DLN: 93493129017510 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 C Name of organization GREATER WASHINGTON EDUCATIONAL D Employer identification number B Check if applicable ☐ Address change TELECOMMUNICATIONS ASSOCIATION INC 53-0242992 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 3939 CAMPBELL AVE ☐ Amended return ☐ Application pending (703) 998-2778 City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA $\,\,$ 22206 G Gross receipts \$ 118,458,230 Name and address of principal officer H(a) Is this a group return for DAVID C PURVIS □Yes ☑No subordinates? 3939 CAMPBELL AVE H(b) Are all subordinates ARLINGTON, VA 22206 ☐ Yes ☐No included? Tax-exempt status **✓** 501(c)(3) П 501(c)() **◀** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW WETA ORG L Year of formation 1953 M State of legal domicile DC K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities PUBLIC TELEVISION AND RADIO BROADCASTING AND PRODUCTION, PBS AFFILIATE AND CLASSICAL MUSIC, LITERACY AND BRAIN INJURY WEBSITES Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 26 Number of independent voting members of the governing body (Part VI, line 1b) 5 377 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 101 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 136,403 b Net unrelated business taxable income from Form 990-T, line 34 7b 72,262 **Prior Year Current Year** 102,683,316 110,557,226 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 3,833,791 3,932,426 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 1,475,303 2,824,514 569,435 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 693,505 108,685,915 117,883,601 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 147,600 388,794 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 39,759,662 40,535,323 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 1,462,746 1,234,629 b Total fundraising expenses (Part IX, column (D), line 25) ▶10,623,068 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 73,867,158 54,805,665 115,237,166 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 96,964,411 19 Revenue less expenses Subtract line 18 from line 12 . -6,551,251 20,919,190 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 143,293,747 168,357,435 21 Total liabilities (Part X, line 26) . 10,551,969 14,177,041 154,180,394 22 Net assets or fund balances Subtract line 21 from line 20 . Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-05-06 Signature of officer Sign Here DAVID C PURVIS CHIEF FINANCIAL OFFICER Type or print name and title Date Print/Type preparer's name Preparer's signature Check I If P00928918 Paid self-employed Firm's name RSM US LLP Firm's EIN ▶ 42-0714325 **Preparer** Use Only Firm's address ▶ 9737 WASHINGTONIAN BLVD SUITE 400 Phone no (301) 296-3700 GAITHERSBURG, MD 20878 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)					Page 2
Pa	Statement	of Program Servi	ce Accomplis	hments		
	Check if Sched	dule O contains a resp	onse or note to	any line in this Part III		🗹
1	Briefly describe the o	rganization's mission		·		
MED	IA TO REACH AUDIENC	ES BOTH IN OUR COM	MUNITY AND NA	ATIONWIDE WE LEVER	RITY AND CULTURAL MERIT USIN AGE OUR COLLECTIVE RESOURCE CULTURE AND HERITAGE	
2	the prior Form 990 o	r 990-EZ?		vices during the year w	hich were not listed on	☐ Yes ☑ No
3	If "Yes," describe the Did the organization services?	□ Yes ☑ No				
	If "Yes," describe the	se changes on Schedu	le O			
4	Section 501(c)(3) and		ons are required	to report the amount	largest program services, as mea of grants and allocations to others	
4a	(Code) (Expenses \$	55,532,730	including grants of \$	388,794) (Revenue \$	3,939,998)
	See Additional Data					
4b	(Code See Additional Data) (Expenses \$	14,015,416	including grants of \$) (Revenue \$	528,261)
4c	(Code) (Expenses \$	F 22F 761	including grants of \$) (Revenue \$	2,564 }
40	See Additional Data) (Expenses \$	5,333,761	including grants or \$) (Revenue \$	2,304)
4d	Other program service					
	(Expenses \$	ınc	luding grants of	\$) (Revenue \$)
4e	Total program serv	rice expenses ▶	74,883,9	07		

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete ۷۵٥ 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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? 4 Yes 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? 5 No 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? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🕏 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No R Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 👺 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported 11d ın Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . 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 14b Nο Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Yes 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 No Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Nο

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

				Pag
ar	Checklist of Required Schedules (continued)			
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		Yes Yes	No
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		
1	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	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
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		N
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		N
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		N
	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		N
	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		N
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
ļ	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>		
			Yes	N

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

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1b

Yes

7e

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

No

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10a

10b

11a

11b

12b

13b

13c

Yes

No

No

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

Sponsoring organizations maintaining donor advised funds.

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

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

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

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

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

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

Section 501(c)(7) organizations. Enter

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

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

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

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

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

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

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

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

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

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

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Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	o" resp	onse to	lines
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 27			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
Ь	Enter the number of voting members included in line 1a, above, who are independent 1b 26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	

	the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	ation C. Disalegama			

			103	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
-/	AL , AK , AR , CA , CO , CT , DC , FL , GA , MD , MA , MI , MN , MS , MO , NH , NJ , I OH , OK , OR , PA , RI , SC , TN , UT , VA	NM , NY	NC,	ND,
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			

	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			<u> </u>			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No			
b	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?						
Se	ction C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed AL , AK , AR , CA , CO , CT , DC , FL , GA , HI , IL , KS , LA , ME , MD , MA , MI , MN , MS , MO , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WV , WI						
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply						
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year						
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►DAVID C PURVIS 3939 CAMPBELL AVE ARLINGTON, VA 22206 (703) 998-2778						
		F	orm 990	(2018)			

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), (if the organization's current key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five current high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's former office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's former dir e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

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

Page 8

Fal	Section A. Officers, Direct	Tors, musices	J, Key	<u>riiibi</u>	<u>.oy</u> e	<u>,</u>	, and r	<u> </u>	Test compense	red Employees	(0011	tillaca)	
	(A) Name and Title	(B) Average hours per week (list any hours	than o	one bo	ox, u an off	ot che unles fficer	neck mo ess pers er and a stee)	rson	(D) Reportable compensation from the organization (W	from related	on d (W-	Estima amount o compens from	ated of other sation the
		for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	– 2/1099-MISC)	2/1099-MISC	3)	organizati relati organiza	ed
ı		!		T			31 e-d						
See /	Additional Data Table	<u> </u>		lacksquare	<u> </u>		lacksquare	$oxed{\bot}$			$\overline{\perp}$		
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	Sub-Total							<u>_</u>			士		
	Total from continuation sheets to Pa Total (add lines 1b and 1c)	•					▶		4,164,144		0		425,540
2	Total number of individuals (including of reportable compensation from the	g but not limited	d to thos					rec		\$100,000			
												Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>	,		,	,		, ,		•	ed employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										4	Yes	
5	Did any person listed on line 1a receiv services rendered to the organization									ndıvıdual for	5		No
Se	ection B. Independent Contract			<u> </u>	_	_		_					
1	Complete this table for your five high- from the organization Report comper										mper	nsation	_
	· · · · · · · · · · · · · · · · · · ·	(A) and business addre		· _				_		(B) escription of services		(C Compen	
	MASLOW MEDIA GROUP INC	<u></u>								G SERVICE			,169,868
ROCK	ALTIMORE ROAD KVILLE, MD 20850												
	GRATED DIRECT MARKETING LLC		_	_	_	_	_	_	MAILROO	OM SERVICE	_		784,942
WASH	O CONNECTICUT AVE NW 700 HINGTON, DC 20036 ASSOCIATED PRESS								WIRE SEF	21705			-76 AA2
	ASSOCIATED PRESS OX 414212								WINE SE	RVICE			576,442
BOST	TON, MA 022414212 OR DEVELOPMENT STRATEGIES LLC				—				CANVASS	SING SERVICE			547,789
	UNION BLVD STE 300												
	EWOOD, CO 80228 ES AIR INC					_			MAINTEN	IANCE & REPAIR			358,690
	OX 732502 AS, TX 753732502				_			_					
	Total number of independent contractor	rs (including bu)	t not lin	nited '	to th	105e	listed	abo	ve) who received	more than \$100.0	00 of	:	

