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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)

OMB No 1545 0047 2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	ne 2009 calend	dar year, o	r tax year be	ginning	, 20	009, and endin	g		,	, .	
В	Check	if applicable		С					D Employ	er Identif	ication Number	
		idress change	Please use IRS label	SCATAGL	INI MINISTRI	ES INC			95-	41259	938	
	$\vdash$	ame change	or print or type	P O BOX					E Telepho	ne numb	er	
	$\vdash$	-	See		, IN 46507-0	1567						
	$\mathbf{H}$	itial return	specific Instruc-	i								
	$\vdash$	ermination	tions.								92	,039.
	$\vdash$	mended return	F	and address of pr				H/a) le thu	G Gross resur			
	L A	pplication pending	l .		•				ill affiliates incl		Yes	A No
_		-exempt statu		As C Abor		4047(2)(1) 22	527	If 'No	,' attach a list	(see inst		□
÷		<del></del>		(c) (3	)◀ (insert no )	4947(a)(1) or	32/					
<u>J</u>		bsite: ► N/		<del></del>			1		exemption n			
K		of organization	X Corpora	ation Trust	Association	Other >	L Year of Format	tion 198	5/ IN S	tate of le	gal domicile IN	<u></u>
Pa		Summ					MICCIONA	DV CII	DDODE			
	1	Briefly descri	be the org	janization's n	nission or most sig	nificant activities.	WI2210NV	<u> </u>	PPORT			
9												
Activities & Governance												
Ver	_	Charlette ha			otion discontinued	its operations or di		o than 2	5% of its a			
ဗိ	2				overning body (Pa		sposed of filo	ic man 2	5 70 OT 113 a.	33013.   3		7
. ಇ	1 4		-	_	• •	ing body (Part VI, I	ine 1b)			4	·	0
ţį.	5	Total number				3 , , ,	,			5		2
Ę	6		•		e if necessary)					6		0
¥	7a	Total gross u	nrelated b	usiness reve	nue from Part VIII	, column (C), line 12	2			7a		0.
	ь	Net unrelated	l business	taxable inco	me from Form 990	-T, line 34				7Ь		0.
									Prior Year		Current Y	ear
_	8	Contributions	and gran	ts (Part VIII,	line 1h)				121,3	40.		,276.
Ę	9	Program serv	-	•	•							
Revenue	10	•		-	nn (A), lines 3, 4, a	ind 7d)						
æ	11	Other revenu	e (Part VI	II, column (A	), lines 5, 6d, 8c, 9	oc, 10c, and 11e)			11,1	.97.	_5	,644.
	12	Total revenue	e – add lii	nes 8 through	n 11 (must equal P	art VIII, column (A)	, line 12)		132,5	37.	74	,920.
	13	Grants and s	ımılar amo	ounts paid (P	art IX, column (A),	lines 1-3)						
	14	Benefits paid	to or for	members (Pa	art IX, column (A),[							
	15				oyee benefits (Par	81,5	88.	28	,330.			
36	   16a	Professional	fundraisin	g fees (Part	IX, column (A), lin							
Expenses					, column (D), line 2		2010   0		-			
Щ								l	87,6	61	42	,279.
	l				), lines 11a-11d, 1		1. UT _	\ <del> </del>	169,2			$\frac{7275.}{609.}$
	18				ust equal Part IX,	dolumina) sime 23)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	` <del> </del>	-36,7			,311.
	19	Revenue less	s expense	S Subtract III	ne 18 from line 12			<del>- </del>				
Net Assets or Fund Balancos	1							Beg	inning of Y		End of Ye	
Bala	20	Total assets	•	•					21,5		32	<u>,994.</u> ,794.
ž Š	21	Total liabilitie		· ·				-		93.		
	22				act line 21 from line	20		-	-16,1	11.1	<u>-11</u>	<u>,800.</u>
Pa	ırl II		ure Blo			<del></del>	···					
		Under penaltic true, correct.	es of perjury, and complete	I declare that I he Declaration of	nave examined this return preparer (other than office	n, including accompanying er) is based on all inform	g schedules and sta ation of which prep	atements, a parer has ar	and to the best ny knowledge	of my kn	nowledge and belie	f, it is
		- 6	2	4	1	•		1		5/13	_	
Sig	gn		anj	1/1/						//3	//3	
He	re	Signature	of officer			. 1	, ,	L	Date			
		1/	rsie	11/0	ton_	Adams	tooter	<del></del>				
		Type or p	rint name an	d title					<del> </del>	In.		
_							Date		Check if self	(se	eparer's identifying e instructions)	Humber
Pa		Preparer's	- 0	h .	00.0	_	<b>  _</b>		employed P	$\square$		
Pre	e- rer's	signature	<u>- No</u>		ansell Cr	<del>+</del>	5-10-10			P(	00315687	
Us		Firm's name (or LOUCKS & WEAVER CPA								_		
Or	_	yours if self employed),			istol Stree	<u>t</u>			<u>ein</u> ► 3		22749	
		address, and ZIP + 4	Elk	hart, IN	46514				Phone no P	(574		
					arer shown above?				<del></del>		X Yes	No
BA	A For	Privacy Act	and Paper	work Reduct	ion Act Notice, see	the separate instru	uctions.		TEEA0113L	12/29/	09 Form <b>9</b> 9	<b>90</b> (2009)

