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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning

and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization		D Employer identification number
		SCTE FOUNDATION, INC.		20-3131269
		Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number
		140 PHILIPS ROAD		610-594-7328
City or town, state or country, and ZIP + 4		F Group Exemption Number		
EXTON, PA 19341				

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☐ Cash ☒ Accrual
Other (specify) _____

I Website: HTTP://FOUNDATION.SCTE.ORG

J Tax-exempt status (check only one) - ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 176,395.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	136,633.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory STMT 4	5a	1,265.
b	Less: cost or other basis and sales expenses	5b	1,259.
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	6.
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐		
a	Gross revenue (not including \$ 32,250. of contributions reported on line 1)	6a	37,915.
b	Less: direct expenses other than fundraising expenses	6b	46,466.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-8,551.
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe INTEREST INCOME)	8	582.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	128,670.
10	Grants and similar amounts paid (attach schedule)	10	42,300.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	309.
13	Professional fees and other payments to independent contractors	13	19,363.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	761.
16	Other expenses (describe SEE STATEMENT 1)	16	15,194.
17	Total expenses. Add lines 10 through 16	17	77,927.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	50,743.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	267,958.
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5	20	4,691.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	323,392.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	133,647.	51,853.
23 Land and buildings		
24 Other assets (describe SEE STATEMENT 2)	136,158.	271,539.
25 Total assets	269,805.	323,392.
26 Total liabilities (describe SEE STATEMENT 3)	1,847.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	267,958.	323,392.

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02-08-10

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

Form 990-EZ (2009)

SCANNED JUL 20 2010

Expenses

Net Assets

 RECEIVED
 MAY 24 2010
 GOLDEN, UT
 SEE STATEMENT 1

 5-8
 15

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 N/A		
b Gross receipts, included on line 9, for public use of club facilities N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed. SEE STATEMENT 10		
42a The organization's books are in care of CATHERINE OAKES Telephone no. 610-594-7328 Located at 140 PHILIPS ROAD, EXTON, PA ZIP + 4 19341		
b 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
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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
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.		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here [] and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

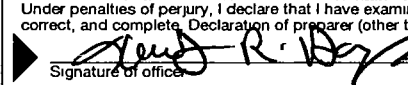
f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

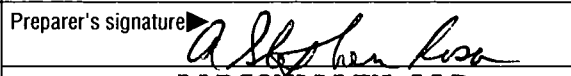
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here  Signature of officer

Date 8-13-10

KEITH HAYES, PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature  Date 5/10/10 Check if self-employed ☐

Firm's name (or yours if self-employed), address, and ZIP + 4 **LARSON ALLEN LLP**
18 SENTRY PARK WEST, SUITE 300
BLUE BELL, PA 19422-2240

EIN **215-643-3900**
Phone no. **215-643-3900**

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

SCTE FOUNDATION, INC.

Employer identification number

20-3131269

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?
- (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).

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

(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.")		20,700.	40,950.	119,963.	104,383.	285,996.
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		20,700.	40,950.	119,963.	104,383.	285,996.
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)						
6 Public support. Subtract line 5 from line 4						285,996.

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		20,700.	40,950.	119,963.	104,383.	285,996.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						285,996.

12 Gross receipts from related activities, etc. (see instructions)

12

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** ► ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	100.00	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15		%

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 ► ☒**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 ► ☐**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 ► ☐**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 ► ☐**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 ► ☐

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 ☐

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.**

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

SCTE FOUNDATION, INC.

Employer identification number
20-3131269

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			
Total						

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.

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))
		TOM POLIS GOLF TOURNAM (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	70,165.		70,165.
	2	Less: Charitable contributions	32,250.		32,250.
	3	Gross income (line 1 minus line 2)	37,915.		37,915.
Direct Expenses	4	Cash prizes	2,478.		2,478.
	5	Noncash prizes			
	6	Rent/facility costs	30,563.		30,563.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	13,425.		13,425.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(46,466)
	11	Net income summary. Combine line 3, column (d), and line 10			-8,551.