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 ▶ 26

		(2018)										Page 9
Part	VIII			 -	unco or mat- t		hio Dest VIII					П
		Check If Schedul	le O contains a	respo	onse or note to any	((A) revenue	Re e fu	(B) lated or xempt inction	Un bu	(C) related siness venue	(D) Revenue excluded from tax under sections
	1:	a Federated campaig	ns	1a	255,025			re	evenue			512 - 514
nts nts		b Membership dues	L	1b								
iou Jou		c Fundraising events	Ļ	1c	_							
S, L An		d Related organizatio	L	1d	_							
E is		e Government grants (co	Ļ	1e	5,069,358							
S. E		f All other contributions,	Ľ									
Contributions, Giffs, Grants and Other Similar Amounts		and similar amounts n above	ot included	1f	105,232,843							
ontri nd Ot		 Moncash contribution In lines 1a - 1f \$ h Total. Add lines 1a 		1,0	29,984							
م ر		n Iotal. Add lines 1a	-11	•			110,557,226					
<u> </u>	_	TELEVISION PROJECTS			Business	Code	2.6	595,758	2,695	5.758		
หา						900099		708,407	<u> </u>	3,407		
á		ANCILLARY REVENUES	ON			900099		228,606		3,606		
٦	_	PBNS SALES COMMISSI				900099		140,628),628		
3		RENT 501(C)3 TENANTS				900002		85,854		5,854		
an	е	RADIO STUDIO RENT				900002						
Program Service Revenue	f	All other program se	rvice revenue					73,173	73	3,173		
•	g	Total. Add lines 2a-2	2f		▶	932,426						
		Investment income (ii	ncluding divide	ends, i	nterest, and other	1	2.072.00					2 072 001
		•				`	2,073,08	1				2,073,081
		Income from investma Royalties	ent or tax-exe		ond proceeds	.	535,83	3	535,833			+
		Noyanies I I I	(ı) Real	•	(II) Personal				•			+
	6a	Gross rents										
	b	Less rental expenses		34,030 04,977		_						
	L	Less Telltal expelises	,	,,,,,,								
	c	Rental income or (loss)	-2	20,947								
	d	Net rental income o	r (loss)			-	-20,94	7			85,903	-106,850
		The femal meeting o	(ı) Securiti		(II) Other						•	<u> </u>
	7a	Gross amount from sales of	7:	74,216	. ,							
		assets other than inventory										
	ь	Less cost or				-						
		other basis and sales expenses		0	22,78	3						
		Gain or (loss)		74,216	-22,78	3						
		Net gain or (loss)		•	<u> </u>		751,43	3				751,433
a	Od	Gross income from fo (not including \$	_	nts of								
Te l		contributions reporte See Part IV, line 18		a								
ě	ŀ	Less direct expense		b		-						
7		: Net income or (loss)			ents							
Other Revenue	9a	Gross income from g		es								
٠		See Part IV, line 19		a								
	ь	Less direct expense	s	ь								
		Net income or (loss)		ı actıvıt	ies							
	10	Gross sales of invent										
		returns and allowand	ces	a	 49,433							
	b	Less cost of goods s	sold	Ь	46,869	-						
	c	Net income or (loss)	from sales of	ı ınvent	ory >		2,56	4	2,564			
		Miscellaneous			Business Code							
	11	aWETA MAGAZINE			51112	0	50,50	0			50,500	1
	b	MISCELLANEOUS RE	VENUE		90009	9	1,48	5				1,485
	c											
		All other revenue .										
		Total. Add lines 11a			•		51,98	5				
	12	! Total revenue. See	Instructions				117,883,60	1	4,470,823		136,403	2,719,149
						-		-			· · ·	Form 990 (2018)

exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

expenses on Schedule $\acute{\text{O}}$)

a PRODUCTION AND ACQUISIT

b PUBLIC BROADCASTING SER

c PROPERTY TAX EXPENSE

d MEMBERSHIPS

e All other expenses

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	inizations must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	388,794	388,794		
Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,119,913	2,374,456	1,745,457	
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	28,292,577	21,220,093	3,630,283	3,442,201
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,379,094	1,775,617	353,812	249,665
9 Other employee benefits	3,593,265	2,681,803	534,380	377,082
10 Payroll taxes	2,150,474	1,604,989	319,812	225,673
11 Fees for services (non-employees)				
a Management				
b Legal	143,379		143,379	
c Accounting	98,123		98,123	
d Lobbying	62,725		62,725	
e Professional fundraising services See Part IV, line 17	1,234,629			1,234,629
f Investment management fees	80,835		80,835	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,312,485	369,991	265,369	677,125
12 Advertising and promotion	1,484,671	672,966	5,134	806,571
13 Office expenses	3,918,121	1,458,258	608,187	1,851,676
14 Information technology				
15 Royalties	115,064	103,869	11,195	
16 Occupancy	2,565,069	1,111,042	1,442,717	11,310
17 Travel	1,933,824	1,762,210	42,522	129,092
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	448,213	366,115	14,664	67,434
20 Interest	71,831		71,831	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,093,644	1,399,441	665,026	29,177
23 Insurance	247,763	453	247,310	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount				

31,655,479

5,574,313

493,616

152,420

2,354,090

96,964,411

31,270,045

5,574,313

93,380

53,576

602,496

74,883,907

72,108

400,236

78,379

563,952

11,457,436

313,326

20,465

1,187,642

10,623,068

Form **990** (2018)

Form	990	(2018)					Page 11
Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			12,125,619	1	16,548,336
	2	Savings and temporary cash investments		[258,525	2	268,300
	3	Pledges and grants receivable, net			21,861,350	3	26,548,390
	4	Accounts receivable, net		[3,338,146	4	3,674,537
	5	Loans and other receivables from current and fo trustees, key employees, and highest compensa Part II of Schedule L	ated emp	oloyees Complete		5	
ts	6	Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organization voluntary employees' beneficiary organizations (Part II of Schedule L	n 4958(d ations of (see inst	c)(3)(B), and section 501(c)(9) rructions) Complete		6	
ssets	7 8	Notes and loans receivable, net	-	27.450	8	28.320	
As	9	Prepaid expenses and deferred charges	1.746.683	9	1.806.077		
	_	Land, buildings, and equipment cost or other		· · ·	1,740,000	9	1,000,077
	100	basis Complete Part VI of Schedule D	10a	53,879,017			
	b	Less accumulated depreciation	10b	42,344,872	12,197,506	10 c	11,534,145
	11	Investments—publicly traded securities .			29,833,053	11	31,690,798
	12	Investments—other securities $$ See Part IV, line	11 .	[19,547,832	12	20,813,398
	13	Investments—program-related See Part IV, line	e 11 .			13	
	14	Intangible assets		[14	
	15	Other assets See Part IV, line 11			42,357,583	15	55,445,134
	16	Total assets.Add lines 1 through 15 (must equ	ial line 3	4)	143,293,747	16	168,357,435
	17	Accounts payable and accrued expenses			5,127,242	17	9,604,163
	18	Grants payable				18	
	19	Deferred revenue			379,684	19	327,997
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete F	Part IV of	Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employees					
jab		persons Complete Part II of Schedule L $$.				22	
_	23	Secured mortgages and notes payable to unrela	ted third	parties		23	
	24	Unsecured notes and loans payable to unrelated	d third pa	arties	3,704,044	24	2,724,042
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		o related third parties,	1,340,999	25	1,520,839

	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	42,357,583	15	55,
	16	Total assets.Add lines 1 through 15 (must equal line 34)	143,293,747	16	168,
	17	Accounts payable and accrued expenses	5,127,242	17	9,
	18	Grants payable		18	
	19	Deferred revenue	379,684	19	
	20	Tax-exempt bond liabilities		20	
Š	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>≘</u>		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	3,704,044	24	2,

Net Assets or Fund Balances 32.585.571 Unrestricted net assets 31,266,705 27 27 28 Temporarily restricted net assets 91,620,901 28 9,854,172 121,594,823 29 Permanently restricted net assets 29

26

30

31

Total liabilities.Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and

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

10.551.969

26

30

31

14.177.041

32 Retained earnings, endowment, accumulated income, or other funds 32 154,180,394 33 Total net assets or fund balances 132,741,778 33 168,357,435 34 Total liabilities and net assets/fund balances 143,293,747 34 Form **990** (2018)

3b

Yes Form 990 (2018)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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

Additional Data

Software ID:

Software Version:

EIN: 53-0242992

Name: GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION INC.

Form 990 (2018)

Form 990, Part III, Line 4a:

TELEVISION PRODUCTION - WETA IS ANNUALLY ONE OF THE THREE LARGEST PRODUCING STATIONS FOR PUBLIC TELEVISION IN THE UNITED STATES. WETA

PRODUCTIONS INCLUDE "WASHINGTON WEEK," "PBS NEWSHOUR," DOCUMENTARIES FROM KEN BURNS, AND PERFORMANCE SPECIALS FROM THE WHITE HOUSE, THE JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS, AND THE WEST LAWN OF THE U.S. CAPITOL. WETA ALSO PRODUCES SPECIALS THAT ADDRESS CURRENT, LOCAL

AND NATIONAL TOPICS AND ISSUES

Form 990, Part III, Line 4b: LOCAL BROADCASTING - TELEVISION & RADIO - WETA IS THE FLAGSHIP PUBLIC TELEVISION STATION IN THE GREATER WASHINGTON AREA WETA OFFERS QUALITY TELEVISION PROGRAMMING ON FOUR DIGITAL CHANNELS 24 HOURS A DAY WETA TV 26, WETA HD, WETA KIDS AND WETA UK WETA BROADCASTS A CHILDREN'S

EDUCATIONAL TELEVISION SERVICE THAT DELIGHTS CHILDREN WHILE BUILDING READING, SCIENCE, TECHNOLOGY AND MATH SKILLS, PROGRAMMING FOR LIFELONG LEARNING, PUBLIC AFFAIRS ANALYSIS AND DOCUMENTARIES, PERFORMANCE PROGRAMMING CELEBRATING THE CULTURAL DIVERSITY OF THE COUNTRY, ACCLAIMED