	n 990 (2009) SCATAGLINI MINISTRIES INC	95-4125938 s					
Pa	rt III Statement of Program Service Accomplishments						
1	•						
	MISSIONARY SUPPORT						
2	Did the organization undertake any significant program services during the year which were not listed on the	prior _	٦ ,,	v			
	Form 990 or 990-EZ?	L	_ Yes	X	No		
_	If 'Yes,' describe these new services on Schedule O.	, r	٦ ,,	(V)			
3	3, 3	·' L	Yes	X	No		
	If 'Yes,' describe these changes on Schedule O.		501				
4	Describe the exempt purpose achievements for each of the organization's three largest program services by e and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allo expenses, and revenue, if any, for each program service reported.	expenses. Sectocations to other	ers, the	c)(3) total			
4	a (Code:) (Expenses \$ 44,293. including grants of \$) (R	evenue Š		59,2	76. \		
7	THE DIRECTOR WAS ABLE TO TRAVEL AND SPEAK IN VARIOUS NATIONS AT						
	RELIGIOUS TEACHING AND INSTRUCTION. SMI PRODUCED AND DISTRIBUTED						
	THAT AIRED IN OVER 13 NATIONS ON 600 STATIONS. FINANCIAL SUPPORT						
	CHILDREN'S HOMES AND A K-12 SCHOOL IN ARGENTINA		- =- <u></u>				
	<del></del>				<del></del>		
41	<b>b</b> (Code:) (Expenses \$ including grants of \$) (R	evenue \$			)		
_	c (Code) (Expenses \$including grants of \$) (R	evenue ¢			١		
4	c (Code) (Expenses \$ including grants of \$) (R	CACING A		-			
			<del>-</del>				
_	1011						
4	d Other program services. (Describe in Schedule O.)						
	(Expenses \$ including grants of \$ ) (Revenue \$			<u> </u>			
4	e Total program service expenses ► 44, 293.						

			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	Х	
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		Х
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		<del></del>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments $^{\prime}$ If $^{\prime}$ Yes, $^{\prime}$ complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or $X$ as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
12/	A Was the organization included in consolidated, independent audited financial statement for the tax  year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule $E$	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ı	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		Х
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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х

Page 4

Checklist of Required Schedules (continued)

	1114 Oncoknot of Hoddings Continues			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24		-		<del></del>
	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		<u>x</u>
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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		Х
1	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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 person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ı	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
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? If 'Yes,' complete Schedule N, Part I	31		<u>X</u>
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
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		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		X_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38		X
	•	Earn		rannav

BAA Form **990** (2009)

