Form	90)0
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Department of the Treasury

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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)

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

2008	OMB	No. 154	5-0047
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			ŏ
Open to Public	Upe	en lo P	UDIIC

-			TUNT 20 2000	mapconon				
A	For th	e 2008 calendar year, or tax year beginning $JUL 1$, 2008 and ending	JUN 30, 2009					
В	Check if applicab	use IRS	D Employer identifica	ation number				
	Addre	print or SCATE, INC						
	Name	type D i D i i i i i i i i i i i i i i i i	20-39	42898				
	Initial							
	return Termi ation	ⁿ⁻ ^{Specific} 2715 WEST LUCAS STREET, PO BOX 1005		1-843-676-8545				
	Amen returr	City or town, state or country, and ZiP + 4	G Gross receipts \$	208,465.				
	Appli tion	FLORENCE, SC 29501-0548	H(a) Is this a group ret	urn				
	pendi	^{ng} F Name and address of principal officer:	for affiliates?	Yes X No				
			H(b) Are all affiliates inclu	Ided? Yes No				
1	Tax-ex	empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		st. (see instructions)				
		te: WWW.SCATE.ORG	H(c) Group exemption					
			ear of formation: 2005 M					
		Summary		otato el legal desilicitot				
u	4	Briefly describe the organization's mission or most significant activities: A NATION	AL RESOURCE CE	NTER FOR				
Activities & Governance		ADVANCED TECHNOLOGICAL EDUCATION.						
er n	2	Check this box 🕨 🛄 if the organization discontinued its operations or disposed of m	ore than 25% of its assets.					
Ň	3	Number of voting members of the governing body (Part VI, line 1a)	3	4				
- ප	4	Number of independent voting members of the governing body (Part VI, line 1b)	4					
sa	5	Total number of employees (Part V, line 2a)	5	4				
viti	6	Total number of volunteers (estimate if necessary)	6					
cti	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)		0.				
4	b	Net unrelated business taxable income from Form 990-T, line 34		0.				
-			Prior Year	Current Year				
¢h.	8	Contributions and grants (Part VIII, line 1h)						
ň	9	Program service revenue (Part VIII, line 2g)	96,976.	208,438.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	190.	27.				
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	97,166.	208,465.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		······································				
(0	1	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)	59,647.	18,379.				
Sec	10		55,047.	10,575.				
Expenses	104	Professional fundraising fees (Part IX, column (A), line 11e)						
Ĕ	D	Total fundraising expenses (Part IX, column (D), line 25)	72,279.	109,306.				
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	131,926.	127,685.				
20	19	Revenue less expenses. Subtract line 18 from line 12	<34,760.>					
Net Assets or Fund Balances			Beginning of Year	End of Year				
Bala	20	Total assets (Part X, line 16)	47,439.	121,580.				
etA	21	Total liabilities (Part X, line 26)	9,255.	2,615.				
	22	Net assets or fund balances. Subtract line 21 from line 20	38,184.	118,965.				
	art II	Signature Block						
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemen and complete. Deplaration of preparer (other than officer) is based on all information of which preparer has any knowled	ts, and to the best of my knowledge ige.	and belief, it is true, correct,				
		V X POIE		1-10 2000				
Sig	n	faired Clap	Chens	sr 19 2001				
Hei	re	Signature of officer	Date U	,				
		Elaine L. Craft, President (CEC)					
		Type or pfint name and title	A					
Pair	4	rieparei s	calf (see instr	s identifyIng number uctions)				
	- parer's	signature / 08/12/09	employed 🏲 🛄					
	Only	Vouis II	K LLC EIN ▶					
000	Unity	self-employed), P. O. BOX 5949						
		ZIP + 4 WEST COLUMBIA, SC 29171-5949	Phone no. Þ 80	3-739-3090				
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No				
8320	01 12-1	8-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate i	nstructions.	Form 990 (2008)				

	n 990 (2008) SCATE ,				42898	Page 2
Pa 1	It III Statement of Program S Briefly describe the organization's mis		lishments (see instructi	ons)		
•	bieny describe the organization similar				100 ¹	
2	-			h were not listed on	Yes	X No
3	If "Yes", describe these new services Did the organization cease conductin		t changes in how it conduc	ts, any program services?	Yes	XNo
4	If "Yes", describe these changes on S Describe the exempt purpose achieve Section 501(c)(3) and 501(c)(4) organ allocations to others, the total expense	ements for each of th zations and section	4947(a)(1) trusts are require	ed to report the amount of grants and		
4a	(Code:) (Expenses IMPROVEMENT OF THE ESTABLISHMENT OF A EDUCATION	NATIONS TE			HE	438.) CAL
4b	(Code:) (Expenses	\$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses	\$	including grants of \$) (Revenue \$)
4d	Other program services. (Describe in	Schedule (Q.)				
•••	(Expenses \$	ncluding grants of \$		evenue \$)		
4e	Total program service expenses 🕨	5 111	,838。 (Must equal Pa	rt IX, Line 25, column (B).)	Form 9 9	0 (2008)

