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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 , and ending 12-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SCTE FOUNDATION INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
140 PHILIPS ROAD

City or town, state or country, and ZIP + 4
EXTON, PA 19341

D Employer identification number
20-3131269

E Telephone number
(610) 594-7328

F Group Exemption Number ▶

G Accounting method ☐ Cash ☑ Accrual Other (specify) ▶

I Website: ▶ HTTP//FOUNDATION SCTE ORG

J Tax-Exempt status (check only one) — ☑ 501(c)(3) ☐ 501(c)( ) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

H 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 $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 106,152

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

Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	36,459
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	1,604
	5a	Gross amount from sale of assets other than inventory	5a 5,154		
	b	Less cost or other basis and sales expenses	5b 4,874		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	280
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ 62,935 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed $15,000)			
	c	Less direct expenses from gaming and fundraising events	6c 42,643		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)		6d	20,292
	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 in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	58,635
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	74,167
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	13,528
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	267
	16	Other expenses (describe in Schedule O)		16	20,051
	17	**Total expenses.** Add lines 10 through 16		17	108,013
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-49,378
	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	323,392
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	11,287
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	285,301

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☑

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	51,853	22	49,968
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	271,539	24	242,033
25 **Total assets**	323,392	25	292,001
26 **Total liabilities** (describe in Schedule O)	0	26	6,700
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	323,392	27	285,301

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III . ☑

Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
TO ASSIST IN INNOVATION AND EDUCATION WITH CABLE AND TELECOMMUNICATIONS ENGINEERING TO PROMOTE RESEARCH AND INFORMATION RELATED TO CABLE AND TELCOMMUNICATIONS AND TO HELP MAINTAIN HISTORY AND AWARENESS OF CABLE AND TELCOMMUNICATIONS TECHOLOGY EVOLUTION

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 TO PROVIDE GRANTS AND SCHOLARSHIPS TO ASSIST SCTE MEMBERS IN THEIR CONTINUAL PURSUIT OF KNOWLEDGE, TRAINING AND PROFESSIONAL DEVELOPMENT IN THE CABLE TELCOMMUNICATION INDUSTRY (Grants $ 74,167) If this amount includes foreign grants, check here . . . ▶ ☐		28a	74,167
29 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐		29a	
30 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐		30a	
31 Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐		31a	
32 Total program service expenses (add lines 28a through 31a) . . . . . ▶		32	74,167

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

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

Check if the organization used Schedule O to respond to any question in this Part V . . . . ☑

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		No
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? (see instructions)	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		
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 tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	*Section 501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 . . . . . 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
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	40e		No

41 List the states with which a copy of this return is filed ▶ See Additional Data Table

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

			Yes	No
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)?	42b		No
	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 ?	42c		No
	If "Yes," enter the name of the foreign country ▶			

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

			Yes	No
44a	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44a		No
b	Did the organization operate one or more hospital facilities during the year? *If 'Yes,' Form 990 must be completed instead of Form990-EZ*	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	44d		

		Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ*	**45**		No
45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ*	**45a**		No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	**46**		No

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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

		Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	**47**		No
48 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	**48**		No
49a Did the organization make any transfers to an exempt non-charitable related organization?	**49a**		No
b If "Yes," was the related organization a section 527 organization?	**49b**		

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 "

(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				

50(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		

51(d) Total number of other independent contractors each receiving over $100,000 . . . . . ▶

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ☑ **Yes** ☐ **No**

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

****** 2011-05-16
Signature of officer Date

KEITH HAYES PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ LARSONALLEN LLP 18 SENTRY PARK WEST SUITE 300 BLUE BELL, PA 194222240			EIN ▶ Phone no ▶ (215) 643-3900

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☑ **Yes** ☐ **No**

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SCHEDULE A (Form 990 or 990EZ)

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

2010

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 331/3% 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 331/3% 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
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	20,700	40,950	119,963	104,383	15,879	301,875
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	15,879	301,875
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						301,875

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	20,700	40,950	119,963	104,383	15,879	301,875
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				582	1,604	2,186
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)						304,061

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 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	**14**	99 280 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	**15**	100 000 %

16a **33 1/3% support test—2010.** 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—2009.** If the organization did not check the 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—2010.** 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—2009.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** 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—2009.** 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.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Form 990EZ, Part V, Line 41

List the states with which a copy of this return is filed	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

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

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.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

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

2a 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 Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(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
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.

