

Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

# 2022

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**

**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer <b>GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.</b>	EIN or SSN <b>53-0242992</b>
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Name and title of officer or person subject to tax **RUBY G. AGGARWAL**  
**SVP, CFO & TREASURER**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

<b>1a</b> Form 990 check here <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input checked="" type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4) .....	<b>6b</b> <u>41,561.</u>
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1) .....	<b>7b</b> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D) .....	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19) .....	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22) .....	<b>10b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize RSM US LLP to enter my PIN 22206  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_

Date \_\_\_\_\_

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

27022153723

**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature RSM US LLP

Date 01/18/24

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.	Taxpayer identification number (TIN)  53-0242992
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 3939 CAMPBELL AVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ARLINGTON, VA 22206	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

RUBY AGGARWAL

• The books are in the care of ▶ 3939 CAMPBELL AVE - ARLINGTON, VA 22206

Telephone No. ▶ 703-998-2778

Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until     MAY 15, 2024    , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning     JUL 1, 2022    , and ending     JUN 30, 2023    .

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$ 23,000.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$ 0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ 23,000.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

# 2022

For calendar year 2022 or other tax year beginning JUL 1, 2022, and ending JUN 30, 2023

Department of the Treasury  
Internal Revenue Service

**Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**  
**Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p><b>Print or Type</b></p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)                  GREATER WASHINGTON EDUCATIONAL                  TELECOMMUNICATIONS ASSOCIATION, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.                  3939 CAMPBELL AVE</p> <p>City or town, state or province, country, and ZIP or foreign postal code                  ARLINGTON, VA 22206</p>	<p><b>D</b> Employer identification number  53-0242992</p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
<p><b>C</b> Book value of all assets at end of year ..... 219,451,489.</p>			
<p><b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university</p>			
<p><b>H</b> Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>			
<p><b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... <input type="checkbox"/></p>			
<p><b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... 2</p>			
<p><b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  If "Yes," enter the name and identifying number of the parent corporation.</p>			
<p><b>L</b> The books are in care of <u>RUBY AGGARWAL</u> Telephone number <u>703-998-2778</u></p>			

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	220,900.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	220,900.
4 Charitable contributions (see instructions for limitation rules) STMT 1 STMT 2 .....	4	21,990.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	198,910.
6 Deduction for net operating loss. See instructions .....	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	198,910.
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	197,910.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	41,561.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	41,561.

LHA For Paperwork Reduction Act Notice, see instructions.

<b>Part III Tax and Payments</b>				
<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
<b>b</b>	Other credits (see instructions) .....	<b>1b</b>		
<b>c</b>	General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d .....	<b>1e</b>		
<b>2</b>	Subtract line 1e from Part II, line 7 .....	<b>2</b>		41,561.
<b>3</b>	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....	<b>3</b>		
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....	<b>4</b>		41,561.
<b>5</b>	Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....	<b>5</b>		0.
<b>6a</b>	Payments: A 2021 overpayment credited to 2022 .....	<b>6a</b>	10,687.	
<b>b</b>	2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> .....	<b>6b</b>	12,313.	
<b>c</b>	Tax deposited with Form 8868 .....	<b>6c</b>	23,000.	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions) .....	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total .....	<b>6g</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g .....	<b>7</b>		46,000.
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> .....	<b>8</b>		
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>		
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>		4,439.
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2023 estimated tax</b> 4,439. <b>Refunded</b> .....	<b>11</b>		0.

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
<b>1</b>	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....	<b>Yes</b>	<b>No</b>
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ .....		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ ..... Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code		Available post-2017 NOL carryover	
540000		\$ 3,018.	
\$		\$	
<b>6a</b>	Did the organization change its method of accounting? (see instructions) .....		X
<b>b</b>	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	SVP, CFO & TREASURER Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	JULIA FLANNERY	JULIA FLANNERY	01/18/24	P00928918
	Firm's name RSM US LLP	Firm's EIN 42-0714325		
	9801 WASHINGTONIAN BLVD, SUITE 500			
	Firm's address GAITHERSBURG, MD 20878		Phone no. 301-296-3700	

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY

METHOD USED TO DETERMINE FMV

AMOUNT

CASH ONLY

N/A

750,250.

TOTAL TO FORM 990-T, PART I, LINE 4

750,250.