832002 12-18-08

	990 (2008) SCATE, INC 20-3942	898	Р	age 3
Pa	TIV 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			x
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
0	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		Х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	0		
3	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
••	If "Yes," complete Schedule D, Parts VI, VII, VII, IX, or X as applicable	11		X
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		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? If "Yes," complete Schedule F, Part II	15		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? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X X
21 22	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If</i> "Yes," complete Schedule <i>I</i> , Parts <i>I</i> and <i>II</i> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If</i> "Yes," complete Schedule <i>I</i> , Parts <i>I</i> and <i>II</i>	21		X
22	Did the organization report hole than \$5,000 on Part X, courtin (A), the 2 ? If Yes, "complete Schedule I, Parts rand II" Did the organization answer 'Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	22 23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
- 10	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			1
	If "No", go to question 25	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			-
	prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			17
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial	0		v
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27 Form	aan /	2008)
		1 0011		1000

Form	990 (2008) SCATE, INC 20-3	3942898	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other	ər 📗		p.
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	-	Х
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28ь		X
с	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			1
	If "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			ļ
	If "Yes," complete Schedule R, Part V, line 2			X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organizat	ion?		
	If "Yes," complete Schedule R, Part V, line 2			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			Х

Form 990 (2008)

Form	990 (2008) SCATE, INC		20-3942	2 <u>898</u>	P	age 5
Pai	tV Statements Regarding Other IRS Filings and Tax Compliance					
		1			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		3		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable g	aming			
	(gambling) winnings to prize winners?			1c	-	X
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		4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instructions	s)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere			3a		X
				3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?		4a		X
b	If "Yes," enter the name of the foreign country: P					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank and				
	Financial Accounts.				Persona de la compañía	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity					
	Tax Shelter Transaction?			<u>5</u> c		37
6a	Did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				1	
	were not tax deductible?	•••••••	••••••	6b	2003028	
7	Organizations that may receive deductible contributions under section 170(c).					v
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?			7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	1				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p			-		
Ū	benefit contract?			7e	0000000000	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
÷	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0			7h		Х
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec					
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or					
	excess business holdings at any time during the year?	-		8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter: N/A					
а	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: N/A					
а	Gross income from members or shareholders	11a	a Martin Martin Martin			
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b	·····			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a	10120-000-0	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A	12b				
				Form	990 (2008)

Form 990 (2008)

SCATE, INC

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management										
			Yes	No							
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,										
	processes, or changes in Schedule O. See instructions.										
1a	Enter the number of voting members of the governing body1a	4									
b		0									
2											
	officer, director, trustee, or key employee?	2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
-	of officers, directors or trustees, or key employees to a management company or other person?	3		X							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?			Х							
5	Did the organization become aware during the year of a material diversion of the organization's assets?			Х							
6	Does the organization have members or stockholders?			X							
10	governing body?	7a		х							
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Turner to any other and the		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year										
0	by the following:										
~		8a	X	2002000							
	The governing body? Each committee with authority to act on behalf of the governing body?			X							
	Does the organization have local chapters, branches, or affiliates?	_		X							
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,										
U	and branches to ensure their operations are consistent with those of the organization?	9b									
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must										
10		10	х								
	describe in Schedule O the process, if any, the organization uses to review the Form 990 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
11	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		х							
800	tion B. Policies										
000			Yes	No							
10-	Dece the preprior have a written conflict of interact policy? If "Ne" as to line 12	12a	X	No							
12a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	120									
U.		105	х								
-	to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	. <u>12b</u>	<u></u>								
C		10-	Х								
12	in Schedule O how this is done		X								
13	Does the organization have a written whistleblower policy?		X								
14 15	Does the organization have a written document retention and destruction policy?	. 14									
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:	100000000 1 F	X								
	The organization's CEO, Executive Director, or top management official?										
D	Other officers or key employees of the organization?	. <u>15b</u>	X								
46	Describe the process in Schedule O. (see instructions)										
100	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			X							
٩.	taxable entity during the year?	. <u>16a</u>		<u>^</u>							
D	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?	. <u> 16</u> b									

