

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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DLN: 93493325006202

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2011

Open to Public

		e Service	► The organization may have to use a copy of this return to satisfy sta	ite reporting require	ments	Inspection
A Fo	r the	2011 ca	lendar year, or tax year beginning 07-01-2011 and ending 06-30-2012			
B Ch	eck ıf a	pplicable	C Name of organization GREATER WASHINGTON EDUCATIONAL	D Emp	loyer id	entification number
Add	dress ch	nange	TELECOMMUNICATIONS ASSOCIATION INC Doing Business As	_	024299 ohone n	
∏ Na	me cha	nge	WETA			
┌ Ind	tıal retu	m	Number and street (or P O box if mail is not delivered to street address) Room/suite	<u> </u>	3)998-	5 \$ 82,540,533
Te	rmınate	d	3939 CAMPBELL AVENUE	G Glos	s receipts	5 \$ 02,540,555 ——————————————————————————————————
✓ Am	ended	return	City or town, state or country, and ZIP + 4 ARLINGTON, VA 222062269			
Гар	plication	n pending	AKLINOTON, VA 222002209	_		
			F Name and address of principal officer	H(a) Is this a grou	ıp retur	n for
			SHARON PERCY ROCKEFELLER 3939 CAMPBELL AVENUE	affiliates?		⊤Yes 🔽 No
			ARLINGTON, VA 222062269	H(b) Are all affiliate	s inclu	ded?
				If "No," attac	h a list	t (see instructions)
I ⊤a	x-exem	npt status	✓ 501(c)(3)	H(c) Group exem	ption ni	umber 🟲
J W	ebsite	e: 🕨 WW	W WETA ORG			
K For	m of or	ganızatıon	Corporation Trust Association Other ►	L Year of formation	1953 l	M State of legal domicile DC
Pa	rt I	Sum	mary			
)Ce		PUBLIC	escribe the organization's mission or most significant activities TELEVISION AND RADIO BROADCASTING AND PRODUCTION, PB: CY AND BRAIN INJURY WEBSITES	S AFFILIATE AND (CLASS	ICAL MUSIC,
E I	:					
Activities & Governance	_ ·	Chastill	to hav by organization discontinued its arms.	more than 35% C	to =='	accata
ĭ			is box 🔭 if the organization discontinued its operations or disposed of	more than 25% of i	1	Í
න් ග			of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line 1b)		3	25
Æ			nber of individuals employed in calendar year 2011 (Part V, line 2a) .		5	213
Ę	1		mber of volunteers (estimate if necessary)		6	556
ą.			related business revenue from Part VIII, column (C), line 12		7a	93,372
	Ь	Net unre	ated business taxable income from Form 990-T, line 34		7b	4,581
				Prior Year		Current Year
a.	8	Contril	outions and grants (Part VIII, line 1h)	77,87	2,475	70,858,364
Revenue	9	Progra	m service revenue (Part VIII, line 2g)	3,680	,320	9,363,539
356	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)	2,767		1,022,096
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) evenue—add lines 8 through 11 (must equal Part VIII, column (A), line	457	7,922	541,851
	12		evenue—add inies o tinough 11 (must equal Part VIII, Column (A), line	84,778	3,530	81,785,850
	13		and similar amounts paid (Part IX, column (A), lines $1-3$)	7:	7,500	121,000
	14	Benefit	s paid to or for members (Part IX, column (A), line 4)		0	0
ø	15	Salarıe 5–10)	s, other compensation, employee benefits (Part IX, column (A), lines	20,450	1 427	21,131,772
<u>ş</u>	16a	•	sional fundraising fees (Part IX, column (A), line 11e)		,577	906,361
Expenses	Ь		ndraising expenses (Part IX, column (D), line 25) •10,745,018		,,,,,,	300,301
Ш	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	48,567	7.191	46,565,173
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	70,03!		68,724,306
	19	Reveni	ue less expenses Subtract line 18 from line 12	14,74	2,835	13,061,544
8 % %				Beginning of Cur	rent	End of Year
Net Assets of Fund Balances	20	Ta4-!-	occata (Part V. lina 16.)	Year	366	
AS. dBs	20 21		assets (Part X, line 16)	132,125		144,313,698
2 E	22		sets or fund balances Subtract line 21 from line 20	116,56		129,500,066
	1000	_	ature Block	110,50	,,501	123,300,000
Unde know	r penal	lties of pe	erjury, I declare that I have examined this return, including accompanying sch i, it is true, correct, and complete. Declaration of preparer (other than officer)	is based on all infor	mation o	
Sigr	1	Signa	ture of officer	2012-11-20 Date	1	
Her			POVEJSIL HEATH SR VP, TREAS & CFO or print name and title			
Paid	arar ^j -	Preparer' signature	JOYCE M UNDERWOOD se		struction	ayer identification number s)
Use •	arer's ∩nlv		me (or yours BDO USA LLP nployed),	EIN Þ	13-5381	590
Joe '	Only		and ZIP + 4 7101 WISCONSIN AVE SUITE 800		k ·	201) (54, 4000
			BETHESDA, MD 208144827	Phone	no ▶ (301) 654-4900