				Yes	No			
	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 0						
b E	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0						
c [	Old the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	s and reportable gaming	1 c					
2a E	Inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the alendar year ending with or within the year covered by this return	<b>2</b> a 2						
2b I	f at least one is reported on line 2a, did the organization file all required federal employment	tax returns?	2b	Х				
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this retu							
t	Oid the organization have unrelated business gross income of \$1,000 or more during the yea his return?	r covered by	3a		Х			
b١	f 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3ь					
<b>4a</b> /	At any time during the calendar year, did the organization have an interest in, or a signature inancial account in a foreign country (such as a bank account, securities account, or other file.	or other authority over, a nancial account)?	4a	,	Х			
	f 'Yes,' enter the name of the foreign country. ▶							
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts								
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
<b>b</b> [	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	r transaction?	5b		X			
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?								
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?								
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?								
7 Organizations that may receive deductible contributions under section 170(c).								
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?								
bi	f 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for wherm 8282?	nich it was required to file	7 c		Х			
	f 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	1					
t	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiun penefit contract?	•	7е		Х			
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal beni		<u>7f</u>		Х			
	For all contributions of qualified intellectual property, did the organization file Form 8899 as re		7g					
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Forr		7h					
9	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, handlings at any time during the year?	organizations. Did the ave excess business	8					
	Sponsoring organizations maintaining donor advised funds.							
	Did the organization make any taxable distributions under section 4966?		9a					
	Did the organization make any distribution to a donor, donor advisor, or related person?		9Ь					
	Section 501(c)(7) organizations. Enter							
a l	nitiation 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 5	Section 501(c)(12) organizations. Enter.							
	Gross income from other members or shareholders.	11a	1					
á	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11 ь						
12a S	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a					
<u>b</u> i	f 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			,			

Form 990 (2009)

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

Schedule O. See ir	nstructions.				
Section A. Governing Body	and Management				
				Yes	No
1a Enter the number of voting men	nbers of the governing body	1a 7			
<b>b</b> Enter the number of voting men	•	1b			
2 Did any officer, director, trustee officer, director, trustee or key e	, or key employee have a family relationship or a business employee? See Schedule O	relationship with any other	2	Х	
3 Did the organization delegate co of officers, directors or trustees,	ontrol over management duties customarily performed by or or key employees to a management company or other per	r under the direct supervision rson?	3		Х
4 Did the organization make any s	significant changes to its organizational documents		4		X
since the prior Form 990 was file	ed?		] ]		
5 Did the organization become aw	rare during the year of a material diversion of the organizat	ion's assets?	5		X
6 Does the organization have mer	nbers or stockholders?		6		X
7a Does the organization have mer governing body?	nbers, stockholders, or other persons who may elect one o	r more members of the	7a		X
<b>b</b> Are any decisions of the govern	ing body subject to approval by members, stockholders, or	other persons?	7ь		X
8 Did the organization contemporatine following.	aneously document the meetings held or written actions uni	dertaken during the year by			
a The governing body?			8a	X	
<b>b</b> Each committee with authority to	o act on behalf of the governing body?		8ь		X
9 Is there any officer, director or to organization's mailing address?	rustee, or key employee listed in Part VII, Section A, who of If 'Yes,' provide the names and addresses in Schedule O	cannot be reached at the	9		X
Section B. Policies (This S	Section B requests information about policies r	not required by the Interna	a/		
Revenue Code )					
				Yes	No
10a Does the organization have loca	•		10a		X
and branches to ensure their op	ave written policies and procedures governing the activities erations are consistent with those of the organization?		10Ь		
<del>-</del>	copy of this Form 990 to all members of its governing body		11		<u>X</u>
•	cess, if any, used by the organization to review this Form 9	90. See Schedule O	<u> </u>		V
5	ritten conflict of interest policy? If 'No,' go to line 13	L. Hard and Idea and a	12a		X
to conflicts?	s, and key employees required to disclose annually interes		12Ь		
c Does the organization regularly Schedule O how this is done	and consistently monitor and enforce compliance with the p	oolicy? If 'Yes,' describe in	12c		
13 Does the organization have a wi	• •		13		<u>X</u>
14 Does the organization have a wi	ritten document retention and destruction policy?		14		Х
15 Did the process for determining persons, comparability data, and	compensation of the following persons include a review and contemporaneous substantiation of the deliberation and c	d approval by independent decision?			
a The organization's CEO, Execut	ive Director, or top management official		15a		<u>X</u>
<b>b</b> Other officers of key employees	5		15Ь		<u>X</u>
, in the second	ibe the process in Schedule O (See instructions.)				
16a Did the organization invest in, co- entity during the year?	ontribute assets to, or participate in a joint venture or simila	ar arrangement with a taxable	16a		X
b If 'Yes,' has the organization ad in joint venture arrangements ur status with respect to such arrar	opted a written policy or procedure requiring the organizati ider applicable federal tax law, and taken steps to safegua ingements?	on to evaluate its participation rd the organization's exempt	16 b		
Section C. Disclosures					
17 List the states with which a copy	of this Form 990 is required to be filed FIN CA				
18 Section 6104 requires an organi inspection Indicate how you ma	zation to make its Forms 1023 (or 1024 if applicable), 990, ike these available. Check all that apply	and 990-T (501(c)(3)s only) avai	lable f	or pub	olic
Own website	Another's website X Upon request				
19 Describe in Schedule O whether statements available to the publ	(and if so, how) the organization makes its governing docing.	uments, conflict of interest policy	y, and	financ	cial
20 State the name, physical address ► JANET MOORE GOSHEN,	ss, and telephone number of the person who possesses the ${ m IN} = 46526$	e books and records of the organ	nizatio 	n.	<b>-</b>
		· · · · · · · · · · · · · · · · · · ·			