HISTORY, SCIENCE AND NATURE PROGRAMMING, AND THE BEST IN BRITISH TELEVISION CLASSICAL WETA RADIO BROADCASTS ON WETA 90 9 FM, WGMS 89 1 FM AND

CLASSICAL WETA 90 9 FM PROVIDES AN IMPORTANT CONNECTION BETWEEN MANY FINE PERFORMING ARTS ORGANIZATIONS IN THE AREA AND THE COMMUNITY THROUGH PARTNERSHIPS TO RECORD AND BROADCAST CONCERTS, PROMOTE EVENTS, AND BY HIGHLIGHTING THE RICH CULTURAL OFFERINGS OF OUR REGION

WETA 88 9 FM, PROVIDING A 24-HOUR CLASSICAL MUSIC SERVICE WETA IS THE EXCLUSIVE BROADCASTER OF CLASSICAL MUSIC IN THE GREATER WASHINGTON AREA

ONLINE RESOURCES - WETA'S INTERACTIVE EDUCATIONAL INITIATIVES INCLUDE READINGROCKETS ORG, A MULTIMEDIA PROJECT THAT HELPS STRUGGLING READERS, COLORINCOLORADO ORG, A BILINGUAL PROJECT THAT OFFERS RESOURCES, IN BOTH ENGLISH AND SPANISH, FOR PARENTS AND TEACHERS OF ENGLISH-LANGUAGE LEARNERS (ELLS), LDONLINE ORG. THE LEADING WEBSITE ON LEARNING DISABILITIES AND ADHD FOR PARENTS, TEACHERS AND STUDENTS, ADLIT ORG. WHICH SUPPORTS THE LITERACY OF ADOLESCENT READERS, AND BRAINLINE ORG, THE MOST COMPREHENSIVE SOURCE OF BRAIN-INJURY INFORMATION ON THE WEB

Form 990, Part III, Line 4c:

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

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

	I dilly libura	and a director, trastee,						(14 2 (4 000	(144 244 222		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
SHARON PERCY ROCKEFELLER PRESIDENT & CEO	40 00	×		х				577,088	0	46,642	
TIMOTHY C COUGHLIN CHAIRMAN	1 00	х		х				0	0	0	
CATHERINE STEVENS VICE CHAIR & SECRETARY	1 00	×		х				0	0	0	
KEN ADELMAN TRUSTEE	1 00	x						0	0	0	
KARNA SMALL BODMAN	1 00						\Box		1	_	

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TRUSTEE

PETER BUSCEMI

RENE CARTER

JOHN DALTON

.......

GREGORY GALLOPOULOS

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

RONALD GORDON

and Independent Contractors

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

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

	any hours	and a director/trustee)						organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
FRED HUMPHRIES TRUSTEE	1 00	х						0	0	0
TIM KEATING TRUSTEE	1 00	х						0	0	0
JUDY KOVLER TRUSTEE	1 00	×						0	0	0
TROSTEE					$oxed{oxed}$					

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TIM KEATING
TRUSTEE
JUDY KOVLER
TRUSTEE
ROGER KRONE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

MARA MAYOR

SUSAN LEE

JERRY LIBIN

ELIZABETH LODAL

TRUSTEE THRU 5/19

LARRY NUSSDORF

ROBERT QUINN

......

and Independent Contractors

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

and a director/trustee)

organization

organizations

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from the

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

and Independent Contractors

LOREN ALLAN SMITH

EX-OFFICIO TRUSTEE

RILEY TEMPLE

....... TRUSTEE

JOHN ULFELDER

CHRISTOPHER WOLF

TRUSTEE THRU 3/19

TRUSTEE THRU 3/19

SALLY MERTEN

TRUSTEE

	any nours	and a uncotor, trustee,						argariization	digameations		
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
MARGARET RICHARDSON	1 00	x						0	0	0	
TRUSTEE											
TOM SAYLAK	1 00	×						0	C	0	
TRUSTEE		'`						Ĭ	J		
PAULINE SCHNEIDER TRUSTEE	1 00	х						0	0	0	
JOHN SCHWIETERS	1 00										

TRUSTEE						
PAULINE SCHNEIDER	1 00	V				
TRUSTEE		_ ×			0	
JOHN SCHWIETERS	1 00	×			0	
TRUSTEE					9	
ROBERT L SLOAN	1 00	l 🗸			0	
TRUSTEE		^				

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any hours

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W- 2/1099organization and

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

	organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated	Former	MISC)	MISC)	related organizations
EDWARD HART RICE TRUSTEE THRU 3/19	1 00	×						0	0	0
DALTON DELAN EXECUTIVE VP & CPO	40 00			х				325,955	0	50,292
LISA LINDSTROM DELANEY SENIOR VP & GENERAL COUNSEL	40 00			х				303,037	0	55,864
JOSEPH BRUNS	40 00			х				221,724	0	9,734

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383,245

29,574

289,357

362,428

266,540

596,507

23,559

1,371

41,521

27,189

24,669

27,000

0

40 00

40 00

40 00

40 00

40 00

40 00

.

......

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

INTERIM COO THRU 7/18 JASON DAISEY

EXECUTIVE VP & COO

SVP & CFO & TREASURER

.........

SENIOR VP & EXECUTIVE PRODUCER

DAVID C PURVIS

MICHAEL RANCILIO

WILLIAM BRANGHAM

CORRESPONDANT

JUDY C WOODRUFF

SENIOR VP & GM

SARA JUST

ANCHOR

and Independent Contractors

and Independent Contractors (A) Name and Title

week (list any hours for related organization below dotted line)
40 (
40 (

(B)

Average hours per

> Individual 00

40 00

.

than one box, unless Institutio

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

(C)

person is both an officer and a director/trustee) t compens

Position (do not check more Former

Reportable compensation from the organization (W- 2/1099-MISC) 244,035 262,722 301,932

(D)

(E)

Reportable

compensation

from related

organizations

(W- 2/1099-

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and

related

organizations

51,651

29,467

36,581

MATTHEW SPEISER

VP OPERATIONS

THOMAS CHIODO

1FFFRFY BROWN

EXECUTIVE PRODUCER

STAFF CORRESPONDANT

efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493129017510
(For 9901 Depart	m 990 E Z) ment of	O Or The Treasury	Con	plete if the o	Charity Staturganization is a sect 4947(a)(1) nonexe ► Attach to Forms	r a section	OMB No 1545-0047 2018 Open to Public Inspection		
Nam GREAT	e of th	he organiza SHINGTON ED						Employer identific	ation number
	tΙ				us (All organization	s must comple	te this part.) S		
The c	rganız				e it is (For lines 1 thro				
1		A church, c	onvention of	churches, or as	sociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2	\Box	A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3					vice organization desc				
4		·	·	•	ed in conjunction with			•	nter the hospital's
		name, city,	and state _						
5			ition operate (iv). (Comple		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local	government or	governmental unit de	escribed in sectio	on 170(b)(1)(<i>A</i>	\)(v).	
7	✓			mally receives (vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	ınıt or from the gener	al public described in
8		A communi	ty trust desci	ribed in section	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a
10		from activit	ies related to income and	its exempt fur unrelated busin	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III)	tain exceptions,	and (2) no more	than 331/3% of its s	
11		•			d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	organizations of	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting on t of the sup	rganızatıon sup	ervised or controlled i ation vested in the sar				
С		Type III f	unctionally i	ntegrated. A	supporting organizatio				ited with, its
d		Type III n	on-function integrated	ally integrate The organizatio	ions) You must com d. A supporting organ n generally must satis	Ization operated fy a distribution	in connection wi requirement and	th its supported orgai	
e	П	Check this	, box if the org	Janization receiv	r t IV, Sections A and ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter			on-functionally l organizations	integrated supporting	organization	·		
g				_	upported organization((e)		_	
		Name of support organization	orted	(ii) EIN					(vi) Amount of other support (see instructions)
						Yes	No		
Tota		work Reduc				Cat No 11285		 Schedule A (Form 9	<u> </u>

supported organization

instructions

ightharpoons

	(b)(1)(A)(ix) (Complete only if you ch III. If the organization f						, under Part
_	Section A. Public Support	ans to quanty un	ider the tests list	ed below, pleas	e complete rait	111.)	
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received (Do not	103,972,290	86,011,347	87,923,660	102,683,316	110,557,226	491,147,839
2	include any "unusual grant ") 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	103,972,290	86,011,347	87,923,660	102,683,316	110,557,226	491,147,839
5	The portion of total contributions by each person (other than a governmental unit or publicly			27,722,733			,
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
5	Public support. Subtract line 5 from line 4						491,147,839
9	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e)2018	(f) Total
7	Amounts from line 4	103,972,290	86,011,347	87,923,660	102,683,316	110,557,226	491,147,839
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources	1,741,420	1,469,528	1,435,575	2,008,761	2,856,766	9,512,050
9	Net income from unrelated business activities, whether or not the business is regularly carried on	35,326	45,199		17,659	72,262	170,446
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	43,147	51,317	16,548	8,120	1,485	120,617
11	Total support. Add lines 7 through 10						500,950,952
12	Gross receipts from related activities,	etc (see instruction	ons)	•	·	12	17,906,558
13	First five years. If the Form 990 is for	or the organization	's first, second, thi	rd, fourth, or fifth	tax year as a sect	on 501(c)(3) orga	nization,
	check this box and stop here					▶□	
5	Section C. Computation of Publi						_
	Public support percentage for 2018 (li			olumn (f))		14	98 040 %
	Public support percentage for 2017 So			(-,,		15	98 260 %
	33 1/3% support test—2018. If the			on line 13, and line	- 14 is 33 1/3% or		
	and stop here. The organization qual 33 1/3% support test—2017. If the	lifies as a publicly s	supported organiza	tion			▶ ☑
L7a	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization neets In Part VI how the organization meets	t— 2018. If the order meets the "facts	ganization did not o s-and-circumstance	check a box on line es" test, check this	box and stop her	e. Explain	▶□
Ŀ	organization 10%-facts-and-circumstances te 15 is 10% or more, and if the organi Explain in Part VI how the organizati	zation meets the "i	facts-and-circumst	ances" test, check	this box and stop	here.	▶□