✓ Yes

✓ No

	()				1 dgc =
Par	Statement of Prog Check if Schedule O coi		-	ш	.
1	Briefly describe the organization	on's mission			
WET	A'S MISSION IS TO PRODUCE	AND BROADCAST PR	OGRAMS OF INTELLE	CTUAL INTEGRITY AND CU	LTURAL MERIT THAT
	GNIZE VIEWERS' AND LISTE				
2	Did the organization undertake				┌ Yes ┌ No
	the prior Form 990 or 990-EZ?				Yes No
	If "Yes," describe these new se				
3	Did the organization cease con services?	= -	=		┌ Yes ┌ No
	If "Yes," describe these change	es on Schedule O			
4	Describe the organization's pro expenses Section 501(c)(3) a grants and allocations to other	and 501(c)(4) organizat	ions and section 4947 (a	a)(1) trusts are required to re	port the amount of
4a	(Code) (Exp	penses \$ 37,798,0	41 including grants of \$	121,000) (Revenue \$	8,886,556)
	TELEVISION PRODUCTION WETA IS WASHINGTON WEEK WITH GWEN IF THE WHITE HOUSE, THE JOHN F KE THAT ADDRESS CURRENT, LOCAL AN	TILL AND NATIONAL JOURNAL, ENNEDY CENTER FOR THE PE	THE PBS NEWSHOUR, DOCU ERFORMING ARTS, AND THE N	MENTARIES FROM KEN BURNS, ANI	PERFORMANCE SPECIALS FROM
4b	(Code) (Exp	penses \$ 12,192,5	48 including grants of \$) (Revenue \$	382,368)
	LOCAL BROADCASTING - TELEVISION QUALITY TELEVISION PROGRAMMING CHILDREN'S EDUCATIONAL TELEVISI FOR LIFELONG LEARNING, PUBLIC A OF THE COUNTRY, ACCLAIMED HIST WETA 90 9 FM, WGMS 89 1 FM AND MUSIC IN THE METROPOLITAN WASSORGANIZATIONS IN THE AREA AND HIGHLIHGTING THE RICH CULTURAL	G ON FOUR DIGITAL CHANNE ION SERVICE THAT DELIGHTS IFFAIRS ANALYSIS AND DOCU TORY, SCIENCE AND NATURE IOWETA 88 9 FM, PROVIDING HINGTON AREA CLASSICAL V THE COMMUNITY THROUGH	LS 24 HOURS A DAY WETA T CHILDREN WHILE BUILDING MENTAIRES, PERFORMANCE PROGRAMMING, AND THE B A 24-HOUR CLASSICAL MUSI VETA 90 9 FM PROVIDES AN I PARTNERSHIPS TO RECORD A	V 26, WETA HD, WETA KIDS AND W READING, SCIENCE, TECHNOLOGY PROGRAMMING CELEBRATING CULT EST IN BRITISH TELEVISION CLASS: C SERVICE WETA IS THE EXCLUSIVE MPORTANT CONNECTION BETWEEN	ETA UK WETA BROADCASTS A AND MATH SKILLS, PROGRAMMING IURAL DIVERSITY AND RICHNESS ICAL WETA RADIO BROADCASTS ON E BROADCASTER OF CLASSICAL MANY FINE PERFORMING ARTS
4c	(Code) (Exp	penses \$ 5,856,0	e67 including grants of \$) (Revenue \$	492,304)
	ONLINE RESOURCES WETA'S INTER READERS, COLORINCOLORADO ORG ENGLISH-LANGUAGE LEARNERS (ELL ADLIT ORG, WHICH SUPPORTS THE INFORMATION ON THE WEB	G, A BILINGUAL PROJECT THA LS), LDONLINE ORG, THE LEA	T OFFERS RESOURCES, IN BO DING WEBSITE ON LEARNING	OTH ENGLISH AND SPANISH, FOR PA DISABILITIES AND ADHD FOR PARE	RENTS AND TEACHERS OF NTS, TEACHERS AND STUDENTS,
	0.11				
4d	Other program services (Des	·	-) (D = v = = v = . #	,
	(Expenses \$	ıncludıng grant	.S 01 \$) (Revenue \$)
4e	Total program service expens	es► \$ 55,846	,656		

art IV	Checklis	t of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
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 and IV	15		No
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 and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part 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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	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		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		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

	Check if Schedule O contains a response to any question in this Part V \cdot . \cdot . \cdot . $$			
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
a.	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
_	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
а	Did the organization have unrelated business gross income of \$1,000 or more during the			
_	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
a	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 or securities account)?	4a		No
h	,			140
,	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	See manactions for iming requirements for Form 1D F 30-22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
_	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	٦ [
	were not tax deductible?	6b		
	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	
h	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	75	103	
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			140
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
	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		
		•		
_	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
	-			
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter Instruction focal and constal contributions unalluded on Part VIII. Inc. 12			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
_	sources against amounts due or received from them)			
2-	Section 4047(a)(1) non-everynt charitable truste. In the everynteen films Form 000 in line of Form 10412	12-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or asserted during the	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
h	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Form 990 (2011) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for Part VI a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax 1a 25 Enter the number of voting members included in line 1a, above, who are 1b 25 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any Νo 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Nο filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Νo 6 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes Each committee with authority to act on behalf of the governing body? Yes 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a 10a Did the organization have local chapters, branches, or affiliates? . Nο **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes the form? **b** Describe in Schedule O the process, if any, used by the organization to review the Form 990 . **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Yes b Were officers, directors or trustees, and key employees required to disclose annually interests that could give Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes Did the organization have a written whistleblower policy? 13 Yes 13 **14** Did the organization have a written document retention and destruction policy? 14 Yes 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 Other officers or key employees of the organization . 15b Yes If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the States with which a copy of this Form 990 is required to be filed AL, AK, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IL, KS, $\mathsf{KY}\,\mathsf{,ME}\,\mathsf{,MD}\,\mathsf{,MA}\,\mathsf{,MI}\,\mathsf{,MN}\,\mathsf{,MS}\,\mathsf{,MO}\,\mathsf{,NH}\,\mathsf{,NJ}\,\mathsf{,NM}\,\mathsf{,NY}\,\mathsf{,}$ NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV,WI Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply ✓ Own website ✓ Another's website ✓ Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of

- interest policy, and financial statements available to the public See Additional Data Table

(703)998-2600

State the name, physical address, and telephone number of the person who possesses the books and records of the organization MEGHAN BIGGS CONTROLLER 3939 CAMPBELL AVE ARLINGTON, VA 22206

Part VII 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

- ◆ 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, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

♣ 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

(A) Name and Title	(B) Average hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
See Additional Data Table										