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed NONE
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 X 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: 🍉

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► ELAINE L CRAFT - 1-843-676-8545

171E T.T	TITORO	CONTIN	DO D	OV 10	OF 4 O	DIODINCE	CC	20501 0540	
2/13 W	. LUCAS	SIRELI	PO B	UX IU	UD40,	FLUKENCE,	SC	29501-0548	
									 00

SCATE, INC

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. 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, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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 officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours	(C) Position (check all that app					iy)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
NANCY CARLON	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
NANCY CARLON	13.00	x			x			10,059.	0.	0.
ELAINE L. CRAFT PRESIDENT/TREASURER	6.00	<u>л</u>		x				4,774.	0.	0.
DR. CHARLES T. MUSE SECRETARY				x				0.	0.	0.
										99 York - and 99 York - an
										

	INC									42898 Page 8
Part VII Section A. Officers, Directors, T	rustees, Key E	mpl	oyee	is, a	nd	High	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours per	(c		(Pos	C) itior			(D) Reportable compensation from	(E) Reportable compensation from related	other
	week	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS(
		-								
 Total Total number of individuals (including the compensation from the organization 	ose in 1a) who r	eceiv	red n	nore	tha					<u>0.</u> 0. ▶ 0
3 Did the organization list any former office										Yes No
line 1a? <i>If "Yes," complete Schedule J for</i>For any individual listed on line 1a, is the	sum of reportal	ble c	omp	ensa	atior	n and	l ot	her compensation from		<u>3 X</u>
and related organizations greater than \$1 5 Did any person listed on line 1a receive o the organization? If "Yes," complete Sche	r accrue compe	ensat	tion f	rom	any	y unr	elat	ed organization for serv		<u>4 X</u>
Section B. Independent Contractors	equie o for such	pers	son .							5 7
1 Complete this table for your five highest of the organization.	compensated ir	ndep	ende	ent c	ont	racto	rs t	hat received more than	\$100,000 of comp	pensation from
(A) Name and busines	ss address							(B) Description of s	services	(C) Compensation
2 Total number of independent contractors from the organization	(including thos 0	se in	1) wł	no re	ecel	ved r	nor	e than \$100,000 in com	pensation	Form 990 (2008)

			I, INC			1	20-3942	898 Page 9
Pa	art VI	I Statement of Rever			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	k c	 Federated campaigns Membership dues Fundraising events Related organizations 	1b 1c					
ntributions, d other simi	f	Government grants (contributions) 1e All other contributions, gifts, grants, and 1f similar amounts not included above 1f Noncash contributions included in lines 1a-1f.\$						
ano	-	Total. Add lines 1a-1f	,	>				
ervice ue		PROFESSIONAL SE	RVICES	Business Code	208,438.	208,438.		
Program Service Revenue	c c e							
		Total. Add lines 2a-2f			208,438.			
	3 4	Investment income (including other similar amounts) Income from investment of ta	dividends, intere x-exempt bond p	est, and proceeds	27.	27.		
	5 6 a		(i) Real	► (ii) Personal	 			<u> </u>
	đ	 Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of 						
		assets other than inventory Less: cost or other basis and sales expenses		(ii) Other				
		Gain or (loss)		_				
venue		I Net gain or (loss) Gross income from fundraisin including \$	g events (not of	P				
Other Revenue		contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from func	a b					
	9 a	Gross income from gaming ac Part IV, line 19 Less: direct expenses	tivities. See a					
	с	Net income or (loss) from gam Gross sales of inventory, less and allowances	ing activities returns	•				
		Less: cost of goods sold Net income or (loss) from sale Miscellaneous Revenu	b s of inventory e					
	11 a b c							
83200	е <u>12</u> 9	Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2g, 3, 4		▶	208,465.	208,465.	0.	0 . Form 990 (2008)

Form **990** (2008)