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

P	art IIII Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	below, please co	omplete Part II.)	
30	Calendar year		43.50/5		412.554.7		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year			I	T		
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
h	Unrelated business taxable income						
_	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
13	(Explain in Part VI) Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	's fırst, second, tl	nird, fourth, or fift	:h tax year as a se	ction 501(c)(3) c	rganızatıon,
	check this box and stop here						▶ 🗆
Se	ection C. Computation of Public						
15	Public support percentage for 2018 (lin	ie 8, column (f) di	ivided by line 13,	column (f))		15	
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16	
Se	ection D. Computation of Invest						
17	Investment income percentage for 201	1 8 (line 10c, colur	mn (f) divided by	line 13, column (f	())	17	
18	Investment income percentage from 2	017 Schedule A, ¹	Part III, line 17			18	
19a	331/3% support tests—2018. If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s						▶ □
	33 1/3% support tests—2017. If the						
	not more than 33 1/3%, check this box	-			•		▶ □
20	Private foundation. If the organization		-				▶□
		AL GIG HOL CHECK O	. 202 011 11116 14, 1	a, or industrial	Callo DOX allu 366		

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	-140
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		_	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2
If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

Additional Data

Software ID:

Software Version:

EIN: 53-0242992

Name: GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION INC.

Schedule A (Form 990 or 990-EZ) 2018

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section B, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Instructions)

Facts And Circumstances Test

Section 527 organizations Complete Part I-A only

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

Political Campaign and Lobbying Activities

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

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

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

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

OMB No 1545-0047

DLN: 93493129017510

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

5

SCHEDULE C (Form 990 or 990-

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

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION INC 53-0242992 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 ☐ Yes 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount 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) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-2

Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) Lobbying nontaxable amount

Lobbying ceiling amount (150% of line 2a, column(e))

2a Total lobbying expenditures Grassroots nontaxable amount

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

Grassroots lobbying expenditures

PART II-B, LINE 1

	101111 37 00 (01001119	m under bedelen boz(n//)	T /2	<u>, </u>	/b\
For each "Yes" response on lines 1a through 11 below, provide in Part IV a detailed description of the loactivity		ough 11 below, provide in Part IV a detailed description of the lobbying	Yes	No	(b) Amount
1		panization attempt to influence foreign, national, state or local legislation, e public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?	,		No	
b		le compensation in expenses reported on lines 1c through 1i)?	Yes		
С	Media advertisements?	•		No	
d	Mailings to members, legislators, o	or the public?		No	
е	Publications, or published or broad	dcast statements?		No	
f	Grants to other organizations for l	lobbying purposes?		No	
g	Direct contact with legislators, the	eir staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars	s, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		Yes	,	62,725
j	Total Add lines 1c through 1i	•		,	62,725
2a	Did the activities in line 1 cause th	the organization to be not described in section 501(c)(3)?		No	
Ь	If "Yes," enter the amount of any	tax incurred under section 4912			
С	If "Yes," enter the amount of any	tax incurred by organization managers under section 4912		, [
d	If the filing organization incurred	a section 4912 tax, did it file Form 4720 for this year?		·	
Par	t III-A Complete if the org 501(c)(6).	ganization is exempt under section 501(c)(4), section 501(c)(5), or	r section	
i			_		Yes No
1	Were substantially all (90% or mo		1		
2	Did the organization make only in-		2		
3	Did the organization agree to carry		3	<u> </u>	
Par		ganization is exempt under section $501(c)(4)$, section $501(c)(4)$, section $501(c)(4)$. OTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part			
1	Dues, assessments and similar am	mounts from members	1	i Total	
2	Section 162(e) nondeductible lobb expenses for which the section	bying and political expenditures (do not include amounts of political in 527(f) tax was paid).		 I	
a	Current year		2a		
Ь	Carryover from last year		2b		
С	Total	2c			
3	Aggregate amount reported in sec	3	<u> </u>		
4		unt on line 2c exceeds the amount on line 3, what portion of the excess does ver to the reasonable estimate of nondeductible lobbying and political	4	l	
5	Taxable amount of lobbying and p	5	i		
Pā	art IV Supplemental Info				
Prov	vide the descriptions required for Pa	Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), o, complete this part for any additional information	, Part II-	A, lines 1	and 2 (see
ı	Return Reference	Explanation			

LOBBYING ACTIVITIES INCLUDE SOME OF WETA'S APTS & APTS ACTION DUES

SCHEDULE D

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

Supplemental Financial Statements

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

▶ Attach to Form 990.

Inspection

DLN: 93493129017510 OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

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

	EATER WASHINGTON EDUCATIONAL ECOMMUNICATIONS ASSOCIATION INC				53-0242992		
Pa	ort I Organizations Maintaining Donor Advi				or Accounts.		
	Complete if the organization answered "Ye	·		IV, line 6. sed funds	(b)Eun/	ds and other a	accounts
	Total number at end of year	(a) Done	n auvi	sea runus	(b) and	as and other t	accounts
2	Aggregate value of contributions to (during year)						
1	Aggregate value of grants from (during year)						
Ļ	Aggregate value at end of year						
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex			ets held in donor ac	dvised funds are		Yes 🗌 No
•	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?						Yes 🗆 No
Pa	rt II Conservation Easements. Complete if th	ne organization a	nswe	red "Yes" on Fori	m 990, Part I\	V, line 7.	res 🗀 No
	Purpose(s) of conservation easements held by the organ	-			, , , , , , , , , , , , , , , , , , ,	,	
	Preservation of land for public use (e g , recreation	n or education)		Preservation of ar	n historically imp	portant land a	area
	Protection of natural habitat			Preservation of a	certified historic	structure	
	☐ Preservation of open space						
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservat	ion co	ntribution in the fo		ation at the End o	f the Veer
а	Total number of conservation easements				2a	at the End o	or the Year
b	Total acreage restricted by conservation easements				2b		
c	Number of conservation easements on a certified histori	d ın (a)	2c			
d					2d		
3	Number of conservation easements modified, transferred tax year ▶	ed, released, exting	uished	, or terminated by	the organizatio	n during the	
Ļ	Number of states where property subject to conservation	on easement is loca	ted ►				
;	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		ing, in	spection, handling	of violations,	☐ Yes	□ No
j	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of v	iolatio	ns, and enforcing c	onservation eas	sements durir	ng the year
,	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violation	ons, ar	d enforcing conser	rvation easemer	nts during the	e year
3	Does each conservation easement reported on line 2(d)	above satisfy the	require	ments of section 1	.70(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(II)?					☐ Yes	□ No
)	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements						
a l	Organizations Maintaining Collections Complete if the organization answered "Ye				ner Similar A	ssets.	
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, e	ducat	on, or research in			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items						
((i) Revenue included on Form 990, Part VIII, line 1				▶ \$		
	ii)Assets included in Form 990, Part X				▶ \$		
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS				ncial gain, prov	ride the	
а							
	•				7		

