

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2009, or tax year beginning JUL 1, 2009, and ending JUN 30, 2010

2009

Department of the Treasury Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

See instructions.

Name of exempt organization GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC. Employer identification number 53-0242992

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). 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.

Table with 5 rows (1a-5a) and 2 columns (b, 1b-5b). Row 1a: Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 65800111

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution indicated in the tax preparation software for payment of the organization's 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.

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2009 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here Signature of officer: Pally Ponzil Heat Date: 11/19/2010 Title: SR VP, TREAS & CFO

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only ERO's signature: Joyce Underwood Date: 11/19/2010 Check if also paid preparer [X] Check if self-employed [] ERO's SSN or PTIN: P00022361 Firm's name (or yours if self-employed), address, and ZIP code: BDO USA, LLP, 7101 WISCONSIN AVE., SUITE 800, BETHESDA, MD 20814-4827 EIN: 13-5381590 Phone no.: (301) 654-4900

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only Preparer's signature: Firm's name (or yours if self-employed), address, and ZIP code: Date: Check if self-employed [] Preparer's SSN or PTIN: EIN: Phone no.:

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

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 **and ending** JUN 30, 2010

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC. Doing Business As WETA	D Employer identification number 53-0242992
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3939 CAMPBELL AVENUE	E Telephone number (703) 998-2600
	City or town, state or country, and ZIP + 4 ARLINGTON, VA 22206-2269	G Gross receipts \$ 74,468,836.
	F Name and address of principal officer: SHARON PERCY ROCKEFELLER SAME AS C ABOVE	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.WETA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1953 M State of legal domicile: DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a) 25	
	4	Number of independent voting members of the governing body (Part VI, line 1b) 25	
	5	Total number of employees (Part V, line 2a) 236	
	6	Total number of volunteers (estimate if necessary) 378	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12 204,108.	
7b	Net unrelated business taxable income from Form 990-T, line 34 167,031.		
Revenue		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h) 85,687,030.	63,772,428.
	9	Program service revenue (Part VIII, line 2g) 1,027,735.	2,077,819.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) -2,573,106.	-467,074.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c-10c, and 11e) 655,800.	416,938.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 84,797,459.	65,800,111.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 348,986.	605,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 21,671,872.	21,098,868.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 994,055.	920,444.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,982,821.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 44,667,120.	59,224,832.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 67,682,033.	81,849,144.
19	Revenue less expenses. Subtract line 18 from line 12 17,115,426.	-16,049,033.	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16) 132,291,421.	118,780,803.
	21	Total liabilities (Part X, line 26) 19,080,763.	19,020,588.
22	Net assets or fund balances. Subtract line 21 from line 20 113,210,658.	99,760,215.	

Part II 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.

Sign Here ▶ Signature of officer _____ Date _____

▶ POLLY POVEJSIL HEATH, SR VP, TREAS & CFO
Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BDO USA, LLP 7101 WISCONSIN AVE., SUITE 800 BETHESDA, MD 20814-4827		EIN ▶	Phone no. ▶ (301) 654-4900

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: WETA'S MISSION IS TO PRODUCE AND BROADCAST PROGRAMS OF INTELLECTUAL INTEGRITY AND CULTURAL MERIT THAT RECOGNIZE VIEWERS' AND LISTENERS' INTELLIGENCE, CURIOSITY AND INTEREST IN THE WORLD AROUND THEM.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,868,544. including grants of \$) (Revenue \$ 182,835.) RADIO: CLASSICAL WETA BROADCASTS ON WETA 90.9 FM, WGMS 89.1 FM AND WETA 88.9 FM, PROVIDING A 24 HOUR CLASSICAL MUSIC SERVICE. WETA IS THE EXCLUSIVE BROADCASTER OF CLASSICAL MUSIC TO THE METROPOLITAN WASHINGTON AREA. 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.

4b (Code:) (Expenses \$ 9,938,226. including grants of \$) (Revenue \$ 372,603.) TELEVISION: WETA IS THE MAJOR PUBLIC TELEVISION BROADCASTER IN THE GREATER WASHINGTON AREA. WETA OFFERS QUALITY TELEVISION PROGRAMMING ON FOUR DIGITAL CHANNELS: WETA TV 26, WETA HD, WETA CREATE, AND WETA WORLD. WETA PROGRAMS ENCOMPASS A 24/7 CHILDREN'S EDUCATIONAL TELEVISION SERVICE THAT DELIGHTS CHILDREN WHILE BUILDING LITERARY SKILLS; PROGRAMMING FOR LIFELONG LEARNING; PUBLIC AFFAIRS ANALYSIS AND DOCUMENTARIES; PERFORMANCE PROGRAMMING CELEBRATING CULTURAL DIVERSITY AND RICHNESS OF THE COUNTRY; AND ACCLAIMED HISTORY AND SCIENCE PROGRAMMING. THE STATION OFFERS VIEWERS ANALYSIS OF IMPORTANT ISSUES BY DEVOTING 30 HOURS EACH WEEK OF THE TV 26 SCHEDULE TO NEWS AND PUBLIC AFFAIRS PROGRAMMING.