SCATE, INC

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). (A) Total expenses **(B)** Program service (D) Fundraising (C) Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 1 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 2 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, 4,774. 10,059 14,833. trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,240. 2,240. 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 9 1,306. 535. 771. 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal 3,675. 3,675. С Accounting d Lobbying Professional fundraising services. See Part IV, line 17 е f Investment management fees g Other Advertising and promotion 12 1,064. 1,064. 13 Office expenses 14 Information technology 15 Royalties 1,200. 1,200. 16 Occupancy _____ 22,083. 22,083. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 23 Insurance Other expenses, Itemize expenses not covered 24 above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 77,875. 77,875. CONSULTING а 1,403. 702. TELEPHONE 701. b 1,200. 1,200. INSURANCE с 640. PAYROLL PROCESSING 640. d 166. POSTAGE 166. е f All other expenses 127,685. 111,838. 15,847. 0. Total functional expenses. Add lines 1 through 24f 25 26 Joint Costs. Check here 🕨 🔄 if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined

832010 12-18-08

educational campaign and fundraising solicitation

Form 990 (2008)

Form 990 (2008	3)	SCATE,	INC
Part X Ba	lance Shee	t	

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	36,781.	1	78,710.
	2	Savings and temporary cash investments	1 500		13,853.
	3	Pledges and grants receivable, net	press and a second s	3	
	4	Accounts receivable, net	6,068.		29,017.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, or other related parties. 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	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost basis 10a			
	b	Less: accumulated depreciation. Complete			
		Part VI of Schedule D 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments · other securities. See Part IV, line 11		12	
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	101 500
	16	Total assets. Add lines 1 through 15 (must equal line 34)			121,580.
	17	Accounts payable and accrued expenses		17	2,615.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow account liability. Complete Part IV of Schedule D		21	
Liabilities	22 Payables to current and former officers, directors, trustees, key employees,				
Lial		highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D		25	2 615
······	26	Total liabilities. Add lines 17 through 25	9,255.	26	2,615.
		Organizations that follow SFAS 117, check here 🕨 🐰 and complete			
ces	07	lines 27 through 29, and lines 33 and 34.	38,184.	07	118,965.
llan	27	Unrestricted net assets		27 28	110,905.
Ba	28 29	Temporarily restricted net assets		28	
Dun	2.3	Permanently restricted net assets Organizations that do not follow SFAS 117, check here and		2.9	
Net Assets or Fund Baland		complete lines 30 through 34.			
tso	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ŝťΑ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	38,184.		118,965.
	34	Total liabilities and net assets/fund balances	17 100		121,580.
Pa	rt XI	Financial Statements and Reporting			
					Yes No
1	Acco	unting method used to prepare the Form 990: 🔲 Cash 🛛 🔀 Accrual 🗌	Other		
2a	Were	the organization's financial statements compiled or reviewed by an independent	accountant?		2a X
b	Were	the organization's financial statements audited by an independent accountant?			2b X
с	lf "Ye	\mathbf{s}^* to lines 2a or 2b, does the organization have a committee that assumes response	onsibility for oversight of the	e audit	9
	reviev	w, or compilation of its financial statements and selection of an independent according	ountant?		
3a		result of a federal award, was the organization required to undergo an audit or au			
		nd OMB Circular A-133?			
b	lf "Ye	s," did the organization undergo the required audit or audits?			Зъ