FORM 990-T

## CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT  
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS  
 FOR TAX YEAR 2017 142,972  
 FOR TAX YEAR 2018 359,923  
 FOR TAX YEAR 2019 451,333  
 FOR TAX YEAR 2020 582,616  
 FOR TAX YEAR 2021 667,355

TOTAL CARRYOVER 2,204,199  
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 750,250

TOTAL CONTRIBUTIONS AVAILABLE 2,954,449  
 TAXABLE INCOME LIMITATION AS ADJUSTED 21,990

EXCESS CONTRIBUTIONS 2,932,459  
 EXCESS 100% CONTRIBUTIONS 0  
 TOTAL EXCESS CONTRIBUTIONS 2,932,459

ALLOWABLE CONTRIBUTIONS DEDUCTION 21,990

TOTAL CONTRIBUTION DEDUCTION 21,990

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Table with 4 columns: A Name of the organization, B Employer identification number, C Unrelated business activity code, D Sequence.

E Describe the unrelated trade or business MAGAZINE ADVERTISING

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include 1a-13 Total.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

Table with 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include 1-18 Unrelated business taxable income.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

**Part III Cost of Goods Sold** Enter method of inventory valuation

1 Inventory at beginning of year .....	1	
2 Purchases .....	2	
3 Cost of labor .....	3	
4 Additional section 263A costs (attach statement) .....	4	
5 Other costs (attach statement) .....	5	
6 <b>Total.</b> Add lines 1 through 5 .....	6	
7 Inventory at end of year .....	7	
8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) .....				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) .....				0.

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) .....				
b Other deductions (attach statement) .....				
c Total deductions (add lines 3a and 3b, columns A through D) .....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6 Divide line 4 by line 5 .....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 .....				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....				0.
9 Allocable deductions. Multiply line 3c by line 6 .....				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....				0.
11 <b>Total dividends-received deductions</b> included in line 10 .....				0.



**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
<b>Totals</b>			0.	0.	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	



990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/22	3,018.	0.	3,018.	3,018.
NOL CARRYOVER AVAILABLE THIS YEAR			3,018.	3,018.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Table with 4 columns: A Name of the organization, B Employer identification number, C Unrelated business activity code, D Sequence.

E Describe the unrelated trade or business RENTAL OF TOWER AND RADIO STUDIO

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include 1a-13 Total.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

Table with 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include 1-18 Unrelated business taxable income.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes a Yes/No checkbox for section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property (TOWER FACILITIES AT ARLINGTON, VA 3939 CAMPBELL AVE, ARLINGTON, V). Rows 2-4: Rent received or accrued from personal and real property. Row 5: Total rents received or accrued. Row 6: Total rents received or accrued with deductions. Row 7: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property. Rows 2-4: Gross income from or allocable to debt-financed property and deductions. Row 5: Amount of average acquisition debt. Row 6: Average adjusted basis. Row 7: Gross income reportable. Row 8: Total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
<b>Totals</b>			0.	0.	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) _____	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) _____	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 _____	4	
5	Gross income from activity that is not unrelated business income _____	5	
6	Expenses attributable to income entered on line 5 _____	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 _____	7	



FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 4

DESCRIPTION

AMOUNT

PROFESSIONAL FEES

3,767.

TOTAL TO SCHEDULE A, PART II, LINE 14

3,767.

FORM 990-T (A)

DEDUCTIONS CONNECTED WITH RENTAL INCOME

STATEMENT 5

DESCRIPTION

ACTIVITY  
NUMBER

AMOUNT

TOTAL

RENTAL EXPENSES

429,189.

- SUBTOTAL - 1

429,189.

TOTAL TO FORM 990-T, SCHEDULE A, PART IV, LINE 4

429,189.



# TAX RETURN FILING INSTRUCTIONS

VIRGINIA FORM 500

FOR THE YEAR ENDING

JUNE 30, 2023

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**PREPARED FOR:**

GREATER WASHINGTON EDUCATIONAL  
TELECOMMUNICATIONS ASSOCIATION, INC.  
3939 CAMPBELL AVE  
ARLINGTON, VA 22206

---

**PREPARED BY:**

RSM US LLP  
9801 WASHINGTONIAN BLVD, SUITE 500  
GAITHERSBURG, MD 20878

---

**TO BE SIGNED AND DATED BY:**

NOT APPLICABLE

---

**AMOUNT OF TAX:**

TOTAL TAX	\$	12,633
LESS: PAYMENTS AND CREDITS	\$	13,980
PLUS: OTHER AMOUNT		0
PLUS: INTEREST AND PENALTIES	\$	0
OVERPAYMENT	\$	1,347

---

**OVERPAYMENT:**

CREDITED TO YOUR ESTIMATED TAX	\$	1,347
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE VADOT AND NO FURTHER ACTION IS REQUIRED. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE VADOT.