4c (Code:) (Expenses \$ 51,247,954. including grants of \$ 605,000.) (Revenue \$ 1,409,587.) TELEVISION PRODUCTION: WETA IS THE THIRD LARGEST PRODUCING STATION IN THE PUBLIC BROADCASTING SYSTEM, DELIVERING PROGRAMS SUCH AS WASHINGTON WEEK WITH GWEN IFILL, PBS NEWSHOUR, DOCUMENTARIES FROM KEN BURNS, AND PERFORMANCE SPECIALS FROM THE WHITE HOUSE, THE JOHN F. KENNEDY CENTER FOR PERFORMING ARTS, AND THE LAWN OF THE U.S. CAPITOL. WETA ALSO PRODUCES SPECIALS THAT ADDRESS CURRENT TOPICS AND ISSUES BOTH LOCALLY AND NATIONALLY.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 5,627,612. including grants of \$) (Revenue \$ 494,446.)

4e Total program service expenses \$ 69,682,336.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 251		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 236		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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?		X
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	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?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **VA, MD, DC**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MEGHAN BIGGS, CONTROLLER - (703) 998-2600**
3939 CAMPBELL AVENUE, ARLINGTON, VA 22206-2269

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. See instructions for definition of "key employee."

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LESLEE ALEXANDER TRUSTEE	1.00	X						0.	0.	0.
CYNTHIA BAKER TRUSTEE	1.00	X						0.	0.	0.
MARGUERITE BATEMAN TRUSTEE	1.00	X						0.	0.	0.
STEPHEN F. BLACK TRUSTEE	1.00	X						0.	0.	0.
M. DIANE BODMAN TRUSTEE	1.00	X						0.	0.	0.
KARNA SMALL BODMAN TRUSTEE	1.00	X						0.	0.	0.
GAHL HODGES BURT TRUSTEE	1.00	X						0.	0.	0.
ARMANDO CHAPELLI TRUSTEE	1.00	X						0.	0.	0.
LAVERN JACKSON CHATMAN TRUSTEE	1.00	X						0.	0.	0.
TIMOTHY C. COUGHLIN CHAIRMAN, TRUSTEE	1.00	X		X				0.	0.	0.
CHERRIE DOGGETT CHAIRMAN, TRUSTEE	1.00	X						0.	0.	0.
LISA CLAIRE DWOSKIN TRUSTEE	1.00	X						0.	0.	0.
ANN B. FRIEDMAN TRUSTEE	1.00	X						0.	0.	0.
GREGORY GALLOPOULOS TRUSTEE	1.00	X						0.	0.	0.
JOHN W. HECHINGER, JR. VICE CHAIRMAN, TRUSTEE	1.00	X		X				0.	0.	0.
ANN DIBBLE JORDAN VC & SEC, TRUSTEE	1.00	X		X				0.	0.	0.
ROGER KRONE TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHARITO KRUVANT TRUSTEE	1.00	X						0.	0.	0.
SALLY MERTEN TRUSTEE	1.00	X						0.	0.	0.
ROBERT PECK TRUSTEE	1.00	X						0.	0.	0.
IAN K. PORTNOY TRUSTEE	1.00	X						0.	0.	0.
EDWARD HART RICE TRUSTEE	1.00	X						0.	0.	0.
JAYE ROGOVIN TRUSTEE	1.00	X						0.	0.	0.
ALISON K. RUSSELL TRUSTEE	1.00	X						0.	0.	0.
FRED RYAN TRUSTEE	1.00	X						0.	0.	0.
BRUCE SANFORD TRUSTEE	1.00	X						0.	0.	0.
JOHN SHENEFIELD TRUSTEE	1.00	X						0.	0.	0.
1b Total								2,251,628.	0.	260,813.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AUTOMATED MAILING, INC. 4407 WHEELER AVE, ALEXANDRIA, VA 22304	DIRECT MAIL PROCESSING	907,344.
THE MASLOW GROUP, INC. P.O. BOX 1913, MERRIFIELD, VA 22116	STAFFING	612,666.
PUBLIC INTEREST COMMUNICATION, INC., 7700 LEESBURG PIKE STE 301 N, FALLS CHURCH, VA	PROMOTION SERVICES	467,535.
CARL BLOOM ASSOCIATES 81 MAIN ST, STE 126, WHITE PLAINS, NY 10601	CONSULTING	273,351.
KAPOW, INC, 522 WILSHIRE BLVD, STE E, SANTA MONICA, CA 90401	WEB DESIGN	252,740.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **20**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	305,806.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	4,794,439.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	58,672,183.				
	g	Noncash contributions included in lines 1a-1f: \$		138,559.				
	h	Total. Add lines 1a-1f		63,772,428.				
	Program Service Revenue	2 a	TELEVISION PROJECTS	Business Code	900099	1,409,587.	1,409,587.	
b		ANCILLARY REVENUES		900099	416,619.	416,619.		
c		PRODUCTION STUDIO RENT		900002	125,805.	125,805.		
d		RENT 501(C)3 TENANTS		900002	76,904.	76,904.		
e		RADIO STUDIO RENTAL		900002	25,716.	25,716.		
f		All other program service revenue		900099	23,188.	23,188.		
g		Total. Add lines 2a-2f			2,077,819.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			352,757.		352,757.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties			170,906.	170,906.		
	6 a	Gross Rents	(i) Real	(ii) Personal				
			767,867.					
		b	Less: rental expenses		611,759.			
	c	Rental income or (loss)		156,108.				
	d	Net rental income or (loss)			156,108.	156,108.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7,082,013.					
		b	Less: cost or other basis and sales expenses		7,747,573.	154,271.		
	c	Gain or (loss)		-665,560.	-154,271.			
	d	Net gain or (loss)			-819,831.		-819,831.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	a						