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any current officer, director, or trustee										
(A)	(B)			(0	-			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director	Institutional trustee	of Officer	ৰ Key employee	Highest compensated a employee	Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W-2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
NEVIN MEYER MEMBER	0							0.	0.	0.
ERIC HANSEN MEMBER	0							0.	0.	0.
JOE MARTIN MEMBER	0							0.	0.	0.
SERGIO SCATAGLINI Director	40			Х	Х			0.	0.	1,298.
EDWIN MOORE Chairman	0			Х				0.	0.	0.
KATHLEEN SCATAGLINI Secretary	30			Х	х			0.	0.	0.
JANET MOORE Treasurer	0			Х				0.	0.	0.
								_		
	ļ 									
								·		
	<u> </u>								<u> </u>	
	ļ 									

Part VII Section A. Officers, Directors, Trus		∖ey	En	npl	oye	ees	, ar			1	<u>t.)</u>
(A)	(B) Average	Dogui	han (		c) 	hat a	nnlıd	(D)	(E)	(F)	
Name and Title	hours per week			Officer		Highest compensated employee		Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W-2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations	
										<u></u>	
						ļ					
				ļ. <u>-</u>							
						_					
				L				n-		ļ	
1 b Total					<del>.</del>		<b>•</b>	0.	0.	1,298	
2 Total number of individuals (including but not limited from the organization ▶ 0	to those	e lisi	ted a	abo	ve) '	who	rece	eived more than \$	100,000 in reportat	ole compensation	
										Yes N	lo
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	dıvıdual		•	-	-		_	•		3 X	X_
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th individual	ortable ian \$150	com ),000	pen )? <i>[[</i>	satı f 'Ye	on a es' c	ind o	othe <i>lete</i>	r compensation fro Schedule J for su	om uch	4 X	X
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Sch	mpensa edule J	ation for s	froi such	m ai 1 pei	ny u rsor	nrela	ated	organization for s	services	5 X	<u>x</u>
Section B. Independent Contractors	1		1	1					#100 000 of		_
1 Complete this table for your five highest compensate compensation from the organization.	ea inaep	enae		cont	ract	ors	ınat	received more tha	an \$100,000 of	<del></del>	
Name and business addres	s							Description o	of Services	(C) Compensation	
											_
	·····										_
											_
2 Total number of independent contractors (including t \$100,000 in compensation from the organization ►		ımıte	ed to	the	se	liste	d ab	ove) who received	d more than		