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

**DO NOT SEND THIS VA-8879C TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.  
IT MUST BE MAINTAINED IN YOUR FILES!**

<b>Corporation Name</b>		<b>Federal ID Number</b>	
GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS AS		53-0242992	
<b>Part I Tax Return Information</b>			
1. Federal Taxable Income (Form 500, Page 2, Line 1)		<b>1.</b>	197,910.
2. Virginia Taxable Income (Form 500, Page 2, Line 7)		<b>2.</b>	210,543.
3. Income tax (Form 500, Page 2, Line 9)		<b>3.</b>	12,633.
4. Total payments and credits (Form 500, Page 2, Line 16)		<b>4.</b>	13,980.
5. Total due (Form 500, Page 2, Line 21)		<b>5.</b>	
6. Amount to be refunded (Form 500, Page 2, Line 24)		<b>6.</b>	
<b>Part II Declaration and Signature Authorization of Officer</b>			
<p>Under penalties of perjury, I declare to be the officer of the above corporation and that I have examined a copy of the corporation's 2022 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider including the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate electronic income tax return. If filing a balance due return, I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2022 Virginia income tax return for payment of state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.</p> <p>I understand that if Virginia Tax does not receive full and timely payment of the tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return.</p>			
<b>Officer's e-File PIN: check one box only</b>			
<input checked="" type="checkbox"/> I authorize the ERO named below to enter my e-File PIN <u>22206</u> as my signature on the corporation's 2022 electronic Virginia corporation income tax return. <small>Do not enter all zeros</small> <u>RSM US LLP</u>			
<b>ERO Firm Name</b>			
<input type="checkbox"/> I will enter my e-File PIN as my signature on the corporation's 2022 electronic Virginia corporation income tax return. Check this box only if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. The ERO must complete Part III below.			
Your Signature _____		Date _____	
<b>Part III Certification and Authentication</b>			
<b>ERO's EFIN/PIN:</b> Enter your six digit EFIN followed by your five digit self-selected PIN. <u>27022153723</u> <small>Do not enter all zeros</small>			
<p>I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2022 Virginia corporation income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and have followed all other requirements as specified by Virginia Tax. EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.</p>			
ERO's Signature <u>RSM US LLP</u>		Date <u>01/18/24</u>	

Form 500

Virginia Department of Taxation
P.O. Box 1500
Richmond, VA 23218-1500

2022 Virginia Corporation
Income Tax Return



Attention: Return must be filed electronically. Use this form only if you have an approved waiver.
Do not file this form to carry back a net operating loss. Use Form 500NOLD.

Official Use Only

FISCAL or SHORT Year Filer: Beginning Date JULY 1, 2022; Ending Date JUNE 30, 2023
Short Year Return Change in Accounting Period

Form header section containing FEIN (53-0242992), Name (GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.), Mailing Address (3939 CAMPBELL AVE, ARLINGTON, VA 22206), Entity Type Code (NP), and NAICS Code (513120).

Check Applicable Boxes section with three columns: Final Return (including options for Final Return, Withdrawn, Dissolved, Merged, S Corp Effective), Corporate Telecommunications Company, and Noncorporate Telecommunications Company.

Questions and Related Information section containing questions A through F regarding payments to affiliated corporations, net operating loss deductions, and pass-through entity withholding.

**2022 Virginia  
Form 500**

Page 2

FEIN  
53-0242992



**INCOME**

1. Federal taxable income (from enclosed federal return)	1.	197910	.00
2. Total additions from Schedule 500ADJ, Section A, Line 7	2.	12633	.00
3. Total (add Lines 1 and 2)	3.	210543	.00
4. Total subtractions from Schedule 500ADJ, Section B, Line 10	4.		.00
5. Balance (subtract Line 4 from Line 3)	5.	210543	.00
6. Savings and Loan Association's Bad Debt Deduction (see instructions)	6.		.00
7. <b>Virginia taxable income</b> (subtract Line 6 from Line 5)	7.	210543	.00