b	Less: direct expenses	b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a	161,761.					
	b	Less: cost of goods sold	b	155,122.				
	c	Net income or (loss) from sales of inventory			6,639.	6,639.		
Miscellaneous Revenue		Business Code						
11 a	WETA MAGAZINE		511120	48,000.		48,000.		
b	LIST RENTAL		900002	19,877.			19,877.	
c								
d	All other revenue		900099	15,408.	15,408.			
e	Total. Add lines 11a-11d			83,285.				
12	Total revenue. See instructions.			65,800,111.	2,270,772.	204,108.	-447,197.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	605,000.	605,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,110,597.	392,973.	672,780.	44,844.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	15,830,683.	11,617,297.	1,097,651.	3,115,735.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,290,029.	868,663.	175,029.	246,337.
9 Other employee benefits	1,724,732.	1,477,199.	8,023.	239,510.
10 Payroll taxes	1,142,827.	769,542.	155,057.	218,228.
11 Fees for services (non-employees):				
a Management				
b Legal	62,648.	3,612.	57,101.	1,935.
c Accounting	130,522.	87,889.	17,709.	24,924.
d Lobbying	18,000.	18,000.		
e Professional fundraising services. See Part IV, line 17	920,444.			920,444.
f Investment management fees	60,504.		60,504.	
g Other	3,549,263.	2,836,539.	63,431.	649,293.
12 Advertising and promotion	985,033.	757,927.	1,713.	225,393.
13 Office expenses	4,466,699.	2,893,889.	126,154.	1,446,656.
14 Information technology				
15 Royalties				
16 Occupancy	952,562.		952,562.	
17 Travel	703,039.	602,099.	8,942.	91,998.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	281,103.	217,173.	11,835.	52,095.
20 Interest	399,793.	399,793.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,072,952.	2,915,223.	64,180.	93,549.
23 Insurance	243,459.	163,990.	33,010.	46,459.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PRODUCTION COSTS	37,627,336.	37,448,131.	9,777.	169,428.
b PBS AND NPR DUES	3,617,406.	3,617,406.		
c MISCELLANEOUS	3,264,631.	263,754.	31,195.	2,969,682.
d TAX EXPENSE	406,675.	406,675.		
e MBRSHIPS & AFFILIATIONS	150,085.	28,738.	95,326.	26,021.
f All other expenses	-766,878.	1,290,824.	-2,457,992.	400,290.
25 Total functional expenses. Add lines 1 through 24f	81,849,144.	69,682,336.	1,183,987.	10,982,821.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

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

Form 990 (2009)

Part XI Financial Statements and Reporting

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

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.
Employer identification number 53-0242992

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	65,220,453.	79,960,737.	74,935,355.	85,687,030.	63,722,428.	369,526,003.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	65,220,453.	79,960,737.	74,935,355.	85,687,030.	63,722,428.	369,526,003.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						12,942,331.
6 Public support. Subtract line 5 from line 4.						356,583,672.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	65,220,453.	79,960,737.	74,935,355.	85,687,030.	63,722,428.	369,526,003.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	969,824.	892,905.	1,112,444.	658,350.	964,516.	4,598,039.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	111,793.	103,547.	109,315.	171,349.	167,031.	663,035.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	73,066.	39,730.	54,772.	86,510.	72,781.	326,859.
11 Total support. Add lines 7 through 10						375,113,936.
12 Gross receipts from related activities, etc. (see instructions)					12	20,070,158.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	95.06 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	95.56 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME; MISCELLANEOUS.

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**

OMB No. 1545-0047

2009

Name of the organization

GREATER WASHINGTON EDUCATIONAL
TELECOMMUNICATIONS ASSOCIATION, INC.

Employer identification number

53-0242992

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.**

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.	Employer identification number 53-0242992
---	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 9,519,138.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 4,238,964.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 2,568,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 2,506,447.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 2,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 2,197,063.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization
 GREATER WASHINGTON EDUCATIONAL
 TELECOMMUNICATIONS ASSOCIATION, INC.