Pal	n viii Statement of Revenue	,	· · · · · · · · · · · · · · · · · · ·	, · · · · ·	<del>,</del>
		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S	1a Federated campaigns 1a				
STA	b Membership dues 1b				1
SR.					
S, (	c Fundraising events				
AR	d Related organizations 1 d				
S, (	e Government grants (contributions)				
NO.	• All other contributions gifts grants and				
문된	f All other contributions, gifts, grants, and similar amounts not included above 1f 69, 276.				
E O	g Noncash contribns included in lns 1a-1f \$				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	h Total. Add lines 1a-1f	69,276.			1
	Business Code	03,210.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<del> </del>
2					ŧ
Ę.	<sup>2a</sup>				
2	b				ļ
Z	c				
EB	d				
Σ	e				
₹	f All other program service revenue				<del></del>
PROGRAM SERVICE REVENUE	g Total. Add lines 2a-2f				
-				· · · · · · · · · · · · · · · · · · ·	
	Investment income (including dividends, interest and other similar amounts)				
	•				
	4 Income from investment of tax-exempt bond proceeds				——————————————————————————————————————
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross Rents				
	<b>b</b> Less rental expenses				
	c Rental income or (loss)				[
	d Net rental income or (loss)				
	(i) Securities (ii) Other				
	7a Gross amount from sales of assets other than inventory				•
	assets other than inventory				
	<b>b</b> Less cost or other basis				•
	and sales expenses				I
	c Gain or (loss)				1
	d Net gain or (loss)				
UE	8a Gross income from fundraising events (not including \$				
N.	of contributions reported on line 1c)				
RE	See Part IV, line 18.				
OTHER REVEN	b Less. direct expenses				
5	c Net income or (loss) from fundraising events			•	İ
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less direct expenses. b				ŧ
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns				l
	and allowances a 12,763.	•			
	<b>b</b> Less. cost of goods sold <b>b</b> 7,119.				
	c Net income or (loss) from sales of inventory	5,644.	5,644.		
	Miscellaneous Revenue Business Code		*		
	11a	[			
					1
	D				<del>                                     </del>
	d All other revenue				<del> </del>
	· · · · · · · · · · · · · · · · · · ·			'	
	e Total. Add illies 11a-11d	74 000	F C44		
	12 Total revenue. See instructions	74,920.	5,644.	0.	0.

Statement of Functional Expenses

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

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

	not include amounts reported on lines	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	7b, 8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,298.	1,298.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	25,663.	25,663.		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,369.	1,369.		
11	Fees for services (non-employees)	· · · ·			
á	a Management				
ŀ	<b>b</b> Legal				
	Accounting	600.		600.	
	Lobbying				
	e Prof fundraising svcs. See Part IV, In 17				
	Investment management fees				
	) Other		·····		
	Advertising and promotion				
13	Office expenses	2,544.		1,272.	1,272.
14	Information technology	2,534.		1,2,2.	1,2,2.
15	Royalties	1,200.	<del> </del>	1,200.	
16	Occupancy	1,200.		1,200.	<del></del>
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	6,939.	6,939.		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,810.		2,905.	2,905.
23	Insurance.	1,070.		535.	535.
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	Printing and Publications	8,156.	4,078.		4,078.
ł	BANK CHARGES	5,050.		2,525.	2,525.
(	INTERNET FEES	3,644.		1,822.	1,822.
(	TELEPHONE	2,521.	1,260.	1,261.	
6	GIFTS	2,400.	2,400.		
	All other expenses	2,345.	1,286.		1,059.
	Total functional expenses Add lines 1 through 24f	70,609.	44,293.	12,120.	14,196.
26			, , , , , , , , , , , , , , , , , , , ,	, , ,	
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
BAA					Form <b>990</b> (2009)

Pa	nt X	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,603.	1	10,537.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			- <del>-</del>	4	
	5	Receivables from current and former officers, director and highest compensated employees Complete Part	s, trus II of S	tees, key employees, chedule L		5	
	6	Receivables from other disqualified persons (as define	er section 4958(f)(1))			, , , , , , , , , , , , , , , , , , , ,	
		and persons described in section 4958(c)(3)(B). Comp		6			
Š	7	Notes and loans receivable, net				7	
A S E T	8	Inventories for sale or use			6,935.	8	4,223.
S	9	Prepaid expenses and deferred charges		9	_		
	10 a	Land, buildings, and equipment, cost or other basis.	10 a	53,394.			
		Complete Part VI of Schedule D					
	Ь	Less accumulated depreciation	10 Ь	47,160.	12,044.	10 c	6,234.
	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	
	16	Total assets. Add lines 1 through 15 (must equal line :	34)		21,582.	16	20,994.
	17	Accounts payable and accrued expenses			17		
	18	Grants payable	<u> </u>	18			
	19	Deferred revenue		19			
L	20	Tax-exempt bond liabilities				20	
A B	21	Escrow or custodial account liability. Complete Part IV	V of So	chedule D		21	
L	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified per	stees, sons.	key employees, Complete Part II			
Ţ		of Schedule L				22	
E S	23	Secured mortgages and notes payable to unrelated th	ırd par	ties		23	
	24	Unsecured notes and loans payable to unrelated third	partie	s		24	
	25	Other liabilities. Complete Part X of Schedule D			37,693.	25	32,794.
	26	Total liabilities. Add lines 17 through 25			37,693.	26	32,794.
Ĕ		Organizations that follow SFAS 117, check here ▶	X at	nd complete lines			
Ť		27 through 29 and lines 33 and 34.					
S	27	Unrestricted net assets			-16,111.	27	-11,800.
Ē	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
Ŕ		Organizations that do not follow SFAS 117, check her	e ►	and complete			
F0 <b>2</b> 0		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
B	31	Paid-in or capital surplus, or land, building, and equip		r		31	· · · · · · · · ·
BALAZOES	32	Retained earnings, endowment, accumulated income,	or oth	er tunds		32	11 000
Ë	33	Total net assets or fund balances.		,	-16,111.	33	-11,800.
_s	34	Total liabilities and net assets/fund balances			21,582.	34	20,994.

