TRUSTEE ALISON K RUSSELL	1 00							0		
TRUSTEE FRED RYAN	1 00							0	0	
TRUSTEE	1 00	Х						0	0	0

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
BRUCE SANFORD TRUSTEE	1 00	Χ						0	0	0
JOHN SHENEFIELD TRUSTEE	1 00	Х						0	0	0
JONATHAN SILVER TRUSTEE	1 00	X						0	0	0
JOHN ULFELDER TRUSTEE	1 00	X						0	0	0
CYNTHIA STEELE VANCE TRUSTEE	1 00	X						0	0	0
SHELIA CRAIG WHITEMAN TRUSTEE	1 00	X						0	0	0
CHRISTOPHER WOLF TRUSTEE	1 00	X						0	0	0
SHARON PERCY ROCKEFELLER PRESIDENT AND CEO	40 00			Х				366,180	0	32,509
JOSEPH B BRUNS EXEC VP & COO	40 00			X				285,335	0	32,624
DALTON DELAN EXEC VP & CPO	40 00			X				228,970	0	39,326
POLLY POVEJSIL HEATH SR VP, TREAS & CFO	40 00			Х				238,685	0	25,324
ADAM GRONSKI VP, CORP MARKETING	40 00				X			178,567	0	22,189
MARY CATHERINE PHELPS SR VP DEVELOPMENT	40 00				X			167,068	0	24,960
LISA DELANEY VP AND GEN COUNSEL	40 00					Χ		159,317	0	23,921
ELLEN MORGENSTERN VP Development	40 00					Χ		152,784	0	26,885
KEVIN HARRIS VP AND MANAGER, TV	40 00					Χ		163,269	0	13,535
DANIEL DEVANY VP and GM, Radio	40 00					X		157,692	0	8,010
CHRISTOPHER GUARINO SR STAFF PRODUCER	40 00					Х		153,761	0	11,530

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
television projects	900,099	1,409,587	1,409,587		
ancillary revenues	900,099	416,619	416,619		
production studio rent	900,002	125,805	125,805		
rent 501(c)3 tenants	900,002	76,904	76,904		
Radio studio rental	900,002	25,716	25,716		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Production costs	37,627,336	37,448,131	9,777	169,428
PBS and NPR dues	3,617,406	3,617,406		
Mıscellaneous	3,264,631	263,754	31,195	2,969,682
Tax Expense	406,675	406,675		
Mbrships & affiliations	150,085	28,738	95,326	26,021