Employer identification number
 53-0242992

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 1,921,922.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 1,649,998.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 1,450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 1,474,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2009

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.	Employer identification number 53-0242992
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. 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 filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009
LHA

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group.
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ...	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		21,978.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV		X	
j Total. Add lines 1c through 1i			21,978.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.

Employer identification number 53-0242992

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about property control and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for purposes like preservation of land, habitat, and historic structures. Includes a table for 'Held at the End of the Tax Year' with rows 2a-2d. Includes questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and amounts related to revenues and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	23,380,732.	27,550,302.			
b Contributions	1,050,000.	2,125,000.			
c Net investment earnings, gains, and losses	2,240,266.	-5,151,036.			
d Grants or scholarships					
e Other expenditures for facilities and programs	220,000.	1,143,534.			
f Administrative expenses					
g End of year balance	26,450,998.	23,380,732.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment 38.54 %
- b Permanent endowment 36.50 %
- c Term endowment 24.96 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,222,725.		2,222,725.
b Buildings		8,924,944.	4,111,646.	4,813,298.
c Leasehold improvements		9,192,577.	4,489,856.	4,702,721.
d Equipment		27,323,136.	19,284,306.	8,038,830.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				19,777,574.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	65,800,111.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	81,849,144.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-16,049,033.
4	Net unrealized gains (losses) on investments	4	2,617,268.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-18,678.
9	Total adjustments (net). Add lines 4 through 8	9	2,598,590.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-13,450,443.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	69,105,078.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	2,617,268.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-18,678.
e	Add lines 2a through 2d	2e	2,598,590.
3	Subtract line 2e from line 1	3	66,506,488.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	60,504.
b	Other (Describe in Part XIV.)	4b	-766,881.
c	Add lines 4a and 4b	4c	-706,377.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	65,800,111.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	82,555,521.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	82,555,521.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	60,504.
b	Other (Describe in Part XIV.)	4b	-766,881.
c	Add lines 4a and 4b	4c	-706,377.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	81,849,144.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: WETA'S ENDOWMENT IS INTENDED TO SUPPORT PROGRAMMING

ACTIVITIES THROUGH AN ANNUAL FUNDING SUPPLEMENT AND/OR APPROPRIATIONS FOR

SPECIAL PROGRAM PROJECTS.

PART X: WETA HAS ADOPTED THE PROVISIONS OF FASB INTERPRETATION

NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, (FIN 48). UNDER FIN

48, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX

POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE-LIKELY-THAN-NOT

Part XIV Supplemental Information (continued)

THAT THE POSITION WILL BE SUSTAINED. WETA DOES NOT BELIEVE THERE ARE ANY
MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE
ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN MARKET VALUE OF INTEREST RATE SWAP: -18678.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN MARKET VALUE OF INTEREST RATE SWAP: -18678.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD (SALE OF INVENTORY): -155122.

EXPENSES RELATED TO RENTAL INCOME: -611759.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD (SALE OF INVENTORY): -155122.

EXPENSES RELATED TO RENTAL INCOME: -611759.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.** Employer identification number **53-0242992**

Part I Fundraising Activities. Complete if the organization answered "Yes" to 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.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a 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** **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 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)	(vi) Amount paid to (or retained by) organization
		Yes	No			
THE MAIL BAG	PRINTING & MAILING		X	2,616,413.	63,647.	2,552,766.
AUTOMATED MAILING, INC.	PRINTING & MAILING		X	1,306,824.	299,101.	1,007,723.
PUBLIC INTEREST COMM, INC	TELEMARKETING		X	1,288,792.	381,862.	906,930.
DIRECT ADVANTAGE MARKETING	TELEMARKETING		X	1,143,018.	206,807.	936,211.
CARL BLOOM ASSOCIATES, INC.	DATABASES FOR DIRECT MAIL		X	558,750.	199,337.	359,413.
SD&A TELESERVICES, INC.	TELEMARKETING		X	416,250.	97,790.	318,460.
THE SHARON GROUP	CONSULTING SERVICES		X	217,078.	50,000.	167,078.
RWT PRODUCTION	PRINTING & MAILING		X	111,750.	38,982.	72,768.
ACXIOM CORPORATION	LIST BROKER		X	74,500.	27,380.	47,120.
FOXCROFT CONSULTING, LLC	CONSULTING SERVICES		X	73,750.	15,000.	58,750.
Total				7,807,125.	1,379,906.	6,427,219.

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				()
	11 Net income summary. Combine line 3, column (d), and line 10				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()	
8 Net gaming income summary. Combine line 1, column (d), and line 7					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ .

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.** Employer identification number **53-0242992**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AETN 350 S. DONAGHEY CONWAY, AR 72034	71-0847443	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
BLUE RIDGE PUBLIC TV, WBRA 1215 MCNEIL DR. ROANOKE, VA 24015	54-0798878	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
DETROIT PUBLIC TELEVISION ONE CLOVER CT WIXOM, MI 48393	38-1440200	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
EAST TN PUBLIC COMMUNICATION 1611 EAST MAGNOLIA AVENUE KNOXVILLE, TN 37917	62-1173293	501(C)(3)	15,000.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
GEORGIA PUBLIC BROADCASTING 260 14TH STREET, NW ATLANTA, GA 30318-5360	58-1496258	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
GEORGIA PUBLIC BROADCASTING 260 14TH STREET, NW ATLANTA, GA 30318-5360	58-1496258	501(C)(3)	5,000.	0.			STATION OUTREACH GRANT-TENTH INNING

- 2** Enter total number of section 501(c)(3) and government organizations **62.**
- 3** Enter total number of other organizations **62.**

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

Schedule I (Form 990) 2009

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

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

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

SCHEDULE I, PART I, LINE 2: WETA MONITORS THE USE OF GRANT FUNDS BY

REQUIRING INTERIM AND FINAL PERFORMANCE REPORTING IN BOTH NARRATIVE AND

FINANCIAL FORM FROM GRANT RECIPIENT. THE REPORTS ARE REVIEWED TO ENSURE

COMPLIANCE AND THAT THEY MEET THE GRANT REQUIREMENTS.

SCHEDULE I-1 (Form 990)
 Department of the Treasury
 Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

Name of the organization: **GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.**
 Employer identification number: **53-0242992**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOWARD UNIVERSITY TELEVISION 2222 4TH STREET NW WASHINGTON, DC 20059	53-0204707	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
HOWARD UNIVERSITY TELEVISION 2222 4TH STREET NW WASHINGTON, DC 20059	53-0204707	501(C)(3)	5,000.	0.			STATION OUTREACH GRANT-TENTH INNING
IDAHO PUBLIC TELEVISION 1455 NORTH ORCHARD BOISE, ID 83706	82-0400218	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
IOWA PUBLIC TELEVISION 6450 CORPORATE DRIVE JOHNSTON, IA 50131	42-1169207	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
KAET TV/FINANCE&ADMINISTR 555 NORTH CENTRAL AVENUE SUITE 500 PHOENIX, AZ 85004	54-1880297	501(C)(3)	5,000.	0.			STATION OUTREACH GRANT-TENTH INNING
KCET 4401 SUNSET BLVD. LOS ANGELES, CA 90027	95-2211661	501(C)(3)	15,000.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
KCOS TV 9050 VISCOUNT BLVD, STE A 440 EL PASO, TX 29925	23-7138922	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
KCPT PUBLIC TELEVISION 19 125 E. 31ST STREET KANSAS CITY, MO 64108	23-7114952	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I-1 (Form 990) 2009**

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization **GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.** Employer identification number **53-0242992**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KCTS TELEVISION 401 MERCER STREET SEATTLE, WA 98109	91-1221895	501(C)(3)	20,000.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
KCTS TELEVISION 401 MERCER STREET SEATTLE, WA 98109	91-1221895	501(C)(3)	5,000.	0.			STATION OUTREACH GRANT-TENTH INNING
KEET TV 7246 HUMBOLDT HILL RD. EUREKA, CA 95503	94-1658168	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
KENTUCKY EDUCATIONAL NETWORK 600 COOPER DRIVE LEXINGTON, KY 40502	61-0722558	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
KETC-TV 3655 OLIVE STREET ST. LOUIS, MO 63108	43-0685345	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
KIXE/CHANNEL 9 603 N. MARKET ST. REDDING, CA 96003	94-1569300	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
KLRN-THE LEARNING PLACE P. O. BOX 9 SAN ANTONIO, TX 78291-0009	74-2461534	501(C)(3)	15,000.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
KLRN-THE LEARNING PLACE P. O. BOX 9 SAN ANTONIO, TX 78291-0009	74-2461534	501(C)(3)	5,000.	0.			STATION OUTREACH GRANT-TENTH INNING

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I-1 (Form 990) 2009**

Name of the organization **GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.** Employer identification number **53-0242992**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KNME-TV 5 (UNIV OF NEW MEXICO) 1130 UNIVERSITY BLVD. NE ALBUQUERQUE, NM 87102	85-6000642	501(C)(3)	15,000.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
KNME-TV 5 (UNIV OF NEW MEXICO) 1130 UNIVERSITY BLVD. NE ALBUQUERQUE, NM 87102	85-6000642	501(C)(3)	5,000.	0.			STATION OUTREACH GRANT-TENTH INNING
KNPB CHANNEL 5 1670 NORTH VIRGINIA STREET RENO, NV 89503	88-0172215	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
KPBS 5200 CAMPANILE DRIVE SAN DIEGO, CA 92182	95-6042721	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
KQED INC 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110	94-1241309	501(C)(3)	20,000.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
KSPS - FRIENDS OF SEVEN 3911 SOUTH REGAL SPOKANE, WA 99223	23-7203753	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
KTWU/WASHBURN UNIVERSITY WASHBURN UNIVERSITY, 1700 SW COLLEGE TOPEKA, KS 66621	48-6030115	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
KUAT CHANNEL 6 1423 UNIVERSITY BLVD- MLB #67 RM 2 TUCSON, AZ 85721	74-2652689	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I-1 (Form 990) 2009**