BAA

Form **990** (2009)

, cit is a landida diatemento una reperting						
		Yes	No			
1 Accounting method used to prepare the Form 990. X Cash Accrual Other						
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
b Were the organization's financial statements audited by an independent accountant?	2Ь		Х			
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t review, or compilation of its financial statements and selection of an independent accountant?	the audit,					
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issu consolidated basis, separate basis, or both.	ied on a					
Separate basis Consolidated basis Both consolidated and separate basis		1 1				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single 3a		х			
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the req or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired audit					

BAA

Form 990 (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Total** 

**Public Charity Status and Public Support** 

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

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

2009

Open to Public

Name of the organization Employer identification number SCATAGLINI MINISTRIES INC 95-4125938 Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 11 describes the type of supporting organization and complete lines 11e through 11h. Type III - Functionally integrated Type III- Other d | 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 If the organization received a written determination from the IRS that 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? Yes No 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? (i) 11 g (i) 11 g (ii) a family member of a person described in (i) above? a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations (i) Name of Supported Organization (a) EIN (III) Type of organization (IV) Is the (v) Did you notify (vi) Is the (vii) Amount of Support rganization in col (i) listed in your organization in col (i) organized in the US? he organization in col (i) of (described on lines 1.9 above or IRC section your support? (see instructions)) governing document? Yes No Yes Yes Nο

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

Schedule A (Form 990 or 990-EZ) 2009

	(Complete only if you checke				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, .(,	( - )( - \	·//·/	
Sec	tion A. Public Support								
Calendar year (or fiscal year beginning in) ►		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Tota	1
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					!			
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge								
4	Total. Add lines 1-through 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	<b>Public support.</b> Subtract line 5 from line 4								
Sec	tion B. Total Support	,	·	,		1			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total	
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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	<b>Total support.</b> Add lines 7 through 10								
12	Gross receipts from related activ	ities, etc. (see ins	structions)			į	12		
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 50	1(c)(3)	)	<u> </u>
	tion C. Computation of Pu								
	Public support percentage for 20 Public support percentage from 2			e 11, column (f)			14 15		<u>%</u> <u>%</u>
16 a	16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.								▶ 🔲
ŧ	b 33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.								
17 a	17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								<b>-</b> [
ı	<b>b 10%-facts-and-circumstances test</b> — <b>2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
18 BAA	- <u></u>	zation did not che	ck a box on line,	13, 16a, 16b, 17a,		s box and se			2000