50 Form **990** (2008) SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No. 1545-0047

108 Open to Public Increation

Internal Revenue Service Attach to Form 990 or Form 990-EZ. See separate instructions.	Departme	Department of the Treasury					Open to Public		
SCATE, INC 20-3942898 Parti Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A negiziation operated to cognization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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)(iii). A federal, attes, or local government or governmental unit described in section 170(b)(1)(A)(iv). A community trust described as substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A norganization that normally receives (1) more than 33 1/3% of its support from goss 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.) An organization organized and operated exclusively to the benefit of, to perform the functions of, or to carry outhe purposes of one or more public) supported organizati			⊯ At	ach to Form 990 or Form 990-EZ	See separate instruction	ns.			
Part I Reason for Public Charity Status (AI organizations must complete this part) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A school described in section 170(b)(1)(A)(iii). (Attach Schedule E) A negolical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: M organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii). (Complete Part II.) A n 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.) A n organization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.) M a norganization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its sexempt functions - subject to certain exceptions, and (2) no more than 31/3% of its support from gross investment income and unrelated business taxable income (ess section 509(a)(2). (See section 509(a)(4). (see instructions) M a organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) M a organization organized and oper	Name	of the organizat	ion			Employer id	lentificati	on nu	mber
 The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A nospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Chttach Schedule H.) 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A rederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A norganization 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)(v)(A)(v)(D)(Omplete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A norganization 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 31 1/3% of its support from granization after June 30, 1975. See section 509(a)(2). (Complete the Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) An organization organized and operated exclusively to report metion soft, or to carry out the purposes of one or more publicly supported organization adcomplete lines 11a through 11h. a Type II b Type II c Type III - Functional Sinteget d Type III - Other By checking this box, I			SCATE,	INC		20	-3942	898	\$
 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state: 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)(ii). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A 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)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A norganization 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 (tess section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.) 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 organization adcounsively to test for public safety. See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 e through 11h. a Type II b Type II c Type II c Type III - Functionally integrated d Type III - Other g Since August 17, 2006, has the organization acoepted any gift or contrib	Part	I Reason	for Public Char	ty Status (All organizations mus	complete this part.) (see inst	ructions)			
 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 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: 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)(ii). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A 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)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A corganization that normally receives: (1) 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 the Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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 organization and complete lines 11e through 11h. Type I Type I Type II Type III Cimpter IIII Cimpter IIII Cimpter IIII Cimpter IIII Cimpter IIII<td>The org</td><td>anization is not</td><td>a private foundation</td><td>ecause it is: (Please check only on</td><td>e organization.)</td><td></td><td></td><td></td><td></td>	The org	anization is not	a private foundation	ecause it is: (Please check only on	e organization.)				
 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A norganization 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 the Part III.) 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 organization ad complete lines 11 through 11h. a Type I b Type II c Type III - C Type III - Functionally integrated d Type III - Other 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 organization section 509(a)(2). f the organization, neckred a written determination from the IRS that it is a Type I, Type III section 509(a)(2).	1								
 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: 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)(ivi). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box that describes the type of supported organization and complete lines 11e through 11h. a Type I b Type II c Type III - C Type III - Functionally integrated d Type III - Other 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 organization described 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 section 509(a)(2). f If the organi	2	A school des	cribed in section 17	(b)(1)(A)(ii). (Attach Schedule E.)					
 city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A n 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 the Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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)(2). Check the box that describes the type of supporting organization and complete lines 11 e through 11h. a Type I b Type II c Type III • Enctionally integrated d Type III • Or Type III • C Type III • Functionally integrated d Type III • Other By checking this box, I certify that the organization is not contribution from any of the following persons other than foundation managers and other than one or more publicly supported organizations described any gift or contribution from any of the following persons? f If the organization, check this box g Since August 17, 2	з 🗌	A hospital or	a cooperative hospi	al service organization described ir	section 170(b)(1)(A)(iii). (Att	ach Schedule H.)			
 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 the Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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 organization and complete lines 11e through 11h. Type I Type I Type III T	4	A medical re	search organization	perated in conjunction with a hosp	ital described in section 170(b)(1)(A)(iii). Enter the	e hospitaľ	's nam	ne,
 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 the Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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 organization and complete lines 11e through 11h. Type I B Type I C Type III - C Type III - Functionally integrated d Type III - Other 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 organization section 509(a)(2). f the 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 t		city, and stat	te:		· · · · · · · · · · · · · · · · · · ·				
 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 X 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 the Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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)(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)(1) or section 509(a)(2). f If the 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) ad (iii) below, the gover	5	An organizat	ion operated for the	penefit of a college or university ow	ned or operated by a governm	iental unit described	ni t		
 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 the Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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)(2). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type III c Type III - Functionally integrated d Type III - Other 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)(2). f If the organization, check this box g Since August 17, 2006, has the organization? (i) A person who directly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (iii) A family member of a person described in (i) above? (iii) A family member of a person described in (i) or (ii) above? 		section 170	(b)(1)(A)(iv). (Comple	te Part II.)					
 section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 the Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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 organization ad complete lines 11e through 11h. a Type I b Type II c Type III - Functionally integrated d Type III - Other 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)(1) or 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, or Type III supporting 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 family member of a person described in (i) on (ii) above? 	6	🗌 A federal, sta	ate, or local governm	ent or governmental unit described	in section 170(b)(1)(A)(v).				
 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 the Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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 organization add complete lines 11e through 11h. a Type I b Type II c Type III - Functionally integrated d Type III - Other 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 organization from the IRS that it is a Type I, Type III 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? (iii) A family member of a person described in (i) adove? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 	7	🗌 An organizat	ion that normally rec	ives a substantial part of its suppo	rt from a governmental unit or	from the general pu	ublic desci	ribed i	in
 9 X 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 the Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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 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 organization scepted 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? 		section 170	(b)(1)(A)(vi). (Comple	e Part II.)					
 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 the Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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 in section 509(a)(1) or section 509(a)(2). f the organization received a written determination from the IRS that it is a Type I, or Type III supporting 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? 			/ trust described in <mark>s</mark>	ection 170(b)(1)(A)(vi). (Complete F	'art II.)				
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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 III 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, check this box	_	See section	509(a)(2). (Complete	the Part III.)					
<pre>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? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iii) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iii) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? (iii) A set of the support of</pre>	10	An organizat	ion organized and op	erated exclusively to test for public	safety. See section 509(a)(4)). (see instructions)			
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 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(ii)	11	An organizat	ion organized and op	erated exclusively for the benefit o	, to perform the functions of,	or to carry out the p	urposes o	fone	or
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		more publicly	/ supported organiza	tions described in section 509(a)(1)	or section 509(a)(2). See sec	tion 509(a)(3). Chec	k the box	that	
 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). 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 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? 				· · · · · · · · · · · · · · · · · · ·					
 f oundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f 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? 	r								
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	e	By checking	this box, I certify that	the organization is not controlled	directly or indirectly by one or	more disqualified pe	ersons oth	er tha	าม
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? Yes No (ii) A family member of a person described in (i) above? 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ii)		foundation n	nanagers and other t	an one or more publicly supported	organizations described in se	ection 509(a)(1) or se	ection 509	(a)(2).	
 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? 	f	-							
 (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? 									. L
the governing body of 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)	9						ſ		
(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)								Yes	No
(iii) A 35% controlled entity of a person described in (i) or (ii) above?									
h Provide the following information about the organizations the organization supports.								<u> </u>	
	h	Provide the f	ollowing information	about the organizations the organiz	ation supports.				
(i) Name of supported (ii) FIN (iii) Type of (iv) is the organization (v) Did you notify the (vi) is the (vii) Amount of				(iii) Type of (iv) to the or	reprintion () Did you patify the	(vil) lo the			
(i) Name of supported (ii) EIN (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (vii) Amount of organization in col. (i) listed in your organization in col. (i) organizati	• •		(11) EIN	organization in col. (i) list	ed in your organization in col	organization in col.	• •		it