Name of the organization **GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.** Employer identification number **53-0242992**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
KUED TV (UNIV OF UTAH) 101 S. WASATCH DRIVE, ROOM 215 SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS		
KVIE 2030 W. EL CAMINO AVENUE SACRAMENTO, CA 95833	94-1421463	501(C)(3)	5,000.	0.			STATION OUTREACH GRANT-TENTH INNING		
LOUISIANA PUBLIC BROADCASTING 7733 PERKINS ROAD BATON ROUGE, LA 70810	72-0794108	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS		
MARYLAND PUBLIC TELEVISION 11767 OWINGS MILLS BLVD OWINGS MILLS, MD 21117-1499	52-6002033	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS		
MONTANA PBS 309 MONTANA HALL P.O BOX 172470 BOZEMAN, MT 59717	81-0426350	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS		
NET/NEBRASKA ED. TELECOM 1800 N. 33RD STREET LINCOLN, NE 68503	23-7122088	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS		
NEW HAMPSHIRE PUBLIC TELEVISION 268 MAST ROAD DURHAM, NH 03824-4601	02-6000937	501(C)(3)	5,000.	0.			STATION OUTREACH GRANT-TENTH INNING		
OREGON PUB. BROADCASTING 7140 SW MACADAM AVENUE PORTLAND, OR 97219	93-0814638	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I-1 (Form 990) 2009**

SCHEDULE I-1 (Form 990)
 Department of the Treasury
 Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

Name of the organization
 GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.

Employer identification number
 53-0242992

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OZARKS PUBLIC TELEVISION 901 S. NATIONAL AVE. SPRINGFIELD, MO 65897	43-1234200	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
PBS HAWAII 2350 DOLE STREET HONOLULU, HI 96701	99-0334518	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
ROCKY MOUNTAIN PUBLIC BROADCAST 1089 BANNOCK STREET DENVER, CO 80204-9972	84-0510785	501(C)(3)	20,000.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
SCE/CON SCENIC SERVICES 1101 GEORGE ROGERS BLVD. COLUMBIA, SC 29201	57-6000286	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
SOUTH DAKOTA PUBLIC BROADCASTING 555 N. DAKOTA STREET VERMILLION, SD 57069-5000	23-7310698	501(C)(3)	20,000.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
THIRTEEN/WNET 450 WEST 33RD STREET NEW YORK, NY 10001	13-1945149	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
UNC CENTER FOR PUBLIC TV 10 T.W. ALEXANDER DRIVE RSRCH TRIANGLE PARK, NC 27709	58-1720178	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
UNC CENTER FOR PUBLIC TV 10 T.W. ALEXANDER DRIVE RSRCH TRIANGLE PARK, NC 27709	58-1720178	501(C)(3)	5,000.	0.			STATION OUTREACH GRANT-TENTH INNING

Name of the organization **GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.** Employer identification number **53-0242992**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY PUBLIC TELEVISION/KVPT 1544 VAN NESS AVE. FRESNO, CA 93721	77-0162617	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
VERMONT PUBLIC TELEVISION 204 ETHAN ALLEN AVENUE COLCHESTER, VT 05446	22-2990644	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
VERMONT PUBLIC TELEVISION 204 ETHAN ALLEN AVENUE COLCHESTER, VT 05446	22-2990644	501(C)(3)	5,000.	0.			STATION OUTREACH GRANT-TENTH INNING
VIRGIN ISLANDS PUBLIC TV SYSTEM P.O.BOX 7879 ST. THOMAS, BRITISH VIRGIN ISLANDS 00801	66-0432100	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
WCET-TV 1223 CENTRAL PARKWAY CINCINNATI, OH 45214	31-0560051	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
WEDU-FL WEST COAST 1300 N. BLVD TAMPA, FL 33607	59-0840626	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
WGCU PUBLIC MEDIA 10501 FCGU BLVD. S. FORT MYERS, FL 33965	65-0403969	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
WHRO 5200 HAMPTON BOULEVARD NORFOLK, VA 23508	54-0843118	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I-1 (Form 990) 2009**

SCHEDULE I-1 (Form 990)
 Department of the Treasury
 Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

Name of the organization
 GREATER WASHINGTON EDUCATIONAL
 TELECOMMUNICATIONS ASSOCIATION, INC.