**TAX COMPUTATION**

8. <b>Apportionable Income (Schedule 500A Filers)</b> - Complete Lines 8(a) through 8(d). See instructions.			
(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)	8(a).		.00
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(f)	8(b).		%
(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)	8(c).		.00
(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)	8(d).		.00
9. <b>Income tax</b> (6% of Line 7 or 6% of Line 8(a))	9.	12633	.00

**PAYMENTS AND CREDITS**

10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B	10.		.00
11. Adjusted corporate tax (subtract Line 10 from Line 9)	11.	12633	.00
12. 2022 estimated Virginia income tax payments including overpayment credit from 2021	12.	6980	.00
13. Extension payment	13.	7000	.00
14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A	14.		.00
15. Pass-through entity total withholding from Schedule 500ADJ, Section D	15.		.00
16. <b>Total payments and credits</b> (add Lines 12 through 15)	16.	13980	.00

**REFUND OR TAX DUE**

17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17.		.00
18. Penalty (see instructions)	18.		.00
19. Interest (see instructions)	19.		.00
20. Additional charge from Form 500C, Line 17 (enclose Form 500C)	20.		.00
21. <b>Total due</b> (add Lines 17 through 20)	21.		.00
22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22.	1347	.00
23. Amount to be credited to 2023 estimated tax	23.	1347	.00
24. <b>Amount to be refunded</b> (subtract Line 23 from Line 22)	24.		.00

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer.

Date	Signature of Officer	Title
		SVP, CFO & TREASURER
Printed Name of Officer	Phone Number	
RUBY G. AGGARWAL	703-998-2600	
Print Preparer's Name and Firm Name	Preparer Phone Number	
JULIA FLANNERY RSM US LLP	301-296-3700	
Date	Individual or Firm, Signature of Preparer	Address of Preparer
01/18/24		9801 WASHINGTONIAN BLVD, SUITE 500 GAITHERSBURG, MD 20878
Preparer's FEIN, PTIN, or SSN	Approved Vendor Code	
42-0714325	1019	

**IMPORTANT: INCLUDE A COPY OF YOUR FEDERAL RETURN WITH THIS RETURN**

**2022 Virginia  
Schedule 500ADJ**

**Corporation Schedule  
of Adjustments**



Name as shown on Virginia return GREATER WASHINGTON EDUCATIONAL TELECOMMU FEIN 53-0242992

Use **Schedule 500ADJS** in addition to the Schedule 500ADJ if you are claiming more additions or subtractions than the Schedule 500ADJ allows. Refer to the Form 500 Instructions for addition and subtraction codes.

Check this box and enclose Schedule 500ADJS with your return

**Section A - Additions to Federal Taxable Income**

1. Fixed date conformity addition - Depreciation .....	1.	_____	.00			
2. Fixed date conformity addition - Other .....	2.	_____	.00			
3. Taxable addition from Schedule 500AB, Line 10 .....	3.	_____	.00			
4. Net income tax and other taxes that are based on, measured by, or computed with reference to net income .....	4.	_____ 12633	.00			
5. Interest on state obligations other than Virginia .....	5.	_____	.00			
6. Other Additions						
See instructions for addition codes.						
		<b>Code</b>				
6a. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table> .....				6a.	_____	.00
6b. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table> .....				6b.	_____	.00
6c. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table> .....				6c.	_____	.00
7. <b>Total Additions.</b> Add Lines 1-5 and 6a-6c. Enter here and on Form 500, Line 2 .....	7.	_____ 12633	.00			

**Section B - Subtractions from Federal Taxable Income**

1. Fixed date conformity subtraction - Depreciation .....	1.	_____	.00			
2. Fixed date conformity subtraction - Other .....	2.	_____	.00			
3. Income from obligations or securities of the U.S. exempt from state income taxes, but not from federal income taxes .....	3.	_____	.00			
4. Foreign dividend gross-up (IRC § 78) .....	4.	_____	.00			
5. Refund or credit of income taxes included in federal taxable income .....	5.	_____	.00			
6. Subpart F income (IRC § 951) and/or Global Intangible Low-Taxed Income (IRC § 951A) .....	6.	_____	.00			
7. Foreign source income subtraction allowed by Va. Code § 58.1-402 C 8 .....	7.	_____	.00			
8. Dividends received from corporations in which the recipient owns 50% or more of the voting stock, to the extent remaining in federal taxable income .....	8.	_____	.00			
9. Other Subtractions. See instructions for subtraction codes.						
		<b>Certification Number</b>				
		<b>Code</b>				
9a. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table> .....				9a.	_____	.00
9b. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table> .....				9b.	_____	.00
9c. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table> .....				9c.	_____	.00
10. <b>Total Subtractions.</b> Add Lines 1-8 and 9a-9c. Enter here and on Form 500, Line 4 .....	10.	_____	.00			

**Section C - Amended Return**

If you are filing an amended return, complete Section C to determine if you will receive an additional refund or if you need to make an additional payment.