Revenue / Direct Expenses		(a) Event #1 TOM POLIS GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	83,515			83,515
	2 Less Charitable contributions	20,580			20,580
	3 Gross income (line 1 minus line 2)	62,935			62,935
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	3,966			3,966
	6 Rent/facility costs	14,416			14,416
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	24,261			24,261
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				42,643
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				20,292

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.

Revenue / Direct Expenses		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash 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 lines 1 and 7 in column (d) ▶				

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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

13 Indicate the percentage of gaming activity operated in

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

14 Provide 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? . . . . . ☐ 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

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? . . . . . ☐ Yes ☐ No

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492136017871

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SCTE FOUNDATION INC

Employer identification number
20-3131269

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 1,604

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME JONES/NCTI, OBO DAVID ASHCRAFT GRANTEE ADDRESS 9697 E MINERAL AVENUE CENTENNIAL, CO 80112 AMOUNT GIVEN 6,790

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME JOHNSON COUNTY COMMUNITY COLLEGE, OBO LOWELL GRANTEE NAME JOHNSON COUNTY COMMUNITY COLLEGE, OBO LOWELL GRANTEE ADDRESS 12345 COLLEGE BLVD OVERLAND PARK, KS 66210 AMOUNT GIVEN 1,299

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME JONES/NCTI, OBO JONATHAN PREECE GRANTEE ADDRESS 9697 E MINERAL AVENUE CENTENNIAL, CO 80112 AMOUNT GIVEN 222

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME JONES/NCTI, OBO GARY PAULSON GRANTEE ADDRESS 9697 E MINERAL AVENUE CENTENNIAL, CO 80112 AMOUNT GIVEN 272

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME JONES/NCTI, OBO ROBERT SINGER GRANTEE ADDRESS 9697 E MINERAL AVENUE CENTENNIAL, CO 80112 AMOUNT GIVEN 892

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME JONES/NCTI, OBO GARY PAULSON GRANTEE ADDRESS 9697 E MINERAL AVENUE CENTENNIAL, CO 80112 AMOUNT GIVEN 893

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME JONES/NCTI, OBO JACK MCKEE GRANTEE ADDRESS 9697 E MINERAL AVENUE CENTENNIAL, CO 80112 AMOUNT GIVEN 470

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME JONES/NCTI, OBO AMELIA URBAN GRANTEE ADDRESS 9697 E MINERAL AVENUE CENTENNIAL, CO 80112 AMOUNT GIVEN 1,009

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME JONES/NCTI, OBO NICK WILLIAMS GRANTEE ADDRESS 9697 E MINERAL AVENUE CENTENNIAL, CO 80112 AMOUNT GIVEN 273

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME JONES/NCTI, OBO JONATHAN PREECE GRANTEE ADDRESS 9697 E MINERAL AVENUE CENTENNIAL, CO 80112 AMOUNT GIVEN 420

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME JONES/NCTI, OBO ST PIERRE GRANTEE ADDRESS 9697 E MINERAL AVENUE CENTENNIAL, CO 80112 AMOUNT GIVEN 280

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME JONES/NCTI, OBO DAVID RHODES GRANTEE ADDRESS 9697 E MINERAL AVENUE CENTENNIAL, CO 80112 AMOUNT GIVEN 510

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME LAKESHORE TECHNICAL COLLEGE, OBO BRENT SAGER GRANTEE ADDRESS FINANCIAL AID, 1290 NORTH AVENUE CLEVELAND, WI 53015 AMOUNT GIVEN 915

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME MOHOVE COMMUNITY COLLEGE, OBO DON GRAGG GRANTEE ADDRESS 1971 JAGERSON AVE KINGMAN, AZ 86409 AMOUNT GIVEN 693