Employer identification number
 53-0242992

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHYY-TV 150 NORTH 6TH STREET PHILADELPHIA, PA 19106	23-1438083	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
WHYY-TV 150 NORTH 6TH STREET PHILADELPHIA, PA 19106	23-1438083	501(C)(3)	5,000.	0.			STATION OUTREACH GRANT-TENTH INNING
WIPB 2000 UNIVERSITY AVE. MUNCIE, IN 47306-0080	35-6000221	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
WISCONSIN PUBLIC TV 821 UNIVERSITY AVE. MADISON, WI 53706	23-7300462	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
WKNO 7151 CHERRY FARMS ROAD CORDOVA, TN 38016	62-0525567	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
WKNO 7151 CHERRY FARMS ROAD CORDOVA, TN 38016	62-0525567	501(C)(3)	5,000.	0.			STATION OUTREACH GRANT-TENTH INNING
WNED-TV HORIZONS PLAZA P.O. BOX 1263 BUFFALO, NY 14240	16-0834459	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
WPBT 14901 NE 20TH AVE MIAMI, FL 33181	59-0737868	501(C)(3)	15,000.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I-1 (Form 990) 2009**

Name of the organization **GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.** Employer identification number **53-0242992**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WPBT 14901 NE 20TH AVE MIAMI, FL 33181	59-0737868	501(C)(3)	5,000.	0.			STATION OUTREACH GRANT-TENTH INNING
WQED MULTIMEDIA 4802 FIFTH AVENUE PITTSBURGH, PA 15213	25-1010296	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
WQED MULTIMEDIA 4802 FIFTH AVENUE PITTSBURGH, PA 15213	25-1010296	501(C)(3)	5,000.	0.			STATION OUTREACH GRANT-TENTH INNING
WQLM/CHANNEL 54 8425 PEACH STREET ERIE, PA 16509	25-1154116	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
WSIU PUBLIC BROADCASTING 1100 LINCOLN DRIVE, MAILCODE 6602 CARBONDALE, IL 62901	37-6005961	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
WSRE-TV FOUNDATION, INC 1000 COLLEGE BOULEVARD PENSACOLA, FL 32504	59-2993200	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
WSRE-TV FOUNDATION, INC 1000 COLLEGE BOULEVARD PENSACOLA, FL 32504	59-2993200	501(C)(3)	5,000.	0.			STATION OUTREACH GRANT-TENTH INNING
WTTW CHANNEL 11 5400 N. ST. LOUIS CHICAGO, IL 60625	36-2246703	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I-1 (Form 990) 2009**

Name of the organization **GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.** Employer identification number **53-0242992**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WTVI 3242 COMMONWEALTH AVENUE CHARLOTTE, NC 28205	56-1309525	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
WVPT 51 298 PORT REPUBLIC HARRISONBURG, VA 22801	54-0785147	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
WXEL 3401 S. CONGRESS AVE BOYNTON BEACH, FL 33426	65-0728353	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS
WYES TV 111 VETERANS MEMORIAL BLVD. STE 2 NEW ORLEANS, LA 70005	72-0497926	501(C)(3)	7,500.	0.			STATION OUTREACH GRANT-AM'S BEST IDEA NAT'L PARKS

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

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

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2009

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

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

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

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

Part III Supplemental Information

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

PART I, LINE 5: UNDERWRITING MANAGEMENT EARNS COMMISSIONS BASED ON

CORPORATE UNDERWRITING DOLLARS. THESE AMOUNTS ARE ACCRUED AND PAID EACH

MONTH.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

▶ **See the Instructions for Form 990.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the Organization
GREATER WASHINGTON EDUCATIONAL
TELECOMMUNICATIONS ASSOCIATION, INC.

Employer Identification number
53-0242992

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JONATHAN SILVER TRUSTEE	1.00	X					0.	0.	0.	
JOHN ULFELDER TRUSTEE	1.00	X					0.	0.	0.	
CYNTHIA STEELE VANCE TRUSTEE	1.00	X					0.	0.	0.	
SHELIA CRAIG WHITEMAN TRUSTEE	1.00	X					0.	0.	0.	
CHRISTOPHER WOLF TRUSTEE	1.00	X					0.	0.	0.	
SHARON PERCY ROCKEFELLER PRESIDENT AND CEO	40.00			X			366,180.	0.	32,509.	
JOSEPH B. BRUNS EXEC VP & COO	40.00			X			285,335.	0.	32,624.	
DALTON DELAN EXEC VP & CFO	40.00			X			228,970.	0.	39,326.	
POLLY POVEJSIL HEATH SR VP, TREAS & CFO	40.00			X			238,685.	0.	25,324.	
ADAM GRONSKI VP, CORP MARKETING	40.00				X		178,567.	0.	22,189.	
MARY CATHERINE PHELPS SR VP DEVELOPMENT	40.00				X		167,068.	0.	24,960.	
LISA DELANEY VP AND GEN COUNSEL	40.00				X		159,317.	0.	23,921.	
ELLEN MORGENSTERN VP DEVELOPMENT	40.00				X		152,784.	0.	26,885.	
KEVIN HARRIS VP AND MANAGER, TV	40.00				X		163,269.	0.	13,535.	
DANIEL DEVANY VP AND GM, RADIO	40.00				X		157,692.	0.	8,010.	
CHRISTOPHER GUARINO SR STAFF PRODUCER	40.00				X		153,761.	0.	11,530.	