Cat No 52283D

Schedule D (Form 990) 2018

Par	3111	Organizations Ma	intaining Coll	lections of A	rt, Histori	ical T	reası	ires, or C	Other	Similar As	sets (cor	ntınued)	
3		g the organization's acqu s (check all that apply)	usition, accession	n, and other rec	ords, check	any of	the fo	llowing tha	it are a	sıgnıfıcant u	se of its co	ollection	
а		Public exhibition			d		Loan	or exchang	ge prog	rams			
b		Scholarly research			e		Othe	r					
С		Preservation for future	generations										
4	Provid Part >	de a description of the o	organization's coll	ections and exp	olain how the	ey furtl	ner the	e organizat	ion's ex	empt purpos	se in		
5		ng the year, dıd the orga s to be sold to raise fun								ılar	☐ Yes	□ N	lo
Pai	t IV	Escrow and Custon Complete of the org X, line 21.			n Form 990), Part	IV, lı	ne 9, or r	eporte	d an amou	nt on For	m 990,	Part
1a		e organization an agent, ded on Form 990, Part X		an or other inte	rmediary for	contri	bution	s or other	assets i	not	☐ Yes	□ N	lo
ь	If "Y∈	es," explain the arrange	ment ın Part XIII	and complete t	he following:	table				Ar	nount		_
c		nning balance							1c				_
d	-	ions during the year							1d				_
е		butions during the year							1e				_
f		ng balance							1f				_
2a	Did H	he organization include :	an amount on Fo	rm 990 Part X	line 21 for	escrow	or cu	ustodial acc	ount lia	hility?	□ ves	N	_ a
		es," explain the arranger									_	· ·	
	rt V	Endowment Fund											
-(-	L V	Endownient Fund	is. Complete ii	(a)Current ye		rior yea		(c)Two year		(d)Three yea)Four yea	rs back
1 a	Beginn	ning of year balance .		44,563		42,606			659,843		45,720		437,801
ь	Contrib	butions		961	,021	100	,000	2,	143,690	9	35,600		500
С	Net inv	vestment earnings, gain	s, and losses	2,747	,024	2,923	3,952	4,	412,939	Ę.	26,620	1,	069,494
d	Grants	or scholarships											
		expenditures for facilitie	es	435	,846	1,066	5,711	1,	610,000	3,7	48,097	1,	562,075
f	Admını	istrative expenses .											
g	End of	year balance		47,835	,912	44,563	3,713	42,	606,472	37,6	559,843	39,	945,720
2	Provid	de the estimated percer	ntage of the curre	nt year end ba	lance (line 1	g, colu	mn (a)) held as					
а	Board	d designated or quasi-er	ndowment 🟲	39 350 %									
b	Perm	anent endowment 🟲	20 600 %										
С	Temp	porarily restricted endow	/ment ▶ 40 0	50 %									
	The p	percentages on lines 2a,	2b, and 2c shoul	ld equal 100%									
3а		here endowment funds	not in the possess	sion of the orga	nızatıon tha	t are h	eld an	d administ	ered for	the			- N-
	-	nization by nrelated organizations									3a(i	Yes	No No
	• •	related organizations				•					3a(i	-	No
ь		es" on 3a(II), are the rela				 edule R	, .				3b		
4		ribe in Part XIII the inte										1	<u> </u>
Pai	t VI	Land, Buildings, a	and Equipmen	nt.									
		Complete if the org	anization answ	ered "Yes" or									
	Descri	iption of property	(a) Cost or oth (Investme) Cost or other	basis (other)	(c) Accum	nulated d	epreciation	(d)	Book valu	e
1a	Land					2,2:	L6,975						2,216,975
b	Buildin	ngs				8,92	24,944			6,633,622			2,291,322
c	Leaseh	nold improvements				10,7	18,621			7,912,457		:	2,806,164
d	Equipn	ment				31,75	57,624			27,798,793			3,958,831

260,853

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

260,853

11,534,145

Part VII Investments—Other Securities. Complete if t	he organization answered	"Yes" on Form 990,	Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b) Book value	(c) Method Cost or end-of-y	of valuation ear market value
(1) Financial derivatives			
(2) Closely-held equity interests	9,909,892		-
(B) TOTAL STOCK MKT IDX INST	10,878,523		=
			<u> </u>
(C) ALTERNATIVE INVESTMENT (D)	24,983	<u>'</u>	
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	20,813,398		
Complete if the organization answered 'Yes' on (a) Description of investment	Form 990, Part IV, line 1: (b) Book value	Lc. See Form 990, Pa (c) Method	
	(b) Book value		ear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answere	ed 'Yes' on Form 990 Part IV	line 11d. See Form 99) Part X line 15
(a) Description	a res en remi soo, raie re,	IIIIC 114 Sec Form 33	(b) Book value
(1) FILM ASSETS (2) DEFERRED COMPENSATION ASSET (3)			53,924,295 1,520,839
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
• •			55,445,134
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization of the complete in the organization of the complete in the complete	answered 'Yes' on Form 9	▶ 90, Part IV, line 11e	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability	answered 'Yes' on Form 9		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability (1) Federal income taxes	(b) Book v	alue	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization of See Form 990, Part X, line 25. 1. (a) Description of liability (1) Federal income taxes DEFERRED COMPENSATION LIABILITY	(b) Book v		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability (1) Federal income taxes DEFERRED COMPENSATION LIABILITY (2)	(b) Book v	alue	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability (1) Federal income taxes DEFERRED COMPENSATION LIABILITY (2) (3)	(b) Book v	alue	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability (1) Federal income taxes DEFERRED COMPENSATION LIABILITY (2) (3)	(b) Book v	alue	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability (1) Federal income taxes DEFERRED COMPENSATION LIABILITY (2) (3) (4)	(b) Book v	alue	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.	(b) Book v	alue	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability (1) Federal income taxes DEFERRED COMPENSATION LIABILITY (2) (3) (4) (5)	(b) Book v	alue	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability (1) Federal income taxes DEFERRED COMPENSATION LIABILITY (2) (3) (4) (5) (6)	(b) Book v	alue	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability (1) Federal income taxes DEFERRED COMPENSATION LIABILITY (2) (3) (4) (5) (6) (7)	(b) Book v	alue	

Part XI

2

а

b

3

4

b

c

Part XII

5

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Schedule D (Form 990) 2018

Page 4

618,784

-503,000

117,883,601

97,566,769

651,204

48,846

96.964.411

Schedule D (Form 990) 2018

96,915,565

118,386,601

c d e

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

Other (Describe in Part XIII)

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

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

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

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Add lines 2a through 2d . .

Return Reference

Net unrealized gains (losses) on investments

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

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

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

2c Amounts included on Form 990, Part VIII, line 12, but not on line 1

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2d Investment expenses not included on Form 990, Part VIII, line 7b .

4a 4b

2a

2b

2c

2d

4a

4b

Explanation

2a

2b

48,846 -551,846

3 4c

2e

3

4c

5

2e

519.426

99.358

99,358

551,846

48.846

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

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version: **EIN:** 53-0242992 Name: GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION INC

Supplemental Information

Explanation
S ENDOWMENT IS INTENDED TO SUPPORT PROGRAMMING ACTIVITIES THROUGH AN ANNUAL FUNDING MENT AND/OR APPROPRIATIONS FOR SPECIAL PROGRAM PROJECTS

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	WETA IS RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAXES, EXCEPT ON UNRELATED ACTIVITIES, UN DER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3) THE INTERNAL REVENUE SERVICE HAS ALSO D ETERMINED THAT WETA IS NOT A PRIVATE FOUNDATION NEWSHOUR PRODUCTIONS LLC IS A SINGLE MEMB ER LLC AND IS A DISREGARDED ENTITY FOR FEDERAL INCOME TAX PURPOSES MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN

TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS

Supplemental Information

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	COST OF GOODS SOLD -46,869 RENTAL EXPENSES -504,977

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 46,869 RENTAL EXPENSES 504,977

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493129017510

Supplemental Information Regarding Fundraising or Gaming Activities

2018

2010

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Complete if the organization answered "Yes" on 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.

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

Open to Public Inspection

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply	
Form 990-EZ filers are not required to complete this part.	
1 Indicate whether the organization raised funds through any of the following activities Check all that apply	
a 🗹 Mail solicitations e 🗹 Solicitation of non-government grants	
b 🗸 Internet and email solicitations f 🗸 Solicitation of government grants	
c ✓ Phone solicitations g ☐ Special fundraising events	
d 🗹 In-person solicitations	
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? Yes \(\bigcap \) Yes \(\bigcap \) No	
b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization	
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col (i)	by)
Yes No	
CHARITABLE AUTO RESOURCES INC 8804 BALBOA AVE CAR DONATE SERVICES Yes 460,554 92,055	368,499
SAN DIEGO, CA 92123	
DONOR DEVELOPMENT SERVICES STRATEGIES LLC 899 LOGAN ST SUITE 300 OUTSOURCED SERVICES No 132,403 299,730	167,327
DENVER, CO 80203	
PUBLIC INTEREST COMM INC 7700 LEESBURG PIKE SUITE 301 NORTH No 88,421 53,143	35,278
FALLS CHURCH, VA 22043	
INTEGRATED DIRECT MARKETING LLC 1250 CONNECTICUT AVE NW No 0 598,383 -	598,383
WASHINGTON, DC 20036	
BARBARA SIMS INC 9663 MAIN STREET SUITE C LIST BROKER No 0 154,051	154,051
FAIRFAX, VA 22032 CONSULTING	
THE ENGAGE GROUP LLC 7160 COLUMBIA GATEWAY DRIVE SUITE No 0 37,267	-37,267
COLUMBIA, MD 21045	
Total	553,251