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

	(A) Name and Title	(B) (C) A verage Position (do not check more than one box, unless person is both week (describe director/trustee) hours							(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estimated amount of other compensation from the organization and related	
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke, emplojee	Highest compensated employee	Former			MISC)		relat organiza	
See /	Addıtıonal Data Table													
				_										
				<u> </u>								_		
				<u> </u>								\dashv		
												+		
				\vdash								\dashv		
												+		
				\vdash								+		
1b	Sub-Total				٠.	٠.		>	l					
c	Total from continuation sheets Total (add lines 1b and 1c) .				•	•		*		2,621,709		0		281,038
2	Total number of individuals (incl \$100,000 of reportable compens		nıted to				above) wh	o receive		ın			201,030
													Yes	No
3	Did the organization list any form on line 1a? <i>If</i> "Yes," complete Sch					ey e	employ • •	/ee, (or highes	t compens	ated employee	3	;	No
4	For any individual listed on line 1 organization and related organization and related organizations.											4	Yes	
5	Did any person listed on line 1a services rendered to the organiz									ganızatıon d	or individual for	5	;	No
S	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio												
	Nan	(A) ne and business ad	dress							Desci	(B) ription of services		Compe	
1953	DUCTION SOLUTIONS GALLOWS RD 600 NA, VA 22182									DIRECT MAI	L PROCESSING		1	1,075,309
7700 FALL:	IC INTEREST COMMUNICATION INC LEESBURG PIKE 301 S CHURCH, VA 22043									TELEMARKE	TING			425,918
2233 WASI	MASLOW MEDIA GROUP INC WISCONSIN AVE NW 400 HINGTON, DC 20007									STAFFING				419,942
4407	DMATED MAILING INC WHEELER AVE ANDRIA, VA 22304									DIRECT MAI	L PROCESSING			380,523
IKON	ALEXANDRIA, VA 22304 CKON OFFICE SOLUTION MGMT SVC PO BOX 534777 STAFFING									288,437				

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►7

Form 990 (2011) Page 9 Part VIII Statement of Revenue								
Part	/***	Statement o	or 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	426,892				
Contributions, gifts, grants and other similar amounts	b	Membership du	es 1b					
s, g	c	Fundraising eve	ents 1 c					
#E to	d	Related organiz	ations 1d					
ξĒ	e	Government grants	s (contributions) 1e	3,100,099				
tion or so	f	All other contribution	ons, gifts, grants, and 1f	67,331,373	İ			İ
ê₹	g	Noncash contri	butions included in					
ĔĚ		lines 1a-1f \$	39,178 					
<u>~~~</u>	h	Total. Add lines	s 1 a - 1 f	•	70,858,364			
e				Business Code				
Program Service Revenue	2a	TELEVISION PROJE		900099	8,886,556			
<u>æ</u>	b	PRODUCTION STU		900002	177,299	177,299		
MCA	C .	ANCILLARY REVEN	_	900099	134,677	134,677		
à	d	RENT 501(C)3 TEN		900002	105,168	•		
Ë	e	RADIO STUDIO REI		900002	55,229	55,229		
Ş	f	All other progra	am service revenue		4,610	4,610		
<u>~</u>	g	Total. Add lines	s 2a – 2f		9,363,539			
	3		ome (including dividen		1,002,014		-743	1,002,757
	4		ar amounts)	F	1,002,014		-743	1,002,737
	5		anient of tax exempt bond	proceeds .	235,116	235,116		
		,	(ı) Real	(II) Personal				
	6a	Gross rents	751,482					
	Ь	Less rental expenses	706,810					
	c	Rental income or (loss)	44,672					
	d	• •	me or (loss)		44,672		6,615	38,057
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	20,470					
	ь	Less cost or other basis and	0	388				
		sales expenses	20.470	200				
	c d	Gain or (loss) Net gain or (los	20,470	-388	20,082			20,082
	8a	Gross income f		ı	20,002			20,002
Other Revenue		events (not inc \$	luding s reported on line 1c)					
<u>-</u>		1 ' :	a					
Ę.	b c		penses b (loss) from fundraising	events 🛌				
-	9a		rom gaming activities le 19					
	b c		apenses b (loss) from gaming acti	vities►				
	10a	Gross sales of returns and allo	inventory, less					
	Ь	Less cost of no	oods sold b	77,886 47,485				
	c		(loss) from sales of inv		30,401	30,401		
		Miscellaneous	s Revenue	Business Code				
	11a	WETA MAGAZ	INE	511120	87,500		87,500	
	Ь	LIST RENTAL		900002	29,706			29,706
	C							
	d	All other reven			114,456			114,456
	12	Total royonus	S 11a-11d		231,662			
] **	iocai ievenuė.	See THERIUCHONS .	• • • [81,785,850	9,629,056	93,372	1,205,058

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

C	heck if Schedule O contains a response to any question in this Part IX		<u> </u>	<u>l .</u>	
	ot include amounts reported on lines 6b, o, 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 United States See Part IV, line 21	121,000	121,000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,870,824	313,406	1,111,087	446,331
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	15,364,023	11,881,570	591,724	2,890,729
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,087,035	788,045	85,878	213,112
9	Other employee benefits	1,597,491	1,429,637	-16,195	184,049
10	Payroll taxes	1,212,399	878,928	95,782	237,689
11	Fees for services (non-employees)				
а	Management				
b	Legal	130,239	98,483	4,431	27,325
c	Accounting	187,268	141,253	6,421	39,594
d	Lobbying	58,880	18,389	40,491	
e	Professional fundraising See Part IV, line 17	906,361			906,361
f	Investment management fees	40,325		40,325	
g	Other	3,636,899	2,682,832	7,466	946,601
12	Advertising and promotion	402,983	369,884	-280	33,379
13	Office expenses	3,557,010	2,099,474	18,750	1,438,786
14	Information technology				
15	Royalties				
16	Occupancy	64,939		64,939	
17	Travel	853,040	741,063	9,397	102,580
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	410,537	335,413	15,781	59,343
20	Interest	298,631	225,078	10,263	63,290
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,021,558	2,851,551	20,002	150,005
23	Insurance	253,040	193,086	8,366	51,588
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	PRODUCTION COSTS	25,185,039	24,900,153	4,006	280,880
b	MISCELLANEOUS	4,054,823	1,535,106	-48,657	2,568,374
c	PBS AND NPR DUES	3,942,456	3,942,456	0	
d	TAX EXPENSE	377,246	282,009	11,707	83,530
e					
f	All other expenses	90,260	17,840	50,948	21,472
25	Total functional expenses. Add lines 1 through 24f	68,724,306	55,846,656	2,132,632	10,745,018
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
				Fo	rm 990 (2011