(i) Name of supported organization	(ii) EIN	(described on lines 1-9 above or IRC section	in col. (i) listed in your governing document?		organization in col. (i) of your support?		organization in col. (i) organized in the U.S.?		(vii) Amount of support	
		(see instructions))	Yes	No	Yes	No	Yes	No		
					the thread thread the					
	· · · · · · · · · · · · · · · · · · ·									
Total										
		17 A 1 NL 11		1 F	000		0	A 15	000 000 57 0000	

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

Schedule A (Form 990 or 990-EZ) 2008

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.)

Page 2

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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 · 3						
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.						
Sec	ction B. Total Support					······	
Cal	endar year (or fiscal year beginning in) 🏲	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
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						
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor						>
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2008 (line 6, column (f) di	ivided by line 11, o	olumn (f))		14	%
	Public support percentage from 2007					15	%
16a	33 1/3% support test - 2008. If the c	organization did no	t check the box o	n line 13, and line ⁻	14 is 33 1/3% or n	nore, check this box	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2007. If the c	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	•					% or
	more, and if the organization meets th						► []
	organization meets the "facts-and-circ		-				
18	Private foundation. If the organization	<u>in did not check a l</u>	box on line 13, 16	a, 16b, 1 7a, or 1 7b			
					Sche	dule A (Form 990 o	1 990-EV) 2008