1. Add amount paid with original return plus additional tax paid after it was filed. (Do not include amount paid from Form 500, Line 20.) .....	1.	_____	.00
2. Add Line 1 from above and Line 16 from Form 500 and enter the total here .....	2.	_____	.00
3. Overpayment, if any, as shown on original return or as previously adjusted .....	3.	_____	.00
4. Subtract Line 3 from Line 2 .....	4.	_____	.00
5. If Line 4 above is less than Line 11 on amended Form 500, subtract Line 4 above from Line 11 on amended Form 500. <b>This is the tax you owe</b> .....	5.	_____	.00
6. <b>Refund.</b> If Line 11 on amended Form 500 is less than Line 4 above, subtract Line 11 on amended Form 500 from Line 4 above. This is the tax you overpaid .....	6.	_____	.00

**EXPLANATION OF CHANGES TO INCOME AND MODIFICATIONS**

Enclose an explanation for amending return. Provide the line reference from the Form 500 for which a change is reported and give the reason for each change. Show any computation in detail and enclose any applicable schedules.

**2022 Virginia  
Schedule 500FED**

**Corporation Schedule of  
Federal Line Items**



**Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500.**  
Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

Name as shown on Virginia return GREATER WASHINGTON EDUCATIONAL TELECOMMU FEIN 53-0242992

**Form 1120 - Deductions and Taxable Income**

1. Federal Taxable Income before NOL and Special Deductions .....	1.	198910	.00
2. Net Operating Loss Deduction .....	2.		.00
3. Special Deductions .....	3.	1000	.00
4. Federal Taxable Income after NOL and Special Deductions .....	4.	197910	.00

**Form 1120, Schedule C - Dividends and Special Deductions**

5. Subpart F Income and/or Global Intangible Low-Taxed Income .....	5.		.00
6. Gross-Up for Foreign Taxes Deemed Paid .....	6.		.00

**Form 1120, Schedule K or M-1**

7. Tax Exempt Interest .....	7.		.00
------------------------------	----	--	-----

**Form 5884 - Work Opportunity Credit**

8. Salaries and Wages not deducted due to the WOTC .....	8.		.00
--	----	--	-----

**Form 4562 - Special Depreciation Allowance and Other Depreciation**

9. Special depreciation allowance for qualified property placed in service during the taxable year .....	9.		.00
10. Property subject to 168(f)(1) election .....	10.		.00
11. Other depreciation .....	11.		.00

**Form 1118, Schedule A - Income or Loss Before Adjustments - Gross Income or Loss**

12. Total: Dividends (Exclude Gross-up) .....	12.		.00
13. Total: Dividends (Gross-up) .....	13.		.00
14. Total: Inclusions (Exclude Gross-up) .....	14.		.00
15. Total: Inclusions (Gross-up) .....	15.		.00
16. Total: Interest .....	16.		.00
17. Total: Gross Rents, Royalties, and License Fees .....	17.		.00
18. Total: Gross Income from Performance of Services .....	18.		.00
19. Total: Other .....	19.		.00
20. Total: Total Gross Income or Loss from Outside the US .....	20.		.00

**Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions**

21. Total: Allocable - Rental, Royalty, and Licensing Expenses - Depreciation, Depletion, and Amortization .....	21.		.00
22. Total: Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses .....	22.		.00
23. Total: Allocable - Expenses Related to Gross Income from Performance of Services .....	23.		.00
24. Total: Allocable - Other Allocable Deductions .....	24.		.00
25. Total: Total Allocable Deductions .....	25.		.00
26. Total: Apportioned Share of Deductions .....	26.		.00
27. Total: Net Operating Loss Deduction .....	27.		.00
28. Total: Total Deductions .....	28.		.00