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 16.605.342 2 10.345.672 2 Savings and temporary cash investments 3 813,082 3 1.051.525 42.900.750 40.020.978 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 102.924 8 95.763 9 2.965.981 9 4.198.834 Prepaid expenses and deferred charges 48,279,496 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b 33, 165, 538 b Less accumulated depreciation 17,728,736 10c 15,113,958 33,216,333 11 36,440,755 11 675,731 270,399 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 23,376,157 15 30,516,144 15 132, 125, 366 16 144,313,698 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 5,716,458 17 5,684,539 17 Accounts payable and accrued expenses . 18 18 19 561,889 19 533,622 20 8.565.846 20 8.075.846 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 715,812 25 519,625 D 26 15,560,005 26 14,813,632 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 24,349,647 27 25,272,957 Unrestricted net assets 82,560,293 28 94,571,688 28 Temporarily restricted net assets Fund 29 9,655,421 29 9,655,421 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 116.565.361 33 129.500.066 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 132,125,366 34 144.313.698

Ра	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		81.7	785,850
2	Total expenses (must equal Part IX, column (A), line 25)	2			724,306
3	Revenue less expenses Subtract line 2 from line 1	3		13,0	061,544
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		116,5	565,361
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-1	. 26,839
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		129,5	500,066
Par	** Time Transport of Statements and Reporting			৮	
	Check if Schedule O contains a response to any question in this Part XII	• •	-		
1	Accounting method used to prepare the Form 990			Yes	No
	Schedule O				1
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 is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued			
За	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 reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

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As Filed Data -

DLN: 93493325006202

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

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.

GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION INC										dent if icatioi	1 number	
	rt I				tus (All ord	nanizations	must comr	nlete this na	53-0242992 part.) See instructions			
				te foundation becaus						30 000013		
1	Ĭ			on of churches, or a			-		,			
2		A scho	ol described	in section 170(b)(1	L)(A)(ii). (At	tach Schedu	ıle E)					
3				perative hospital se				n 170(b)(1)(A)(iii).			
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter thospital's name, city, and state				nter the								
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		sect ion	170(b)(1)((A)(iv). (Complete P	art II)							
6		A feder	al, state, or	local government o	r government	al unit desc	rıbed ın secti	on 170(b)(1)	(A)(v).			
7	✓	describ	ed in	at normally receives (A)(vi) (Complete P		l part of its	support from	a governmer	ntal unit or fr	om the gene	ral public	:
8	Г			described in section	•	A)(vi) (Com	nplete Part II)				
9	, T		•	at normally receives			•	•	utions. mem	bership fees	. and aro	SS
	•			ities related to its e								
				oss investment inco	•				• •			
		acquire	d by the or	ganızatıon after June	30,1975 S	ee section 5	609(a)(2). (C	omplete Part	III)			
10	\sqcap	An orga	anızatıon or	ganized and operated	d exclusively	to test for p	oublic safety	See section	509(a)(4).			
11	Γ	one or the box	more public	ganized and operated ly supported organiz bes the type of supp b Type I	ations descr oorting organ	ıbed ın sectı ı <u>za</u> tıon and c	on 509(a)(1)	or section 5 s 11e throug	09(a)(2) Se h 11h	e section 5 0		Check
e	Γ	By che other t	cking this b han foundat	ox, I certify that the on managers and ot	organization	ıs not contr	olled directly	or indirectly	by one or m	ore disquali	fied pers	ons
f		If the o	this box	received a written d						II supportın	g organız	ation,
g			August 17, 2 ng persons?	2006, has the organ	ızatıon accep	ted any gift	or contribution	on from any o	of the			
				rectly or indirectly c	ontrols, eith	er alone or to	ogether with i	persons desc	ribed in (ii)		Yes	No
		and (111) below, the	governing body of th	dy of the the supported organization?							
		(ii) a fa	mily memb	er of a person descri	bed in (i) abo	ve?				11g(ii)	
		(iii) a 3	35% contro	lled entity of a perso	n described i	n (ı) or (ıı) a	bove?			11g(i	iii)	
h		Provide	the followi	ng information about	the supporte	ed organızatı	on(s)					
(i) Name suppo organiz		of rted	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga in the U	on in anized	A mo	vii) unt of port?
				instructions))	Yes	No	Yes	No	Yes	No		
							L					

Total

Part II

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	74,935,35	5 85,687,030	63,722,428	77,872,475	70	,858,364	373,075,652
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	74,935,35	5 85,687,030	63,722,428	77,872,475	70	,858,364	373,075,652
5	The portion of total contributions							
	by each person (other than a governmental unit or publicly							
	supported organization) included							23,185,366
	on line 1 that exceeds 2% of the							, ,
	amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5 from line 4							349,890,286
	ection B. Total Support							
	endar year (or fiscal year		Τ	Τ				
Cui	beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
7	A mounts from line 4	74,935,355	85,687,030	63,722,428	77,872,475	70	,858,364	373,075,652
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	1,112,444	658,350	964,516	987,376	1,123,808		4,846,494
9	Net income from unrelated business activities, whether or not the business is regularly carried on	109,315	171,349	167,031	146,920		4,581	599,196
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	54,772	86,510	72,781	115,765		144,162	473,990
11	Total support (Add lines 7 through 10)							378,995,332
12	Gross receipts from related activit	ies, etc (See ins	tructions)			12	1	23,388,578
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	fifth tax year as a	501(c)(3) organı	zation, ▶
S	ection C. Computation of Pu							
14	Public Support Percentage for 201	1 (line 6 column	(f) divided by line	11 column (f))		14		92 320 %
15	Public Support Percentage for 201	0 Schedule A, Pa	art II, line 14			15		94 340 %
16a	33 1/3% support test—2011. If the	e organization did	not check the bo	x on line 13, and	line 14 is 33 1/3%	or more	, check i	this box
	and stop here. The organization qu 33 1/3% support test—2010. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization me organization	e organization did in qualifies as a p :— 2011. If the org ation meets the "	d not check the bo publicly supported ganization did not facts and circums	x on line 13 or 16 organization check a box on lir tances" test, che	ne 13, 16a, or 16 ck this box and s	b and line t op here.	e 14 Explain	▶ □
b 18	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f)) 17

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ₽ſ 33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

18

17

18

Schedule A	(Form	990 o	r 990-	EZ)	2011
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Page 4

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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME MISCELLANEOUS

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493325006202

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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.

Yes

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	
GREATER WASHINGTON EDUCATIONAL	_
TELECOMMUNICATIONS ASSOCIATION	ΙN

Employer identification number

53-0242992

Part I-A	Complete if the org	janization is exem	pt under section 501	L(c) or is a section	527 org	ganization.
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- Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- Political expenditures
- 3 Volunteer hours

Part I-B	Complete if	the organization	is exempt under	r section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes
- Was a correction made?