## Part III | Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you chec	ked the box on lir	ie 9 of Part I.)				
Sec	tion A. Public Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	<b>(d)</b> 2008	<b>(e)</b> 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')	162,746.	214,862.	139,099.	121,340.	69,276.	707,323.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	48,274.	51,119.	16,338.	17,849.	12,763.	146,343.
3	Gross receipts from activities that are not an unrelated trade or business	40,274.	31,113.	10,330.	17,045.	12,703.	
4	under section 513  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	211,020.	265,981.	155,437.	139,189.	82,039.	853,666.
	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the	0.:	0.	0.	0.	0.	0.
	year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.		<u> </u>	_0.	0.
8	Public support (Subtract line						853 <u>, 666.</u>
500	7c from line 6.) tion B. Total Support		<u> </u>				033,000.
700							
		(-) 2005	(L) 200C	(-) 2007	(4) 2000	(-) 2000	(O Total
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
Cale 9	ndar year (or fiscal yr beginning in)  Amounts from line 6	(a) 2005 211, 020.	<b>(b)</b> 2006 265, 981.	(c) 2007 155, 437.	(d) 2008 139, 189.	(e) 2009 82, 039.	(f) Total 853, 666.
Cale 9	ndar year (or fiscal yr beginning in)						853,666.
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	211,020.	265,981.	155,437.	139,189.	82,039.	853,666. 0.
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; Add lines 10a and 10b						853,666.
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	211,020.	265,981.	155,437.	139,189.	82,039.	853,666. 0.
Cale 9 10 a	Amounts from line 6 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	211,020.	265,981.	155,437.	139,189.	82,039.	0. 0. 0.
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in	211,020.	265,981.	155,437.	139,189.	82,039.	0. 0. 0.
Cale 9 10 a 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975: Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and	0.	0.	0.	0.	0.	0. 0. 0. 0. 0. 853,666.
Cale 9 10 a 11 12 13 14	Amounts from line 6 Amounts from line 6 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add ins 9, 10c, 11, and 12.)  First five years. If the Form 990 in the sale of capital assets (Explain in Part IV.)	0.	0.	0.	0.	0.	0. 0. 0. 0. 0. 0. 853,666.
Cale 9 10 a 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975: Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and	0. s for the organiza stop here.	0.  tion's first, second	0., third, fourth, or	0.	0.	0. 0. 0. 0. 0. 853,666. 0.
Cale 9 10 a 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and	o.  s for the organizar stop here.  blic Support I 09 (line 8, column	0.  O.  Percentage  (f) divided by line	0., third, fourth, or	0.	0. 82,039.	0. 0. 0. 0. 0. 0. 853,666.
Cale 9 10 a 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pu	o.  s for the organiza stop here.  blic Support I 09 (line 8, column 2008 Schedule A,	0.  tion's first, second  ercentage (f) divided by line Part III, line 15	0. (third, fourth, or	0.	0. 0.	0. 0. 0. 0. 0. 853,666. 0.
Cale 9 10 a 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Ounrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add lins 9, 10c, 11, and 12)  First five years. If the Form 990 is organization, check this box and tion C. Computation of Pur Public support percentage from 20	211,020.  0.  s for the organizar stop here.  blic Support I 09 (line 8, column 2008 Schedule A, restment Inco	0.  O.  Percentage  (f) divided by line Part III, line 15 me Percentage	0. third, fourth, or 13, column (f))	0.	0. 0.	0. 0. 0. 0. 0. 853,666. 0.
Cale 9 10 a 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Pupulic support percentage for 20 Public support percentage from 2 tion D. Computation of Inventory.	211,020.  o.  o.  s for the organizar stop here.  blic Support I  09 (line 8, column 2008 Schedule A, vestment Inco	0.  O.  Original display the second of the s	0.  third, fourth, or  13, column (f))  by line 13, column	0.	0. 0. 15 16	0. 0. 0. 0. 0. 0. 853,666. 0. 100.0%
Cale 9 10 a 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975: Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupulic support percentage from 2 tion D. Computation of Invented in the support income percentage from 2 tion D. Computation of Invented in the support income percentage from 2 tion D. Computation of Invented in the support income percentage for 20.	211,020.  0.  s for the organizar stop here.  blic Support I 09 (line 8, column 2008 Schedule A, restment Inco or 2009 (line 10c, com 2008 Schedule e organization did	0.  O.  O.  Original of the property of the pr	0.  t, third, fourth, or  13, column (f))  by line 13, column  x on line 14, and	0.  fifth tax year as a	0.  0.  15  16  17  18  an 33-1/3%, and	0. 0. 0. 0. 0. 853,666. 0. 100.0% 100.0%
Cale 9 10 a 11 12 13 14 Sec 17 18 19 a 1	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Pupulic support percentage for 20. Public support percentage from 2. Investment income percentage from 23-1/3 support tests — 2009. If the	s for the organiza stop here.  blic Support I 09 (line 8, column 2008 Schedule A, restment Inco or 2009 (line 10c, com 2008 Schedule e organization did ox and stop here. e organization did this box and stop	265, 981.  0.  0.  etion's first, second  ercentage  (f) divided by line  Part III, line 15  me Percentage  column (f) divided  e A, Part III, line 1  inot check the box  the organization of  hot check a box of  here. The organiz	155, 437.  0.  1, third, fourth, or  13, column (f))  by line 13, column 7  x on line 14, and qualifies as a pub on line 14 or 19a, ation qualifies as	139, 189.  0.  fifth tax year as a line 15 is more the licly supported organd line 16 is more a publicly support	82,039.  0.  15  16  17  18  an 33-1/3%, and ganization re than 33-1/3%, ted organization	0. 0. 0. 0. 0. 853,666. 0. 853,666. 0.0% 100.0% 100.0%