**Form 1118, Schedule A - Income or Loss Before Adjustments - Total Income**

29. Total: Total Income or (Loss) Before Adjustments .....	29.		.00
--	-----	--	-----

**Form 500C**

**2022 Underpayment of Virginia  
Estimated Tax by Corporations**



Department of Taxation  
P.O. Box 1500  
Richmond, VA 23218-1500

FISCAL year filer or SHORT year filer: Enter beginning date JULY 1, 2022,  
and ending date JUNE 30, 2023, and check here

Name <b>GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.</b>	FEIN <b>53-0242992</b>
Mailing Address (Rural Route and Box Number) <b>3939 CAMPBELL AVE</b>	
City or Town, State, and ZIP Code <b>ARLINGTON, VA 22206</b>	

**Part I - How to Compute the Underpayment**

By completing Lines 1 through 8, a corporation can determine whether or not it paid the correct amount of estimated tax by the proper due dates. If the minimum amounts were not timely paid, an additional charge may be imposed for the period of underpayment. A corporation that filed its return on a basis other than a calendar year should enter the dates corresponding to its taxable year in the space provided below

1. Income tax reduced by allowable nonrefundable and refundable credits from Schedule 500CR .....	12633 .00			
2. 90% of Line 1 .....	11370 .00			
Enter in Columns (a) through (d) the installment due dates (the 15th day of the 4th, 6th, 9th, and 12th months) of your taxable year .....	<b>Due Dates of Installments</b>			
	<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
	10/17/22	12/15/22	03/15/23	06/15/23
3. Enter 25% of Line 2 in Columns (a) through (d) .....	2843 .00	2843 .00	2843 .00	2843 .00
4. Amounts paid or credited for each period .....	.00	3847 .00	.00	.00
5. Amount of 2021 overpayment credited against 2022 estimated tax .....	3133 .00	.00	.00	.00
6. Overpayment of previous installment .....		290 .00	1294 .00	.00
7. Total (Add Lines 4, 5, and 6) .....	3133 .00	4137 .00	1294 .00	.00
8. Underpayment (or overpayment) Subtract Line 3 from Line 7 .....	-290 .00	-1294 .00	1549 .00	2843 .00

An overpayment of an installment in Line 8 in excess of all prior underpayments should be applied as a credit against the next installment.

**Part II - Exceptions to the Additional Charge**

If you meet any of the exceptions to the addition to the tax, complete Lines 9 through 12.

	<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
9. Total amount paid or credited from the beginning of the taxable year through the installment dates that correspond to the 15th day of the 4th, 6th, 9th, and 12th months of your taxable year ...	3133 .00	6980 .00	6980 .00	6980 .00
	25% of tax	50% of tax	75% of tax	100% of tax
10. Exception 1 - Prior year's tax .....	1745 .00	3490 .00	5235 .00	6980 .00
	25% of tax	50% of tax	75% of tax	100% of tax
11. Exception 2 - Tax on prior year's income based on the facts shown on the prior year's return, but using current year's rates .....	.00	.00	.00	.00
	22.50% of tax	45% of tax	67.50% of tax	90% of tax
12. Exception 3 - Tax on annualized income (Enclose computation) .....	.00	.00	.00	.00

There is no additional charge imposed on an underpayment shown in Line 8 for any installment date if by that date the corporation made the minimum payment determined under any of the exceptions reflected in the instructions.

**Part III - Computation of the Additional Charge**

If an underpayment of estimated tax is shown on Line 8 for an installment and an exception is not applicable, the additional charge should be computed by completing the portion(s) of this applicable to the installment(s).

	<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
Enter the same installment dates used above in Part I ...				
13. Amount of underpayment from Line 8 .....	-290 .00	-1294 .00	1549 .00	2843 .00
14. Enter the date of payment or the 15th day of the 4th month after the close of your taxable year, whichever is earlier .....				
15. Number of days from the due date of installment to the date shown on Line 14 .....				
16. Additional charge (Rate of interest established in IRC § 6621, plus 2%, times the amount on Line 13 for the number of days shown on Line 15) .....	.00	.00	.00	.00
17. Total additional charge. Add Columns (a) through (d), Line 16. Enter amount here and on Form 500, Line 20. ....				.00

A payment of estimated tax on any installment date shall be considered a payment of any previous underpayment only to the extent such payment exceeds the amount of the installment as computed in Line 3. If the corporation made more than 1 payment for a given installment, enclose a schedule showing a separate computation for each payment.