Did the filing organization file Form 1120-POL for this year?

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the

amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated 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 -

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
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beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

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Part II-B	Complete if the organiza	tion is exempt under section 501(c)(3) and has NOT filed Form 5768	
	(election under section !	01(h)).	

		(6	1)	(b)
		Yes	No	Amount
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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?	Yes		389
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		18,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		40,491
j	Total lines 1c through 1i			58,880
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		l	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is 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? 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES		LOBBYING ACTIVITIES INCLUDE 50% OF WETA'S APTS ACTION DUES OUR ONLINE MEDIA SERVICES ALSO INCUR LOBBYING EXPENSES USED TO ADVOCATE FOR CONTINUED FEDERAL SUPPORT FOR WETA'S READING ROCKETS AND BRAINLINE PROJECTS

DLN: 93493325006202

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	of the organization R WASHINGTON EDUCATIONAL		Em	ployer identification number
	MMUNICATIONS ASSOCIATION INC		53-	-0242992
Part	Organizations Maintaining Donor A organization answered "Yes" to Form 99	90, Part IV, line 6.		·
Т		(a) Donor advised funds	5	(b) Funds and other accounts
	otal number at end of year			
	ggregate contributions to (during year)			
	ggregate grants from (during year)			
Α	ggregate value at end of year			
	ıd the organızatıon ınform all donors and donor adv nds are the organızatıon's property, subject to the			vised Yes No
u:	id the organization inform all grantees, donors, and sed only for charitable purposes and not for the ber onferring impermissible private benefit			
	Conservation Easements. Complete	if the organization answered	l "Yes" to For	
Г Г с	urpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space omplete lines 2a-2d if the organization held a qual	non or pleasure)	tion of an histo tion of a certific	ed historic structure
e	asement on the last day of the tax year			Held at the End of the Year
a T	otal number of conservation easements			neid at the End of the Year
	otal acreage restricted by conservation easements	=	2b	
	umber of conservation easements on a certified his		2c	
	umber of conservation easements included in (c) a	, ,	2d	
	umber of conservation easements modified, transfo e taxable year !-	erred, released, extinguished, or i	terminated by t	the organization during
	umber of states where property subject to conserv			
	oes the organization have a written policy regardin nforcement of the conservation easements it holds		tion, handling c	Yes No
S	taff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation	on easements (during the year ►
	mount of expenses incurred in monitoring, inspecti \$	ing, and enforcing conservation e	asements durir	ng the year
	oes each conservation easement reported on line : 70(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requiremen	nts of section	┌ Yes
b	n Part XIV, describe how the organization reports calance sheet, and include, if applicable, the text of ie organization's accounting for conservation ease	the footnote to the organization's		
art 1	Organizations Maintaining Collection Complete if the organization answered			ther Similar Assets.
а	the organization elected, as permitted under SFAS t, historical treasures, or other similar assets held ovide, in Part XIV, the text of the footnote to its fil	l for public exhibition, education o	or research in f	
h	the organization elected, as permitted under SFAS storical treasures, or other similar assets held for rovide the following amounts relating to these item	public exhibition, education, or re		
(i) Revenues included in Form 990, Part VIII, line 1	1		▶ \$
(i	i) Assets included in Form 990, Part X			▶ \$
	the organization received or held works of art, hist llowing amounts required to be reported under SFA		assets for fina	ncial gain, provide the

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Sche	dule D (Form 990) 2011								Page 2
Par	Organizations Maintaining Co	llections of Art, I	listorical Tr	easu	ıres, or Othe	er Similar	Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any o	f the following t	hat ar	re a significant i	use of its co	llection	1	
а	Public exhibition		d Loand	orexc	hange program:	S			
b	Scholarly research		e Γ Other						
c	Preservation for future generations								
Ļ	Provide a description of the organization's co	ollections and explain	how they furthe	rthe	organızatıon's e	xempt purpo	ose in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than to		,			mılar	г	Yes	┌ No
) Da i	t IV Escrow and Custodial Arrang					/es" to For			, 110
	Part IV, line 9, or reported an ar						550	′ ′	
la	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other intermedi	ary for contribut	tions	or other assets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI'	V and complete the fol	lowing table						
							Amou	ınt	
c	Beginning balance				1c				
d	Additions during the year				1d				
e	Distributions during the year				1e				
f	Ending balance				1f				
a	Did the organization include an amount on Fe	orm 990 Part X line 2	12				Г	Yes	┌ No
ъ Ь	If "Yes," explain the arrangement in Part XI\						,		,
	rt V Endowment Funds. Complete		answered "Yes	s" to	Form 990 Pa	rt IV line	10		
	Endowniene i anabi complete	(a)Current Year	(b)Prior Year			d)Three Years		e)Four Y	ears Bac
a	Beginning of year balance	29,745,776	26,450,998		23,380,732	27,55	0,302		
b	Contributions	2,000,000	500,000		1,050,000	2,12	5,000		
c	Investment earnings or losses	565,080	4,604,778		2,240,266	-5,15	1,036		
d	Grants or scholarships								
e	Other expenditures for facilities and programs	550,000	1,810,000		220,000	1,14	3,534		
f	Administrative expenses								
g	End of year balance	31,760,856	29,745,776		26,450,998	23,38	0,732		
	Provide the estimated percentage of the yea	r end balance held as							
а	Board designated or quasi-endowment 🕨	39 020 %							
b	Permanent endowment ► 30 400 %								
c	Term endowment ► 30 580 %								
a	Are there endowment funds not in the posse	ssion of the organization	on that are held	l and a	administered for	r the			
_	organization by	ooron or and organizati	on mar are mora					Yes	No
	(i) unrelated organizations						3a(i)		No
	(ii) related organizations						3a(ii)		No
	If "Yes" to 3a(II), are the related organizatio						3b		
	Describe in Part XIV the intended uses of th								
ēΤ	t VI Land, Buildings, and Equipme	ent. See Form 990,	Part X, line 1	.0.		T			
	Description of property		(a) Cost or obasis (investr		(b)Cost or other basis (other)	(c) Accumu depreciat		(d) Bo	ok value
а	Land				2,216,975				2,216,97
b	Buildings				8,924,944	4,67	2,085		4,252,85
C	Leasehold improvements				9,738,965	5,29	1,802		4,447,16
а	Equipment				27,257,435	23,20	1,651		4,055,78
•									
	Other				141,177				141,177