 Schedule A (Form 990 or 990 EZ) 2008 SCATE, INC
 20-3942898 Page 3

 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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 per- formed, or facilities furnished in any activity that is related to the	,					
organization's tax-exempt purpose		33,460.	107,883.	96,976.	208,438.	446, 151.
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization'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		22 460	107 000	06 076	200 420	AAC 757
6 Total. Add lines 1 - 5	······	33,460.	107,883.	96,976.	208,438.	446,757
7a Amounts included on lines 1, 2, and	1					
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9,						
10c, 11, and 12 for the year or \$5,000				ng. <u>Hereit aussi</u>		
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						446,757
Section B. Total Support						
Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6		33,460.	107,883.	96,976.	208,438.	446,757
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				190.	27.	217
b Unrelated business taxable income			· · · · · · · · · · · · · · · · · · ·	······································		
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
				190.	27.	217
c Add lines 10a and 10b				190.	۷۱۰	217
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.)						446,974
14 First five years. If the Form 990 is for t						ation,
check this box and stop here						> X
Section C. Computation of Public						
15 Public support percentage for 2008 (lin	ie 8, column (f) di	ivided by line 13, c	olumn (f))		15	<u> </u>
16 Public support percentage from 2007 S	Schedule A, Part	IV-A, line 27g	·····		16	
Section D. Computation of Invest	tment Incom	e Percentage				
17 Investment income percentage for 200	8 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	ç
18 Investment income percentage from 20)07 Schedule A, '	Part IV-A, line 27h			18	ġ
19a 33 1/3% support tests - 2008. If the o	rganization did n	ot check the box c	n line 14, and line '	15 is more than 3	3 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and	-					
b 33 1/3% support tests - 2007. If the o	-					
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	uju n <u>ot check a</u>	box off inte 14, 198	a, OF THE CHECK THE		dule A /Form 99	

Schedule A (Form 990 or 990-EZ) 2008

Sch	edu	le D
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(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.



Part III Organizations Maintaining Dono' Advised Funds or Other Similar Funds or Accounts. Complete if the organization subword Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts. 1 Total number al and of year (a) Donor advised funds (b) Funds and other accounts. 2 Aggregate crafts from (during year) (a) Donor advised funds (b) Funds and other accounts. 3 Aggregate crafts from (during year) (c) Donor advised funds (c) Donor advised funds 4 Aggregate crafts from (during year) (c) Donor advised funds (c) Donor advised funds 4 Aggregate crafts from (during year) (c) Donor advised funds (c) Donor advised funds 6 Did the cranitation crafts of the born during that the assets he'd in donor advised funds (c) Donor advised funds (c) Donor advised funds 9 Pretervation of last for bubbe use (g), correlation or pleasure? (c) Freeservation of an historically important land atroc (c) Preservation of a construction assements he'd by the organization country Yes' to Form 1000. Part V, line 7. (c) Preservation of a construction assements he'd by the organization country Yes' to Form 1000. Part V, line 7. (c) Preservation of a construction assements he'd during the year PS (c) Donor advised funds 2 Complete line 28-201 the organization hava as the'd in both of a qualified conservati	Nam	scare, INC	Employer identification number 20-3942898
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 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$	6		
 Boes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. 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. In the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 11			
 and section 170(h)(4)(B)(ii)? Yes No 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. 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. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part XIII, line 1 \$ 			
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a Revenues included in Form 990, Part VIII, line 1			
	а		▶ \$

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

Schedule D (Form 990) 2008

Sche	dule D (Form 990) 2008 SCATE	INC				20-39	4289	8 Pa	age 2
	t III Organizations Maintaining (rt, Historical Tr	easures,	or Other Si				
					10000				
	that apply):								
а	Public exhibition	c	Loan or exc	hange prog	grams				
b	Scholarly research	e	the second se						
с	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explai	in how they further t	he organiza	ation's exempt p	ourpose in Pa	rt XIV.		
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	asures, or ot	ther similar asse	ets			
	to be sold to raise funds rather than to be m	aintained as part of	the organization's c	ollection?			Yes		No
Par	t IV Trust, Escrow and Custodia	Arrangements	. Complete if organ	ization answ	wered "Yes" to	Form 990, Pa	rt IV, line	9, or	
	reported an amount on Form 990, Pa	art X, line 21.							
1a	Is the organization an agent, trustee, custod	lian or other interme	diary for contribution	ns or other a	assets not inclu	ded		_	
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:						
					_		Amount	ί	
с	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	Form 990, Part X, line	21?				Yes		No
b	If "Yes," explain the arrangement in Part XIV								
Par	TV Endowment Funds. Complete	if organization answ	ered "Yes" to Form	990, Part IV	, line 10.				
		(a) Current year	(b) Prior year	(c) Two ye	ars back (d) Th	iree years back	(e) Four	years t	back
1a	Beginning of year balance						1		
b	Contributions								
с	Investment earnings or losses								
d	Grants or scholarships								
e	Other expenditures for facilities								
	and programs			ļ					
f	Administrative expenses							<u></u>	
g	End of year balance		<u> </u>	<u> </u>					
2	Provide the estimated percentage of the year	ar end balance held a	as:						
а	Board designated or quasi-endowment 🕨		%						
b	Permanent endowment >	%							
		%							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	and adminis	tered for the or	ganization	Г		
	by:							Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
	If "Yes" to 3a(ii), are the related organization			•••••	••••••	·····	3b		·····
4 Par	Describe in Part XIV the intended uses of the transmission of transmission of the transmission of tran			Dort V line	- 10				
15254		(a) Cost or c			1	Intion			
	Description of investment	basis (investr	1	t or other (other)	(c) Deprec	lation	(d) Bool	value	;
1-	Land		incing buois		-				
	Land	1				******			
	Buildings Leasehold improvements	5							
	Equipment							Marca	
	Other								
	. Add lines 1a-1e. (Column (d) should equal Fi		(B), line 10(c)						0.