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

che	dule G (Form 990 or 990-EZ) 2018					F	Page 3
.1	Does the organization conduct gaming	activities with nonmember	5?		☐ Yes	□Ne	
.2	Is the organization a grantor, beneficia formed to administer charitable gaming		member of a partnership or other entity		□Yes		
3	Indicate the percentage of gaming activ	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
4	Enter the name and address of the pers	son who prepares the orga	nization's gaming/special events books and ri	ecords			
	Name ►						
	Address ►						
5a	Does the organization have a contract virevenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		anization ▶ \$ and th	ne			
С	If "Yes," enter name and address of the	e third party					
	Name ►						
	Address ▶						
6	Gaming manager information						
	Name ►						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
7	Mandatory distributions						
а	Is the organization required under state retain the state gaming license?	e law to make charitable di	stributions from the gaming proceeds to		Yes	□No	
b	Enter the amount of distributions requirements in the organization's own exempt activities.		ated to other exempt organizations or spent		53		
Pai	t IV Supplemental Informatio	n. Provide the explanat	rions required by Part I, line 2b, column licable. Also provide any additional info				 S.
_	Return Reference		Explanation				

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493129017510 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number GREATER WASHINGTON EDUCATIONAL 53-0242992 TELECOMMUNICATIONS ASSOCIATION INC **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018	8					Page 2
		Domestic Individua onal space is needed	als. Complete if the org	anızatıon answered "Yes'	on Form 990, Part IV, line 22	-
(a) Type of grant o		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
Part IV Supplem	ental Information	on. Provide the inf	ormation required in	Part I, line 2; Part III	, column (b); and any other a	dditional information.
Return Reference	Explanation	on				
PART I, LINE 2					AL PERFORMANCE REPORTING IN INTERPRETATION IN INTERPRETATION OF THE THE GRANT REPORTED THE GRANT REPORTED THE GRANT REPORTED INTERPRETATION OF THE PROPERTY OF	BOTH NARRATIVE AND FINANCIAL FORM FROM EQUIREMENTS

Additional Data

TELECOMMUNICATIONS INC 3877 UNIVERSITY DRIVE ANCHORAGE, AK 99508 AMARILLO JUNIOR COLLEGE

2408 S JACKSON STREET AMARILLO, TX 79109

DISTRICT

75-6000031

Software ID: Software Version:

EIN: 53-0242992 Name: GREATER WASHINGTON EDUCATIONAL

TELECOMMUNICATIONS ASSOCIATION INC

7,500

organization or government		ıf applicable	grant	cash assistance	(book, FMV, appraisal, other)	
ALASKA PUBLIC	23-7394629	501(C)(3)	5 950			

501(C)(3)

form 990,Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domest	c Governments.
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)

stic	Govern

STATION GRANT

STATION GRANT

(g) Description of (h) Purpose of grant non-cash assistance or assistance

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 54-0798878 501(C)(3) 7.500 STATION GRANT BLUE RIDGE PUBLIC TV 1215 MCNEIL DRIVE SW COMMUNITY TELEVISION 59-0737868 9.500 STATION GRANT

ROANOKE, VA 24015

COMMUNITY TELEVISION 59-0737868 501(C)(3) 9,500 FOUNDATION OF SOUTH FLORIDA INC DBA WPBT

MIAMI, FL 33181

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 38-1440200 501(C)(3) 7.500 STATION GRANT DETROIT PUBLIC TELEVISION 1 CLOVER COURT

1 CLOVER COURT
WIXOM, MI 483932247

EAST TN PUBLIC 62-1173293 501(C)(3) 7,500

STATION GRANT
COMMUNICATION

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

1611 E MAGNOLIA AVENUE KNOXVILLE, TN 379177825

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 55-0481412 7.500 STATION GRANT EDUCATIONAL BROADCASTING AUTHORITY

600 CAPITOL STREET CHARLESTON, WV 25301					
ETV ENDOWMENT OF SOUTH CAROLINA INC 401 EAST KENNEDY STREET	57-0657549	501(C)(3)	15,842		STATION GRANT

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

SPARTANBURG, SC 293021970

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 58-1496258 501(C)(3) 22.150 STATION GRANT GEORGIA PUBLIC

BROADCASTING 260 14TH STREET NW ATLANTA, GA 303185360

7.400

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

501(C)(3)

INDIANA UNIVERSITY

400 E 7TH STREET BLOOMINGTON, IN 47405 35-6001673

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance KCET 95-2211661 501(C)(3) 7.500 STATION GRANT 2900 WEST ALAMEDA AVE

2900 WEST ALAMEDA AVE
BURBANK, CA 90212

KENTUCKY EDUCATIONAL 61-0722558 501(C)(3) 6,900

STATION GRANT
TELEVISION FOUNDATION INC

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

600 COOPER DR LEXINGTON, KY 40502

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

7.500

KPBT - PERMIAN BASIAN PBS	20-3221344	501(C)(3)	7,500		STATIC
PO BOX 8940					
MIDLAND, TX 79708					

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

501(C)(3)

48-0735215

KPTS

320 WEST 21ST STREET NOR WICHITA, KS 67203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 68-0599645 501(C)(3) 7.500 STATION GRANT KSMQ PUBLIC SERVICE MEDIA

INC
2000 EIGTH AVE NW
AUSTIN, MN 55912

LEHIGH VALLEY PUBLIC 23-1642883 501(C)(3) 7,500 STATION GRANT

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

TELECOMMUNICATIONS CORP 123 SESAME STREET BETHLEHEM, PA 180154799

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance MILWALKEE PUBLIC 39-6003459 501(0)(3) 10 0001 STATION GRANT

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

BROADCASTING TELEVISION 3825 RIDGEWOOD ROAD JACKSON, MS 39211

THE WASKEET OBLIC	33 0003-33	301(0)(3)	10,000		STATION GRAIN
TELEVISION					
1036 N EIGHTH STREET 4TH					
FLOOR					
MILWAUKEE, WI 532331409					
MISSISSIPPI PUBLIC	64-0501333	501(C)(3)	7,500		STATION GRANT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 14-1513789 501(C)(3) 10.000 STATION GRANT MOUNTAIN LAKE PBS ONE SESAME STREET

ONE SESAME STREET
PLATTSBURGH, NY 12901

NASHVILLE PUBLIC 62-1740928 501(C)(3) 6,000

STATION GRANT
TELEVISION

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

161 RAINS AVENUE NASHVILLE, TN 37203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 94-3443883 501(C)(3) 7.500 STATION GRANT NEW HAMPSHIRE PUBLIC TELEVISION 18 GARRISON AVENUE

9.987

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

501(C)(3)

18 GARRISON AVENUE
DURHAM, NH 03824

NORTH TEXAS PUBLIC
BROADCASTING INC

3000 HARRY HINES BLVD DALLAS, TX 75201 75-2084961

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 23-7114952 501(C)(3) 15.000 STATION GRANT PUBLIC TELEVISION 19 INC 125 EAST 31ST STREET

125 EAST 31ST STREET

KANSAS CITY, MO 64108

REDWOOD EMPIRE PUBLIC TV 94-1658168 501(C)(3) 7,500

INC
7246 HUMBOLDT HILL ROAD

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

EUREKA, CA 95503

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 57-6000286 501(C)(3) 7.500 STATION GRANT SOUTH CAROLINA ETV

COMMISSIO 1041 ROGERS BLVD COLUMBIA. SC 292014761 STATE OF ARKANSAS 71-0847443 GOVERNMENT 17.500 STATION GRANT 350 SOUTH DONAGHEY

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

AVENUE

CONWAY, AR 72034

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 75-6002622 501(C)(3) 7.500 STATION GRANT TEXAS TECH UNIVERSITY SYSTEMS 3406 18TH ST 24-6000376 501(C)(3) 10.500 STATION GRANT

3406 18TH ST
LUBBOCK, TX 79410

THE PENNSYLVANIA STATE 24-6000376 501(C)(3) 10,500
UNIVERSITY
110 TECHNOLOGY CENTER
BUILDING
UNIVERSITY PARK, PA

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

168027000

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

THE UNIVERSITY OF ARIZONA	74-2652689	501(C)(3)	10,000		STATION GRANT
DBA ARIZONA PUBLIC MEDIA					1
TUCSON, AZ 857223310					1

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

172 FAST 4TH STREET ST PAUL, MN 55101

TWIN CITIES PUBLIC TV 41-0769851 501(C)(3) 6,000 STATION GRANT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 56-6172047 7.500 STATION GRANT UNC CENTER FOR PUBLIC TV 10 TW ALEXANDER DRIVE

RESEARCH TRIANGLE PARK, NC 27709					
UNIVERSITY OF CENTRAL FLORIDA RESEARCH FOUNDATION INC	59-3086453	501(C)(3)	5,000		STATION GRANT

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

C/O JENNIFER COOK WUCF ORLANDO, FL 32826

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 87-6000525 501(C)(3) 7.500 STATION GRANT UNIVERSITY OF UTAH 101 C MACATCH DD DOOM

UPPER CUMBERLAND	62-1203449	501(C)(3)	7,500		STATION GRANT
215 SALT LAKE CITY, UT 841121792					

BROADCAST COUNCIL INC 229 E BROAD STREET

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

COOKEVILLE, TN 38501

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance VALLEY PUBLIC 77-0162617 501(C)(3) 7.500 STATION GRANT TELEVISIONKVPT 1544 VAN NESS AVENUE FRESNO.CA 93721