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category (including name of security)	(b)Book value		d of valuation - year market value
(1)Financial derivatives		Cost of ella of	year market value
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation - year market value
		Cost of elia-of	- 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		_	
(a) Descri			(b) Book value
(1) FILM ASSETS			30,516,144
Total. (Column (b) should equal Form 990, Part X, col.(B) line is	(5)	<u>.</u>	30,516,144
Dowl V. Other Liebilities Cos Farms COO Dowl		.	
Other Liabilities. See Form 990, Part 7			
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability			
1 (a) Description of Liability	(, line 25.		
1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) Amount		
1 (a) Description of Liability Federal Income Taxes	(, line 25.		
1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) Amount		
1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) Amount		
1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) Amount		
1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) Amount		
1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) Amount		
() 5	(, line 25. (b) Amount		
1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) Amount		
1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) Amount		
1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) Amount		
1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) Amount		
1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) Amount		
1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) Amount		
1 (a) Description of Liability Federal Income Taxes	(, line 25. (b) Amount		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	81,785,850
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	68,724,306
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	13,061,544
4	Net unrealized gains (losses) on investments	4	-323,026
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	196,187
9	Total adjustments (net) Add lines 4 - 8	9	-126,839
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	12,934,705
Par	TXII 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	82,372,982
2	A mounts 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)		
е	Add lines 2a through 2d	2e	-126,838
3	Subtract line 2e from line 1	3	82,499,820
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 40,325		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	-713,970
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	81,785,850
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	69,438,283
2	Amounts 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)		
е	Add lines 2a through 2d	2e	7
3	Subtract line 2e from line 1	3	69,438,276
4	Amounts 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 40,325		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	-713,970
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	68,724,306

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	WETA'S ENDOWMENT IS INTENDED TO SUPPORT PROGRAMMING ACTIVITIES THROUGH AN ANNUAL FUNDING SUPPLEMENT AND/OR APPROPRIATIONS FOR SPECIAL PROGRAM PROJECTS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	WETA HAS ADOPTED THE PROVISIONS OF FASB ASC 740 (FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES) UNDER ASC 740, 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 196,187
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN MARKET VALUE OF INTEREST RATE SWAP 196,187 ROUNDING 1
PART XII, LINE 4B - OTHER ADJUSTMENTS		COST OF GOODS SOLD (SALE OF INVENTORY) -47,485 EXPENSES RELATED TO RENTAL INCOME -706,810
PART XIII, LINE 2D - OTHER ADJUSTMENTS		ROUNDING 7
PART XIII, LINE 4B - OTHER ADJUSTMENTS		COST OF GOODS SOLD (SALE OF INVENTORY) -47,485 EXPENSES RELATED TO RENTAL INCOME -706,810

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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. ► See separate instructions.

DLN: 93493325006202 OMB No 1545-0047

Name of the organization GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION INC

Employer identification number 53-0242992

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- Indicate whether the organization raised funds through any of the following activities Check all that apply
- e 🔽 Solicitation of non-government grants Mail solicitations
- Internet and e-mail solicitations f 🔽 Solicitation of government grants
- Phone solicitations
- In-person solicitations

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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 services?

굣	Yes	Γ	No
,	162	•	140

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or rol of utions?	(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
	TELEMADUETING	Yes	No			
PUBLIC INTEREST COMM INC 7700 LEESBURG PIKE STE 301 NORTH	TELEMARKETING		No	1,679,759	556,848	1,122,911
FALLS CHURCH, VA 22043						
CHARITABLE AUTO RESOURCES INC 8804 BALBOA AVE SAN DIEGO, CA 92123	CAR DONATION SERVICES	Yes		523,320	171,372	351,948
SAN DIEGO, CA 92123	TELEMARKETING					
SD & A TELESERVICES INC 5757 WEST CENTURY BLVD SUITE 300	TEEETIANNE TING		No	245,113	143,815	101,298
LOS ANGELES, CA 90045						
YOUR VOICE MEDIA INC 685 MARKET STREET SUITE 570	TELEMARKETING		No	59,679	22,913	36,766
SAN FRANCISCO, CA 94105						
NEWPORT CREATIVE 33 RAILROAD AVENUE	CONSULTING		No	1,433	10,500	-9,067
DUXBURY, MA 023323807						
BARBARA SIMS INC (CELCO) 9663 MAIN STREET SUITE C	LIST BROKER*		No	0	257,720	-257,720
FAIRFAX, VA 22032						
INTEGRATED DIRECT MARKETING LLC 1250 CONNECTICUT AVE NW 200	CONSULTING*		Νo	0	173,910	-173,910
WASHINGTON, DC 20036	LICT BROKER*					
MMI DIRECT LLC 7160 COLUMBIA GATEWAY DR STE 300	LIST BROKER*		No	0	5,878	-5,878
COLUMBIA, MD 21046						
SHARON GROUP PO BOX 2569 42 THE SEASONS	CONSULTING*		Νo	0	9,000, e	-9,000
NEW LONDON, NH 03257						
Total			•	2,509,304	1,351,956	1,157,348

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

AL, AK, AZ, AR, CO, CT, DC, FL, GA, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NY, NC, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

Part I	Fundraising Events. Commore than \$15,000 on Form				
		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	(4)
1 2	Gross receipts				
2	Less Charitable				
3	contributions Gross income (line 1				
	minus line 2)				
4	Cash prizes				
5	Non-cash prizes				
6	Rent/facility costs				
. 7	Food and beverages				
8	Entertainment				
9	Other direct expenses .				
10	Direct expense summary Add lir	nes 4 through 9 in colum	an (d)	.	(
111	•	_	• •		,
art I	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		i tes lo foilii 990, Pa	rt IV, iiile 19, or repo	orted more than
		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	Gross revenue				
2	Cash prizes				
3	Non-cash prizes				
1 4					
4	Rent/racinty costs				
5	Other direct expenses				
6	Volunteer labor	┌ Yes		┌ Yes	
		Г №	ΓNο	Γ No	_
7	Direct expense summary Add line	s 2 through 5 in columr	n (d)		(
8	Net gaming income summary Com	ndine lines 1 and 7 in co	olumn (a)	<u> </u>	
	nter the state(s) in which the organiz				
Is	the organization licensed to operate	e gamıng actıvıtıes ın ea	ch of these states?		· Fyes Fno
b If	"No," Explain				
 a W	ere any of the organization's gaming				
	"Yes," Explain				- , res , NO

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Schedule I (Form 990)

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.