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	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ 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				

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? _____

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? _____

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? _____

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**b** An outside facility**13a** %**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****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****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 ► \$ _____

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
ADVERTISING		5,418.	
TAXES AND LICENSES		2,652.	
BANK CHARGES		2,082.	
CREDIT CARD PROCESSING FEES		1,516.	
MEETINGS		1,199.	
INSURANCE		919.	
EQUIPMENT REPAIR		675.	
OFFICE SUPPLIES		673.	
TRAVEL		60.	
TOTAL TO FORM 990-EZ, LINE 16		15,194.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES RECEIVABLE	134,455.	158,289.	
PREPAID EXPENSES	1,703.	5,760.	
INVESTMENTS	0.	102,490.	
DUE FROM AFFILIATE	0.	5,000.	
TOTAL TO FORM 990-EZ, LINE 24	136,158.	271,539.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE	1,459.	0.	
ACCRUED EXPENSES	388.	0.	
TOTAL TO FORM 990-EZ, LINE 26	1,847.	0.	

FORM 990-EZ	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	4
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	1,265.	1,259.	0.	6.
TO FORM 990-EZ, LINE 5	1,265.	1,259.	0.	6.

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
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DESCRIPTION	AMOUNT
UNREALIZED GAIN	4,691.
TOTAL TO FORM 990-EZ, LINE 20	4,691.

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	6
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CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
EDUCATION JONES/NCTI, OBO DAVID ASHCRAFT 9697 E. MINERAL AVENUE CENTENNIAL, CO 80112	NONE	867.
EDUCATION SCTE, OBO RON BRUNT 140 PHILIPS ROAD EXTON, PA 19341	NONE	650.
EDUCATION CABLE CONNECTION REGISTRATION, OBO WES BRUNTO PO BOX 783 ELK GROVE VILLAGE, IL 60009	NONE	650.
EDUCATION SCTE, OBO DAN CARRASQUILLO 140 PHILIPS ROAD EXTON, PA 19341	NONE	180.
EDUCATION LUCIE CARTAYA 55 SILVER ST. DOVER, NH 03820	NONE	1,043.
EDUCATION WILLIAM DESROCHERS 9 OLD BLUE POINT RD SCARBOROUGH, ME 04074	NONE	500.
EDUCATION SCTE, OBO CHRISTOPHER GARTLAND 140 PHILIPS ROAD EXTON, PA 19341	NONE	650.
EDUCATION PATRICK HUNTER 1046 MENDOZA DR. ST. PETERS, MO 63376-4659	NONE	11.
EDUCATION LINDENWOOD UNIVERSITY, OBO PATRICK HUNTER 209 S. KINGSHIGHWAY ST. CHARLES, MO 63301	NONE	1,023.

SCTE FOUNDATION, INC.

20-3131269

EDUCATION JONES/NCTI, OBO ERIK JENSON 9697 E. MINERAL AVENUE CENTENNIAL, CO 80112	NONE	323.
EDUCATION SCTE, OBO ROBERT JOHNSON 140 PHILIPS ROAD EXTON, PA 19341	NONE	370.
EDUCATION SCTE, OBO JOHN MARTIN 140 PHILIPS ROAD EXTON, PA 19341	NONE	650.
EDUCATION SCTE, OBO DOUGLAS PHILIPS 140 PHILIPS ROAD EXTON, PA 19341	NONE	1,300.
EDUCATION JONES/NCTI, OBO JONATHAN PREECE 9697 E. MINERAL AVENUE CENTENNIAL, CO 80112	NONE	323.
EDUCATION LAKESHORE UNIVERSITY, OBO BRENT SAGER 1290 NORTH AVENUE CLEVELAND, WI 53015	NONE	1,481.
EDUCATION BRENT SAGER 1403 ADRIAN CT. PLYMOUTH, WI 53073	NONE	195.
EDUCATION DAVID STUART P.O. BOX 305 BLUE RIDGE, VA 24064	NONE	1,628.
EDUCATION AMELIA URBAN 9697 E. MINERAL AVENUE CENTENNIAL, CO 80112	NONE	156.
EDUCATION JONES/NCTI, OBO AMELIA URBAN 9697 E. MINERAL AVENUE CENTENNIAL, CO 80112	NONE	1,037.