8.500

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

501(C)(3)

WASHBURN UNIVERSITY OF

1700 SW COLLEGE AVE TOPEKA, KS 666211100

TOPEKA

48-6030115

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 41-6038611 501(C)(3) 7,500 STATION GRANT WEST CENTRAL MINNESOTA EDUCATIONAL TELEVISION

COMPANY 120 WEST SCHLIEMAN AVENUE APPLETON, MN 56208					
WESTERN ILLINOIS UNIVERSITY FOUNDATION 1 UNIVERSITY CIRCLE	37-6046814	501(C)(3)	17,500		STATIO

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

MACOMB, IL 61455

ION GRANT SHERMAN HALL 303

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

WHYY-TV 150 N SIXTH ST	23-1438083	501(C)(3)	6,065		STATION GRANT
PHILADELPHIA, PA 19106					

7.500

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

501(C)(3)

WITE PUBLIC MEDIA CENTER

4801 LINDLE ROAD HARRISBURG, PA 17111 23-1629016

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

WJCT CHANNEL 7 FM 90	59-0711482	501(C)(3)	7,250		STATION GRANT
100 FESTIVAL PARK AVE					
JACKSONVILLE, FL 32202					

7.500

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

501(C)(3)

62-1177950

WLJT-TVDT

MARTIN, TN 38238

210 HURT 155 CLEMENT HALL

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

WSKG PUBLIC TV & RADIO 601 GATES ROAD VESTAL, NY 13850	15-0620345	501(C)(3)	9,250		STATION

7.500

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

501(C)(3)

WSRE-TV FOUNDATION INC.

1000 COLLEGE BLVD PENSACOLA, FL 32504 59-2993200

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19312	29017	'510
Sch	edule J	Co	ompensati	ion Information	00	1B No	1545-0	0047
(Forr	n 990)	For certain Office		rustees, Key Employees, and Hig	hest			
		Complete if the ord	Compensa anization answ	ated Employees vered "Yes" on Form 990, Part IV	, line 23.	20	18	3
Dancet	tment of the Treasury		▶ Attach	to Form 990. instructions and the latest infor			to Pul	
•	al Revenue Service	P do to <u>www.ms.qc</u>	101	metractions and the fatest mon		Insp	ectio	n
	ne of the organization				Employer identificat	ion nu	ımber	
TELE	ECOMMUNICATIONS	ASSOCIATION INC			53-0242992			
Pa	rt I Questi	ons Regarding Compensa	tion					
1a				the following to or for a person liste y relevant information regarding the			Yes	No
	☐ First-class	s or charter travel		Housing allowance or residence for	personal use			
		companions		Payments for business use of perso	•			
	Tax idemi	nification and gross-up payment	:s 🔲	Health or social club dues or initiati	on fees			
	☐ Discretion	nary spending account	Ш	Personal services (e g , maid, chau	ffeur, chef)			
b		xes in line 1a are checked, did t all of the expenses described ab		ollow a written policy regarding payn iplete Part III to explain	nent or reimbursement	1b		
2				or allowing expenses incurred by all r, regarding the items checked in line	- 1-2	2		
	directors, truste	es, officers, including the CEO/I	executive Director	r, regarding the items checked in line	e la ^r			
3	organization's C	EO/Executive Director Check a	II that apply Dor	ed to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain				
	,	-						
		ation committee ent compensation consultant	□	Written employment contract Compensation survey or study				
		of other organizations	▽	Approval by the board or compensa	ation committee			
4	During the year	, did any person listed on Form	990, Part VII, Se	ction A, line 1a, with respect to the f				
	related organiza	ation						
a		ance payment or change-of-con				4a		No
b	•	r receive payment from, a supp	•	·		4b 4c		No
С		r receive payment from, an equ of lines 4a-c, list the persons an		plicable amounts for each item in Par	t III	40		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Section ontingent on the revenues of		the organization pay or accrue any				
а	The organization	n?				5a		No
b	Any related orga					5b		No
	-	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any				
a L	The organization					6a		No
b	Any related orga	anization? 6a or 6b, describe in Part III				6 b		No
7	For persons liste	·		the organization provide any nonfixe rt III	d	7	Yes	
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe			
9		8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	8		No
For F		ıction Act Notice, see the Ins	structions for Fo	orm 990 Cat No	50053T Schedule J		1 990)	2018

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. ch individual whose compensation must be reported on 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 99 Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the tot	0, Part VII tal amount of Fo	rm 990, Part VII, Se	ection A, line 1a, a	applicable column (D) and (E) amour	nts for that indi	ıvıdual
(A) Name and Title	(B) Breat	kdown of W-2 and/o compensation		and other	(D) Nontaxable benefits	columns	Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table							
					1		
	+						
	+			+			
							<u> </u>
						<u> </u>	

Schedule 3 (Form 330) 2010	raye 3								
Part III Supplemental Inform	rt III Supplemental Information								
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information									
Return Reference	Explanation								
PART I, LINE 7	THE BONUSES PAID ARE NON-FIXED PAYMENTS THE INCENTIVE COMPENSATION IS DETERMINED BY THE COMMITTEE AND/OR THE BOARD AND IS BASED UPON								

PERFORMANCE AND UPON THE FINANCIAL PERFORMANCE OF THE ORGANIZATION

Dage 3

Schedule 1 (Form 990) 2018

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

(A) Name and Title

SHARON PERCY

EXECUTIVE VP & CPO

SENIOR VP & GENERAL

INTERIM COO THRU 7/18

EXECUTIVE VP & COO

MICHAEL RANCILIO

SENIOR VP & EXECUTIVE

WILLIAM BRANGHAM

CORRESPONDANT

JUDY C WOODRUFF

MATTHEW SPEISER

VP OPERATIONS

THOMAS CHIODO

JEFFREY BROWN

EXECUTIVE PRODUCER

STAFF CORRESPONDANT

SENIOR VP & GM

SARA JUST

PRODUCER

ANCHOR

LISA LINDSTROM DELANEY

ROCKEFELLER PRESIDENT & CEO DALTON DELAN

COUNSEL JOSEPH BRUNS

JASON DAISEY

Additional Data



(1)

 $|(\Pi)|$

(1)

(1)

(1)

(i)

(II)

 $|(\Pi)|$

(i) Base Compensation

495,556

279,302

240,479

196,177

313,517

261,933

327,669

264,820

589,231

217,889

223,336

296,890

Software ID: Software Version:

(B) Breakdown of W-2 and/or 1099-MISC compensation

(ii)

Bonus & incentive

compensation

74,256

42,611

62,080

22,650

69,250

26,523

33,600

22,500

35,119

1,000

(iii)

Other reportable

compensation

EIN: 53-0242992

TELECOMMUNICATIONS ASSOCIATION INC

(C) Retirement and

other deferred

compensation

27,000

27,000

25,034

9,705

10,462

26,809

27,000

24,558

27,000

22,786

19,963

27,000

(E) Total of columns

(B)(i)-(D)

623,730

376,247

358,901

231,458

406,804

330,878

389,617

291,209

623,507

295,686

292,189

338,513

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

(D) Nontaxable

benefits

19,642

23,292

30,830

13,097

14,712

189

111

28,865

9,504

9,581

29

Name: GREATER WASHINGTON EDUCATIONAL

7,276

4,042

478

2,897

478

901

1,159

1,720

7,276

3,646

4,267

4,042

efil	efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 934931								510
	EDULE M			loncash Contri	hutions		OMB No 1	545-0	047
(For	m 990)		•	toncasn contr	Dutions		20	10	•
		l -	_	ons answered "Yes" on F	orm 990, Part IV, lines 2	9 or 30.	20	10	
		► Attach to Form		000 (11 1-1 1-1- (••				
Interna	tment of the Treasury al Revenue Service		iov/Form9	<u>190</u> for the latest informa	tion.		Open to	ctior	
	e of the organizat TER WASHINGTON E					Employer identif	ication n	umbei	•
	OMMUNICATIONS A					53-0242992			
Pa	rt I Types	of Property				_			
			(a) Check ıf applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	noncash con	(d) of determin tribution a		:S
1	Art—Works of art	t							
2	Art—Historical tr	easures .							
	Art—Fractional in								
	Books and public								
5	Clothing and hou goods	isehold							
6	Cars and other v		X	587	376,23	1 CARS REPORT S	EE PART II		
7	Boats and planes	5			,				
8	Intellectual prope	erty							
	Securities—Public		Х	90	653,75	3 ML REPORT SEE	PART II		
	Securities—Close								
11	Securities—Partr or trust interest								
12	Securities—Misce	ellaneous							
13	Qualified conserve contribution—Hi structures .	istoric							
14	Qualified conserve contribution—Of	vation							
15	Real estate—Res	idential .							
	Real estate—Cor								
17	Real estate—Oth								
18	Collectibles .								
19 20	Food inventory Drugs and medic								
	Taxidermy .	ai supplies .							
	Historical artifact	ts							
23	Scientific specim	ens							
	Archeological art								
	Other ▶ (
	Other ▶ (
	Other ▶ (•							
	Other ▶ (<u> </u>		<u> </u>		+			
29				ation during the tax year for 3, Part IV, Donee Acknowled		29			
						_		Yes	No
30a	must hold for at	least three years fr	om the date	y contribution any property e of the initial contribution,	and which is not required to	be used for exemp	pt 30a		No
b	If "Yes," describ	e the arrangement (n Part II				504		.,,
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the revie	w of any nonstandard contr	ibutions?	31	Yes	<u> </u>
32a				or related organizations to s		ash · · · ·	32a	Yes	<u> </u>
b	If "Yes," describ	e ın Part II							
33	If the organizati		amount in	column (c) for a type of pro	pperty for which column (a)	ıs checked,			
For D		on Act Notice, see the	Instruction	as for Form 990	Cat No 512271	Schadu	le M (Form	000)	(2018)