OMB No 1545-0047

DLN: 93493325006202

Inspection

Department of the Treasury Internal Revenue Service

TELECOMMUNICATIONS ASSOCIATION INC

► Attach to Form 990 Name of the organization GREATER WASHINGTON EDUCATIONAL

Employer identification number

53-0242992

Form 990, Part IV	, line 21 for any	o Governments and recipient that received 0) if additional space	d more than \$5,000.	. Check this box if r	no one recipient rece	ived more than \$5,0	000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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 grand or assistance
1) KACVPO BOX 447 MRILLO,TX 79178	75-6000031	501(C) 3	20,000				STATION GRANT - DUST BOWL
2) OKLAHOMA DUCATIONAL TV .UTHORITY7403 N .ELLEY AVENUE 0 KLAHOMA CITY, OK 3113	73-1175503	501(C)3	20,000				STATION GRANT - DUST BOWL
3) WTTW5400 N ST LOUIS VENUE HICAGO,IL 60625	36-2246703	501(C)3	10,000				STATION GRANT - PROHIBITION

(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 assistanc

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS	1	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
IN THE U S		ARE REVIEWED TO ENSURE COMPLIANCE AND THAT THEY MEET THE GRANT REQUIREMENTS

DLN: 93493325006202

OMB No 1545-0047

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Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

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

► Attach to Form 990. ► See separate instructions.

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

53-0242992

Pa	rt I Questions Regarding Compensation						
			Yes	Νo			
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax idemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)						
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	1b					
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?	2					
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						
	✓ Compensation committee						
	✓ Independent compensation consultant ✓ Compensation survey or study						
	Form 990 of other organizations Approval 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	Receive a severance payment or change-of-control payment?	4a	Yes				
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No			
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III						
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.						
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of						
а	The organization?	5a	Yes				
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 the organization pay or accrue any compensation contingent on the net earnings of						
а	The organization?	6a		Νo			
b	Any related organization?	6b		Νo			
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Νo			
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was						
	subject to the initial contract exception described in Regs-section 53 4958-4(a)(3)? If "Yes," describe in Part III						
		8		No			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(B)(ı)-(D)	The second contract of the second contract of
	reported in prior Form 990 or Form 990-EZ
8 452,686 0 0	J
361,831	,
302,879	
6 298,590 0 0	
7 226,025	
216,484	
6 197,670 0 0	
2 213,365	
3 234,360	,
9 198,719	
5 200,138 0 0	,
	200,138

Schedule J (Form 990) 2011 Page **3**

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

Identifier	Return Reference	Explanation
	l '	CORPORATE UNDERWRITING MANAGEMENT EARNS COMMISSIONS BASED ON CORPORATE UNDERWRITING DOLLARS THESE AMOUNTS ARE ACCRUED AND PAID EACH MONTH

Schedule J (Form 990) 2011

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DLN: 93493325006202

OMB No 1545-0047

Inspection

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Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶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

Employer identification number

ELEC	OMMUNICATIONS ASSOCIATION INC				53-0242992			
Pa	Types of Property							
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	Method of a contribution		_	
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional interests							
	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	36	739,178	ML CONFIRM REP	ORT		
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—O ther							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ► ()							
26	O ther ► ()							
27	O ther ►()							
28	O ther ► ()							
29	Number of Forms 8283 received for which the organization complete.		=		29			0
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it		Yes	No
	must hold for at least three year							
	for exempt purposes for the enti					30a		No
h	If "Yes," describe the arrangem					30a		
31	Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell	non-cash	32a	Yes	
h	If "Yes," describe in Part II					JZa	162	
	If the organization did not report	revenues i	in column (c) for a type of n	ronerty for which column (a) is checked			
J.J	describe in Part II	. revellues l	m column (c) for a cype of p	Toperty for winer column (a	, is checked,			

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		WETA USES MERRILL LYNCH TO SELL NONCASH STOCK GIFTS

Schedule M (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493325006202

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011

Open to Public Inspection

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

53-0242992

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	PROCESS FOR REVIEWING FORM 990 THE ORGANIZATION'S FORM 990 UNDERGOES A NUMBER OF INTERNAL AND EXTERNAL REVIEWS BEFORE IT IS FILED WITH THE IRS THE RETURN IS PREPARED BY THE BUDGET & ANALYST MANAGER, THEN REVIEWED BY THE CONTROLLER, THEN BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM, BDO USA, AND THE ORGANIZATION'S CFO
	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 RECOMMUNICATES THE POLICY ORGANIZATION-WIDE AND KEEPS IT POSTED ON THE INTRANET.
	FORM 990, PART VI, SECTION B, LINE 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 COMPENSATION REVIEWS ARE DOCUMENTED
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON THE INTERNAL WEBSITE. THE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST, ON OUR INTERNAL WEBSITE, AS WELL AS GUIDESTAR
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -323,026 CHANGE IN MARKET VALUE OF INTEREST RATE SWAP 196,187 TOTAL TO FORM 990, PART XI, LINE 5 -126,839
OVERSIGHT OF AUDIT - THERE WAS NO CHANGE IN THE PROCESS	FORM 990, PART XII, LINE 2	FOR OVERSEEING THE AUDIT FROM THE PRIOR YEAR
REASON FOR AMENDED RETURN	FORM 990, PAGE 1, ITEM B	FORM 990 IS BEING AMENDED TO CORRECT THE TITLES OF HIGHLY COMPENSATED EMPLOYEES, KEVIN HARRIS, JEFFREY BIEBER AND NOEL GUNTHER, LISTED IN PART VII, SECTION A, COLUMN A

efile GRAPHIC print - DO NOT PROCESS | As Filed Data SCHEDULE R Related Or

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.