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME LINDENWOOD UNIVERSITY, OBO PATRICK HUNTER GRANTEE ADDRESS ATTN BUSINESS OFFICE, 209 S KINGSHIGHWAY ST CHARLES, MO 63301 AMOUNT GIVEN 7,193

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME JONES/NCTI, OBO ANDREW ECKMAN GRANTEE ADDRESS 9697 E MINERAL AVENUE CENTENNIAL, CO 80112 AMOUNT GIVEN 248

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME JONES/NCTI, OBO DONTE SADLER GRANTEE ADDRESS 9697 E MINERAL AVENUE CENTENNIAL, CO 80112 AMOUNT GIVEN 273

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME JONES/NCTI, OBO CHRIS MIRANDA GRANTEE ADDRESS 9697 E MINERAL AVENUE CENTENNIAL, CO 80112 AMOUNT GIVEN 223

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME DEVRY UNIVERSITY, OBO BRIAN BENEFIELD GRANTEE ADDRESS 75 REMITTANCE DR , STE 1815 CHICAGO, IL 60675 AMOUNT GIVEN 694

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME SCTE, OBO DUCHARME GRANTEE ADDRESS 140 PHILIPS ROAD EXTON, PA 19341 AMOUNT GIVEN 256

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME UNIVERSITY OF ILLINOIS AT CHICAGO, OBO CHRISTIAN GRANTEE NAME UNIVERSITY OF ILLINOIS AT CHICAGO, OBO CHRISTIAN GRANTEE ADDRESS OFFICE OF STUDENT FINANCIAL AID, MC 334, 1800 STUDENT SERV CHICAGO, IL 60607 AMOUNT GIVEN 2,500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME JONES/NCTI, OBO ALBIN GEORGE GRANTEE ADDRESS 9697 E MINERAL AVENUE CENTENNIAL, CO 80112 AMOUNT GIVEN 1,993

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME ST, GREGORY'S UNIV, OBO DAVID SEABOLT GRANTEE ADDRESS 5801 E 41ST ST , STE 900 TULSA, OK 74135 AMOUNT GIVEN 4,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME JONES/NCTI, OBO H MC CLESKEY GRANTEE ADDRESS 9697 E MINERAL AVENUE CENTENNIAL, CO 80112 AMOUNT GIVEN 3,370

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME JONES/NCTI, OBO JONATHAN MC CLANAHAN GRANTEE ADDRESS 9697 E MINERAL AVENUE CENTENNIAL, CO 80112 AMOUNT GIVEN 2,774

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME POINT PARK UNIVERSITY, OBO TIFFANIE BLAIR GRANTEE ADDRESS FINANCIAL AID, 201 WOOD ST PITTSBURGH, PA 15222 AMOUNT GIVEN 4,865

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME ARIZONA STATE UNIVERSITY, OBO SEAN BURRIS GRANTEE ADDRESS STUDENT FINANCIAL ASSISTANCE OFFICE, PO BOX 870412 TEMPE, AZ 85287 AMOUNT GIVEN 10,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME UNIVERSITY OF PENNSYLVANIA, OBO JUSTIN CHANG GRANTEE ADDRESS STUDENT FINANCIAL SERVICES, 3451 WALNUT ST , 100 FRANKLIN PHILADELPHIA, PA 19104 AMOUNT GIVEN 10,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME NORTHWESTERN UNIVERSITY, OBO PEIEN LIU GRANTEE ADDRESS OFFICE OF FINANCIAL AID, 1801 HINMAN AVENUE EVANSTON, IL 60208 AMOUNT GIVEN 5,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME THEODORE THOMAS, JR GRANTEE ADDRESS 15740 N 83RD AVE, APT 2061 PEORIA, AZ 85382 AMOUNT GIVEN 914

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME SCTE, OBO JIM MESS GRANTEE ADDRESS 140 PHILIPS ROAD EXTON, PA 19341 AMOUNT GIVEN 695