EDUCATION AMELIA URBAN 9697 E. MINERAL AVENUE CENTENNIAL, CO 80112	NONE	124.
EDUCATION COLUMBIA UNIVERSITY, OBO ANGELA VICARS P.O. BOX 3110 ORANGE BEACH, AL 36561	NONE	1,170.
EDUCATION PAUL CLAR 18303 HALLMARK CT. GAITHERSBURG, MD 20879	NONE	500.
EDUCATION JOSEPH CUTRONA, JR. 121 ELM STREET BRANFORD, CT 06405	NONE	500.
EDUCATION WILLIAM DESROCHERS 9 OLD BLUE POINT RD SCARBOROUGH, ME 04074	NONE	500.
EDUCATION JOHN FOUNTAIN 6160 DONALD NELSON AVE. LAS VEGAS, NV 89131	NONE	500.
EDUCATION TIMOTHY FUNK 24744 EUREKA RD. TAYLOR, MI 48180	NONE	600.
EDUCATION JAMES GERHARD 1015 OLENTANGY RIVER RD. COLUMBUS, OH 43212	NONE	500.
EDUCATION SUZANNE HOLZER 18231 N 34TH DR. PHOENIX, AZ 85053	NONE	500.
EDUCATION DAVID KEESER 391 LINCOLN ST. BANGOR , ME 04401	NONE	500.

EDUCATION ISADORE SANTANGELO 128 FOXCHASE DR. CANONSBURG, PA 15317	NONE	500.
EDUCATION STEVE TIMICO 19350 LANCASTER DR. WOODHAVEN, MI 48183	NONE	400.
EDUCATION SOUTHWESTERN COLLEGE, OBO JOSEPH MICHAEL 3460 N RIDGE RD, SUITE 50 WICHITA, KS 67205	NONE	3,350.
EDUCATION FORT HAYS UNIVERSITY, OBO DANA BLOUIN 600 PARK ST. HAYS, KS 67601	NONE	5,564.
EDUCATION ST. GREGORS UNIVERSITY, OBO TERRY GASKILL 5801 E 41ST ST., SUITE 900 TULSA, OK 74135	NONE	3,500.
EDUCATION DEVRY UNIVERSITY, OBO DAN WU 630 US HIGHWAY ONE NORTH BRUNSWICK, NJ 08902	NONE	6,860.
EDUCATION TRAINING CAMP, OBO ROBERT DIGNUM 6 NESHAMINY INTERPLEX, SUITE 101 TREVOSSE, PA 19053	NONE	3,695.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		42,300.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 7

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

TO PROVIDE GRANTS AND SCHOLARSHIPS TO ASSIST SCTE MEMBERS IN THEIR CONTINUAL
PURSUIT OF KNOWLEDGE, TRAINING AND PROFESSIONAL DEVELOPMENT IN THE CABLE
TELECOMMUNICATION INDUSTRY.

TO ASSIST IN INNOVATION AND EDUCATION WITH CABLE AND TELECOMMUNICATIONS
ENGINEERING. TO PROMOTE RESEARCH AND INFORMATION RELATED TO CABLE AND
TELECOMMUNICATIONS AND TO HELP MAINTAIN HISTORY AND AWARENESS OF CABLE AND
TELECOMMUNICATIONS TECHNOLOGY EVOLUTION.

FORM 990-EZ

LIST OF STATES RECEIVING COPY OF RETURN
PART V, LINE 41

STATEMENT 10

STATES

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