OMB No 1545-0047

DLN: 93493325006202

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

GREATER WAS	e organization HINGTON EDUCATIONAL ICATIONS ASSOCIATION INC				Employer id 53-024299	lentification number		
Part I	Identification of Disregarded Entities (Con	nplete if the organizati	on answered "Yes	s" on Form 990, P	•	<i>52</i>		
	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (sta or foreign country		(e) End-of-year assets	(f) Direct controlling entity		
Part II	Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during		ıf the organızatıc	on answered "Yes'	' on Form 990, P	art IV, line 34 becau	ıse ıt had	l one
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3)		cont	(g) 512(b)(13 trolled nızatıon
							Yes	No
For Privacy	Act and Paperwork Reduction Act Notice, see the Instru	ctions for Form 990.	Cat No 5	50135Y		Schedule R	Form 990) 2011

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

nanaging (k)	es No				
(j) General d managing partner?	Yes N				<i>i</i>
(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)					1
rtionate	No		<u>. </u>		
(h) Dispropr allocatio	Yes				
(g) Share of end-of- year assets					
(f) Share of total Income					
(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)					
,					
(c) Legal domicile (state or foreign country)					
Primary activity					
(a) Name, address, and EIN of related organization					

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
ADITMOTON VA 22206	FOR PROFIT PROD (INACTIVE SINCE 2002)	DC	N/A	С			100 000 %

Part		s" on Form 990, Par	T IV, line 34, 35, 3	35A, Or 36.)	Yes	No
	lote. Complete line 1 if any entity is listed in Parts II, III or IV		TT TV2		res	NO
	ing the tax year, did the orgranization engage in any of the following transactions with one or more related organ	nizations listed in Parts	S 11-1V /	4-		NI-
	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a 1b	1	No No
	Gift, grant, or capital contribution to related organization(s)			1b 1c		No
	Sift, grant, or capital contribution from related organization(s)			1d		No
	oans or loan guarantees to or for related organization(s)			1u 1e	_	No
e L	oans or loan guarantees by related organization(s)			16	+	110
f S	ale of assets to related organization(s)			1f		No
	curchase of assets from related organization(s)			1g		No
	exchange of assets with related organization(s)			1h		No
	ease of facilities, equipment, or other assets to related organization(s)			1i		No
	ouse of facilities, equipment, of earlier describes to foliated organization(e)					
j L	ease of facilities, equipment, or other assets from related organization(s)			1 <u>j</u>		No
_	erformance of services or membership or fundraising solicitations for related organization(s)			1k		No
	erformance of services or membership or fundraising solicitations by related organization(s)			11		No
m S	haring of facilities, equipment, mailing lists, or other assets with related organization(s)			1m	,	No
n S	haring of paid employees with related organization(s)			1n		No
o F	teimbursement paid to related organization(s) for expenses			10		No
p F	Reimbursement paid by related organization(s) for expenses			1 p		No
q	Other transfer of cash or property to related organization(s)			1 q		No
r C	ther transfer of cash or property from related organization(s)			1r		No
2 I	f the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	ncluding covered relati	onships and transact	cion thresholds		
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determing Involved		unt
1) 2)						
2)						
3)						
4)						
5)						
6)		1		I		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate alloc		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 53-0242992

Name: GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION INC

Form 990, Special Condition Description:

Special Condition Description

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

Compensated Employees, and (A)	(B)	ent C		C)	.ors	•		(D)	(E)	(F)
Name and Title	A verage hours per		ition that a	(che	y)		T	Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			from the organization and related organizations
CYNTHIA BAKER TRUSTEE	1 00	х						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
LOUISE HENRY BRYSON TRUSTEE	1 00	Х						0	0	0
TIMOTHY C COUGHLIN CHAIRMAN, TRUSTEE	1 00	х		х				0	0	0
CHERRIE DOGGETT TRUSTEE	1 00	Х						0	0	0
ANN B FRIEDMAN TRUSTEE	1 00	Х						0	0	0
GREGORY GALLOPOULOS TRUSTEE	1 00	х						0	0	0
ANN DIBBLE JORDAN VICE CHAIRMAN & SECRETARY, TRUSTEE	1 00	х		х				0	0	0
ROGER KRONE TRUSTEE	1 00	Х						0	0	0
CHARITO KRUVANT TRUSTEE	1 00	Х						0	0	0
SUSAN LEE TRUSTEE	1 00	Х						0	0	0
MARA MAYOR TRUSTEE	1 00	Х						0	0	0
SALLY MERTEN TRUSTEE	1 00	Х						0	0	0
EDWARD HART RICE TRUSTEE	1 00	Х						0	0	0
BRUCE SANFORD TRUSTEE	1 00	Х						0	0	0
JOHN SHENEFIELD TRUSTEE	1 00	Х						0	0	0
PAULINE SCHNEIDER TRUSTEE	1 00	х						0	0	0
SUDHAKAR SHENOY TRUSTEE	1 00	х						0	0	0
ROBERT SLOAN TRUSTEE	1 00	х						0	0	0
CATHERINE STEVENS TRUSTEE	1 00	х						0	0	0
JOHN ULFELDER TRUSTEE	1 00	х						0	0	0
CHRISTOPHER WOLF TRUSTEE	1 00	х						0	0	0

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

(A) Name and Title	(B) Average hours per week	Pos		C) (che	ck a			(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			
SHARON PERCY ROCKEFELLER PRESIDENT AND CEO	40 00			х				421,848	0	30,838
JOSEPH B BRUNS EXECUTIVE VP AND COO	40 00			х				330,189	0	31,642
DALTON DELAN EXECUTIVE VP AND CPO	40 00			х				264,656	0	38,223
POLLY POVEJSIL HEATH SR VP, TREASURER AND CFO	40 00			х				274,285	0	24,305
ADAM GRONSKI VP, CORPORATE MARKETING	40 00				х			201,481	0	24,544
MARY CATHERINE PHELPS SR VP, DEVELOPMENT	40 00				х			191,978	0	24,506
KEVIN HARRIS VP, TELEVISION BROADCASTING	40 00					х		185,664	0	12,006
JEFFREY BIEBER VP, NEWS & PUBLIC AFFAIRS	40 00					х		184,170	0	29,195
ELLEN MORGENSTERN VP, DEVELOPMENT	40 00					Х		211,643	0	22,717
LISA DELANEY VP AND GENERAL COUNSEL	40 00					Х		182,193	0	16,526
NOEL GUNTHER VP, LEARNING MEDIA	40 00					Х		173,602	0	26,536