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME JOE CUTRONA GRANTEE ADDRESS 121 ELM ST , PO BOX 850 BRANFORD, CT 06405 AMOUNT GIVEN 1,982

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME DON GRAGG GRANTEE ADDRESS 2900 AIRWAY AVE KINGMAN, AZ 86049 AMOUNT GIVEN 275

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME SCTE, OBO DONTE SADLER GRANTEE ADDRESS 140 PHILIPS ROAD EXTON, PA 19341 AMOUNT GIVEN 105

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME SCTE, OBO ROGER FLORENTINO GRANTEE ADDRESS 140 PHILIPS ROAD EXTON, PA 19341 AMOUNT GIVEN 695

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME PATRICK HUNTER GRANTEE ADDRESS 1046 MENDOZA DR ST PETERS, MO 63376 AMOUNT GIVEN 306

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME BRENT SAGER GRANTEE ADDRESS 1403 ADRIAN CT PLYMOUTH, WI 53073 AMOUNT GIVEN 72

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION EDUCATION GRANTEE NAME AMELIA URBAN GRANTEE ADDRESS 16224 E OTERO AVE ENGLEWOOD, CO 80112 AMOUNT GIVEN 796 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 74,167

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION TAXES AND LICENSES AMOUNT 4,120 DESCRIPTION BANK CHARGES AMOUNT 600 DESCRIPTION CREDIT CARD PROCESSING FEES AMOUNT 4,866 DESCRIPTION MEETINGS AMOUNT 3,371 DESCRIPTION INSURANCE AMOUNT 933 DESCRIPTION OFFICE SUPPLIES AMOUNT 5,086 DESCRIPTION BAD DEBT EXPENSE AMOUNT 1,075 TOTAL TO FORM 990-EZ, LINE 16 20,051

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990-EZ, PART I, LINE 20	DESCRIPTION UNREALIZED GAIN AMOUNT 11,287

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION PLEDGES RECEIVABLE BEG OF YEAR AMOUNT 158,289 END OF YEAR AMOUNT 116,094 DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 5,760 END OF YEAR AMOUNT 474 DESCRIPTION INVESTMENTS BEG OF YEAR AMOUNT 102,490 END OF YEAR AMOUNT 125,465 DESCRIPTION DUE FROM AFFILIATE BEG OF YEAR AMOUNT 5,000 END OF YEAR AMOUNT 0

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION DUE TO AFFILIATE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 6,700

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TY 2010 Transfers Personal Benefits Contracts Declaration

Name: SCTE FOUNDATION INC

EIN: 20-3131269

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Additional Data

Software ID:
Software Version:
EIN: 20-3131269
Name: SCTE FOUNDATION INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
KEITH HAYES 140 PHILIPS ROAD EXTON,PA 19341	PRESIDENT 8 00	0	0	0
JIM HUGHES 140 PHILIPS ROAD EXTON,PA 19341	VICE PRESIDENT 8 00	0	0	0
ED MARCHETTI 140 PHILIPS ROAD EXTON,PA 19341	TREASURER 8 00	0	0	0
MIKE PHEBUS 140 PHILIPS ROAD EXTON,PA 19341	SECRETARY 8 00	0	0	0
MARK DZUBAN 140 PHILIPS ROAD EXTON,PA 19341	BOARD MEMBER 1 00	0	0	0
BOB GOLD 140 PHILIPS ROAD EXTON,PA 19341	BOARD MEMBER 1 00	0	0	0
TOM GORMAN 140 PHILIPS ROAD EXTON,PA 19341	BOARD MEMBER 1 00	0	0	0
SCOTT HATFIELD 140 PHILIPS ROAD EXTON,PA 19341	BOARD MEMBER 1 00	0	0	0
MIKE LAJOIE 140 PHILIPS ROAD EXTON,PA 19341	BOARD MEMBER 1 00	0	0	0
TONY G WERNER 140 PHILIPS ROAD EXTON,PA 19341	BOARD MEMBER 1 00	0	0	0
KEN WRIGHT 140 PHILIPS ROAD EXTON,PA 19341	BOARD MEMBER 1 00	0	0	0