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 SCATE , INC			20-3942898 Page 3
Part VII Investments - Other Securities. See	Form 990, Part X, line	12.	
 (a) Description of security or category (including name of security) 	(b) Book value		(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
	· · · · · · · · · · · · · · · · · · ·		
			ан на село и на 1999 г. на село и на село и на село на
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) 🍉			
Part VIII Investments - Program Related. Ser	e Form 990, Part X, line	ə 13.	
(a) Description of investment type	(b) Book value		(c) Method of valuation:
(a) Description of investment type	()		Cost or end-of-year market value
	· · · · · · · · · · · · · · · · · · ·		
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)	r		
	escription		(b) Book value
		· · · · · · · · · · · · · · · · · · ·	
	······		
Total. (Column (b) should equal Form 990, Part X, col (B) line			
Part X Other Liabilities. See Form 990, Part X, lin	ne 25.		
(a) Description of liability		(b) Amount	
Federal income taxes			
			_
		······································	
hal			
			-
Total. (Column (b) should equal Form 990, Part X, col (B) line	251 🔊	······································	
		to that ranarta tha	organization's lightlity for uppertain toy positions
In Part XIV, provide the text of the footnote to the organizati under FIN 48.	on a manual statemer	na macrepona me	organization a nability for uncertain tax positions
832053			Schedule D (Form 990) 2008
12-23-08			Schedule D (Form Sav) 2008

Sche	dule D (Form 990) 2008 SCATE, INC			20-394	42898	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to	Financi	al Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)				208,	465.
2	Total expenses (Form 990, Part IX, column (A), line 25)			- 1000 100 ⁰		685.
3	Excess or (deficit) for the year. Subtract line 2 from line 1					780.
4	Net unrealized gains (losses) on investments				- 100000 - 10000 - 1100 - 1100	
5	Donated services and use of facilities					
6	Investment expenses					
7	Prior period adjustments					
8	Other (Describe in Part XIV)					
9	Total adjustments (net). Add lines 4-8					0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9				80,	780.
Pa	t XII Reconciliation of Revenue per Audited Financial Stateme			Return		
1	Total revenue, gains, and other support per audited financial statements			. 1	208,	465.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
c	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV)					
е	Add lines 2a through 2d			. 2e		0.
3	Subtract line 2e from line 1				208,	465.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
ь	Other (Describe in Part XIV)	4b				
с	Add lines 4a and 4b			. 4c		0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)				208,	465.
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses p	er Return		
1	Total expenses and losses per audited financial statements	,		. 1	127,	684.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	. ,				
а	Donated services and use of facilities	2a	Mark			
b	Prior year adjustments	2b				
с	Losses reported on Form 990, Part IX, line 25	2c				
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			. 3	127,	684.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:) (
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				
c	Add lines 4a and 4b			. 4c		0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			. 5	<u>127,</u>	684.
Pa	t 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SCHEDULE O (Form 990)

Department of the Treasury Internal Bevenue Service Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.



Name of the organization

SCATE, INC

Employer identification number 20 - 3942898

FORM 990, PART VI, SECTION A, LINE 8B: NOT APPLICABLE

FORM 990, PART VI, SECTION A, LINE 10: FORM 990 IS PREPARED BY

BRITTINGHAM, BROWN, PRINCE & HANCOCK AND PROVIDED TO THE ORGANIZATION FOR

THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: ANY CONFLICT OF INTEREST RECEIVED

IS REVIEWED BY THE BOARD

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION IS APPROVED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 18: AVAILABLE UPON REQUEST

FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.

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