Schedule M (Form 990) (2018)

efile GRAPH	C print - DO NOT PROCESS As Filed Data		DLN:	93493129017510			
(Form 990 or EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Form 990 or 990-EZ. Output Department of the Treasury Output Department of the Treasury Depar						
TELECOMMUNICAT	Meation TON EDUCATIONAL ONS ASSOCIATION INC O, Supplemental Information		nployer identif -0242992	fication number			
Return Reference		Explanation					
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATIONS' FORM 990 UNDERGOES A N IS FILED WITH THE IRS THE RETURN IS PREPAREI THEN BY THE ORGANIZATION'S PUBLIC ACCOUNT	BY THE CONTROLLER, THEN REV					

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICTS OF INTEREST POLICY APPLIES TO (I) TRUSTEES WHO ARE ENTITLED TO VOTE ON THE BOARD OF TRUSTEES, (II) PRINCIPAL OFFICERS OF WETA, INCLUDING WITHOUT LIMITATION THE PRESI DENT, CHIEF OPERATING OFFICER, CHIEF PROGRAMMING OFFICER AND CHIEF FINANCIAL OFFICER, (III) AND MEMBERS OF BOARD-DELEGATED COMMITTEES THERE IS A SEPARATE CONFLICT OF INTEREST POLI CY FOR EMPLOYEES IN THE OVERALL CODE OF CONDUCT POLICY AN INTERESTED PERSON PROMPTLY SHAL L DISCLOSE TO WETA ANY TRANSACTION OR PROPOSED TRANSACTION WITH WETA OF WHICH HE OR SHE IS AWARE (A) TO WHICH SUCH INTERESTED PERSON OR A RELATED PERSON IS A PARTY, REGARDLESS OF THE DOLLAR AMOUNT OF THE TRANSACTION, OR (B) WITH AN ORGANIZATION WITH WHICH SUCH INTEREST ED PERSON OR A RELATED PERSON HAS AN AFFILIATION AND IN WHICH THE AMOUNT INVOLVED IN THE T RANSACTION EXCEEDS OR IS LIKELY TO EXCEED \$5,000 IN ADDITION, DISCLOSURE SHALL BE MADE BY EACH INTERESTED PERSON UPON ELECTION, APPOINTMENT OR INITIAL EMPLOYMENT, AS THE CASE MAY BE, AND ANNUALLY THEREAFTER ON OR ABOUT THE TIME OF THE ANNUAL MEETING, BY COMPLETING AND SUBMITTING THE DISCLOSURE FORM ALL DISCLOSURES UNDER THIS CONFLICTS OF INTEREST POLICY SH ALL BE DIRECTED TO THE CHIEF OPERATING OFFICER WHO, IN CONSULTATION WITH THE GENERAL COUNS EL, SHALL BE RESPONSIBLE FOR THE ADMINISTRATION OF THIS POLICY THE WRITTEN MINUTES OF THE BOARD OR COMMITTEE MEETING WILL INCLUDE A GENERAL DESCRIPTION OF ANY TRANSACTION THAT WAS APPROVED AND THE BASIS FOR THE APPROVAL, THE INFORMATION CONSIDERED BY THE BOARD OR COMMITTEE BEFORE VOTING ON THE TRANSACTION AND HOW THAT INFORMATION WAS OBTAINED, AND THE MEMBE RS OF THE BOARD OR COMMITTEE WHO WERE PRESENT FOR THE DISCUSSION AND THE VOTE IF THE BOARD OR COMMITTEE DETERMINES THAT A TRANSACTION SHOULD NOT BE APPROVED, THE WRITTEN MINUTES WILL REFLECT THE REASONS FOR ITS DETERMINATION AND ITS RECOMMENDATION, IF ANY THE MINUTES SHALL BE RECORDED BEFORE THE NEXT MEETING OF THE BOARD OR COMMITTEE, AND REVIEWED AND APPROVED AT THAT MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, OR TOP MANAGEMENT OFFI CIAL COMPENSATION FOR WETA'S OFFICERS IS REVIEWED AND APPROVED ANNUALLY BY WETA'S COMPENS ATION COMMITTEE AND BOARD OF TRUSTEES WITH AN EXTERNAL CONSULTANT BASED UPON COMPARABLE MA RKET INFORMATION THIS ANNUAL COMPENSATION REVIEW IS DOCUMENTED THE PROCESS FOR DETERMINI NG 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

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,	THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON THE INTERNAL WEBS
PART VI,	ITE THE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST, ON OUR WEBSITE, AS WELL AS ON GU
SECTION C,	IDESTAR THESE DOCUMENTS ARE AVAILABLE FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH BY S
LINE 19	ECTION 6104(D)

schedule R
(Form 990)

As Filed Data Related

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

Department of the Treasury

Name of the organization

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

2018

DLN: 93493129017510OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2018

Employer identification number

GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION INC				53-0242992			
Part I Identification of Disregarded Entities Complete if the	ne organization answ	ered "Yes" on Form	990, Part IV, line 3	33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling	g	
(1) NEWSHOUR PRODUCTIONS LLC 2775 SOUTH QUINCY STREET ARLINGTON, VA 22206 46-5682322	PBS NEWSHOUR	VA	67,924,907	30,608,927	WETA		_
							_
							_
Part II Identification of Related Tax-Exempt Organizations	Complete if the org	anization answered	"Vos" on Form 000	Part IV June 24 h	acquise it had one or	mara	
related tax-exempt organizations during the tax year.	Complete if the orga	anization answered	Yes on Form 990	, Part IV, line 34 b	ecause it had one or	more	
(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))	(f) Direct controlling entity		g) n 512(b ontrolled tity?
						Yes	
						\perp	
						\perp	

Cat No 50135Y

(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	rect Predomi rolling income(re		(f) ihare of al income	(g) Share of end-of-year assets					partner?		(k) ercent wners
									Yes	No		+	Yes	No	
												\dashv	\dashv	+	
		1													
/ Identification of Related Or	ganizations Taxable as a C	orporation	or Trus	t Complete	if the ord	ganizatio	on answ	wered "Yes	" on Fo	orm 9	90, Pari	t IV, I	line 3	34	
Identification of Related Or because it had one or more re (a) Name, address, and EIN of related organization	ganizations Taxable as a C lated organizations treated as (b) Primary activity	a corporation	on or trus (c) _egal omicile or foreign	ot during th	If the orgone tax year (d) controlling	ganizationar. (e) Type of e (C corp, S or trus	entity S	vered "Yes (f) Share of total Income	Share	(g) of end- year ssets	of- F	t IV, I (h) Percent	age	Section (13)	ion cor enti
because it had one or more re (a) Name, address, and EIN of	(b) Primary activity FOR PROFIT PROD	a corporation	on or trus (c) Legal omicile	ot during th	e tax yea (d) controlling entity	(e) Type of e (C corp, S	entity S	(f) Share of total	Share	(g) of end- year	of- F	(h) Percenta	age hip	Secti	con entites
because it had one or more re (a) Name, address, and EIN of related organization	ated organizations treated as (b) Primary activity	a corporation	on or trus (c) Legal Omicile or foreign untry)	Direct	e tax yea (d) controlling entity	(e) Type of e (C corp, S or trus	entity S	(f) Share of total	Share	(g) of end- year	of- F	(h) Percent owners	age hip	Section (13)	con entit
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Loans or loan guarantees by related organization(s) . .

No No

No

No

No

No

No

No

No

No

No

No

No

No No

No

No

1e

1g 1h

11

1m

1n

10

1q

1r 1s

Schedule R (Form 990) 2018

(d)

Method of determining amount involved

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.							
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No				
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No				
h. Cift, grant, or capital contribution to related organization(c)	16		No				

Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a
Gift, grant, or capital contribution to related organization(s)	1 b
Gift, grant, or capital contribution from related organization(s)	1a 1b 1c
Loans or loan guarantees to or for related organization(s)	1d

m Performance of services or membership or fundraising solicitations by related organization(s)
 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

(a)

Name of related organization

(b)

Transaction

type (a-s)

(c)

Amount involved

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

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

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)		ganizations?	(f) Share of total Income	(g) Share of end-of-year assets		_	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		or ig ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	n 99	0) 2018