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC. **Employer identification number** 53-0242992

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
FREDERICK J. RYAN, JR.	BUSINESS	260,482.	FREDERICK R		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization **GREATER WASHINGTON EDUCATIONAL
TELECOMMUNICATIONS ASSOCIATION, INC.** Employer identification number
53-0242992

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	40	138,109.	ML CONFIRM REPORT
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>EQUIPMENT</u>)	X	1	450.	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2009

Part II

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

SCHEDULE M, LINE 32B: WETA USES MERRILL LYNCH TO SELL NONCASH STOCK

GIFTS.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990
Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization	GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.	Employer identification number	53-0242992
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PUBLIC TELEVISION AND RADIO BROADCASTING AND PRODUCTION; PBS AFFILIATE

AND CLASSICAL MUSIC; LITERACY AND BRAIN INJURY WEBSITES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICE EXPENSES INCLUDE FUNCTIONAL EXPENSES FROM ALL

PROMOTION, EDUCATION, AND OUTREACH ACTIVITIES.

EXPENSES \$ 5627612. INCLUDING GRANTS OF \$ 0. REVENUE \$ 494446.

FORM 990, PART VI, SECTION B, LINE 11: PROCESS FOR REVIEWING FORM 990:

AFTER BUDGET MANAGER COMPLETES RETURN, CONTROLLER REVIEWS AND THEN PASSES

ON TO CFO TO REVIEW. ANY QUESTIONS ARE THEN RAISED AND NECESSARY

CORRECTIONS ARE MADE BEFORE SENDING DRAFT TO CPA.

FORM 990, PART VI, SECTION B, LINE 12C: PROCESS FOR MONITORING AND

ENFORCING COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY:

THE CONFLICT OF INTEREST POLICY IS PART OF WETA'S OVERALL CODE OF CONDUCT

POLICY. ALL NEW EMPLOYEES ARE GIVEN THIS INFORMATION UPON HIRE. IN

ADDITION, WETA PERIODICALLY RE-COMMUNICATES THE POLICY ORGANIZATION-WIDE

AND KEEPS IT POSTED ON THE INTRANET.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING

COMPENSATION OF THE ORGANIZATION'S CEO, OR TOP MANAGEMENT OFFICIAL:

COMPENSATION FOR WETA'S OFFICERS IS REVIEWED AND APPROVED ANNUALLY BY

WETA'S COMPENSATION COMMITTEE AND BOARD OF TRUSTEES WITH AN EXTERNAL

CONSULTANT BASED UPON COMPARABLE MARKET INFORMATION. THIS ANNUAL

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

Schedule O (Form 990) 2009

932211
02-03-10

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990
Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization	GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC.	Employer identification number	53-0242992
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COMPENSATION REVIEW IS DOCUMENTED.

THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S OFFICERS OR

KEY EMPLOYEES: COMPENSATION FOR WETA'S KEY EMPLOYEES IS REVIEWED BY WETA

OFFICERS USING EXTERNAL MARKET INFORMATION. COMPENSATION REVIEWS ARE

DOCUMENTED.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS AND

CONFLICT OF INTEREST POLICY ARE AVAILABLE ON THE INTERNAL WEBSITE. THE

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 2

OVERSIGHT OF AUDIT

THERE WAS NO CHANGE IN THE PROCESS FOR OVERSEEING THE AUDIT FROM THE

PRIOR YEAR.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: FREDERICK J. RYAN, JR.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BUSINESS

(C) AMOUNT OF TRANSACTION \$ 260482.

(D) DESCRIPTION OF TRANSACTION: FREDERICK RYAN, JR., WETA BOARD OF

DIRECTORS, IS THE COO OF ALLBRITTON COMMUNICATIONS. WETA LEASES SPACE

FOR IT'S TV TRANSMITTER ON A TOWER PARTIALLY OWNED BY ALLBRITTON. THE

LEASE PRE-DATES MR. RYAN'S ELECTION TO THE BOARD AND THE RENT IS

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990
Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization	GREATER WASHINGTON EDUCATIONAL	Employer identification number
	TELECOMMUNICATIONS ASSOCIATION, INC.	53-0242992

CONSIDERED TO BE AT MARKET RATES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

FORM 990, PART VII, SECTION A

AMENDED RETURN EXPLANATION

THE RETURN IS AMENDED TO MODIFY FORM 990, PART III, SECTIONS 4B AND 4C

DESCRIPTIONS; SCHEDULE D, PART V, COLUMN A, LINES 1A AND 1G AMOUNTS;

AND SCHEDULE R, PART IV, COLUMN A, STREET ADDRESS

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

	Yes	No
a Receipt of (f) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