Schedule /	A (Form 990 o	r 990-EZ) 2	2009	SCATA	GLINI	MINI	STRIES	INC			95-41	25938	Page <b>4</b>
Part IV	Suppleme Part II, lin	ental Info	ormatic	on. Cor	nplete	this p	art to pr	ovide	the expla	nations r	equired b	y Part II,	line 10;
	Part II, lin	e 17a or	17b; a	and Pa	<u>rt III, li</u>	ne 12	. Provide	e any o	other add	itional int	ormation.	See inst	tructions.
							<b>-</b>						

TEEA0404L 02/05/10

Schedule A (Form 990 or 990-EZ) 2009

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#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions

OMB No. 1545 0047

Open to Public Inspection

Name of the organization Employer Identification number SCATAGLINI MINISTRIES INC 95-4125938 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? Part It | Conservation Easements Complete if the organization answered 'Yes' to Form 990, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2Ь c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? 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 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 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 VIII, line 1

b Assets included in Form 990, Part X

Schedule D (Form 990) 2009 SCATA	AGLINI MINISTI	RIES INC		95-412			
Part III Organizations Mainta	ining Collection	s of Art, Hist	orical Treasures	, or Other Similar A	ssets (continued)		
3 Using the organization's acquisition items (check all that apply).	on accession and oth	er records, chec	k any of the following	g that are a significant use	e of its collection		
a Public exhibition		d Loan o	or exchange program	าร			
<b>b</b> Scholarly research		e Other		_			
c Preservation for future gener	ations						
Part XIV	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in						
5 During the year, did the organiza assets to be sold to raise funds r.	tion solicit or receive	donations of art,	historical treasures,	, or other similar	Yes No		
Part IV Escrow and Custodia 9, or reported an amo	l Arrangements	Complete if of	organization ans				
					····		
1 a Is the organization an agent, trus included on Form 990, Part X?				ther assets not	Yes No		
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and comp	piete the followin	g table		Amount		
. Danisana halanaa				1c	Amount		
c Beginning balance				1d			
<ul> <li>d Additions during the year</li> <li>e Distributions during the year</li> </ul>				1e			
f Ending balance				16			
2a Did the organization include an a	mount on Form 990	Part X line 21?		<u></u>	Yes No		
<b>b</b> If 'Yes,' explain the arrangement		rarry, me zr					
Part V Endowment Funds Co		ation answer	ed 'Yes' to Forn	n 990. Part IV. line 1	0.		
, u	(a) Current year	(b) Prior year					
1 a Beginning of year balance	<u></u>		<u> </u>	1			
<b>b</b> Contributions							
c Net Investment earnings, gains, and losses							
d Grants or scholarships							
Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage	e of the year end bala	ance held as					
a Board designated or quasi-endov	vment >	<b>%</b>					
<b>b</b> Permanent endowment ▶	¥						
c Term endowment ►	<b>%</b>						
3a Are there endowment funds not a organization by.	n the possession of t	ne organization t	hat are held and adr	ninistered for the	Yes No		
(i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)		
<b>b</b> If 'Yes' to 3a(ii), are the related o	rganizations listed as	required on Sch	nedule R?		3b		
4 Describe in Part XIV the intended uses of the organization's endowment funds							
Part VI Investments-Land, B			e Form 990, Par				
Description of investment		it or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value		
1 a Land	<u> </u>		· · · · · · · · · · · · · · · · · · ·				
<b>b</b> Buildings	<u> </u>						
c Leasehold improvements	<u> </u>						
d Equipment	ļ <del> </del>	E2 204		47 160	6 224		
e Other	o (d) must savel Fair	53, 394.	Jump (P) June 10(a)	47,160.	6,234. 6,234.		
Total. Add lines 1a through 1e (Column	ı (u) must equal Forn	и <del>390, га</del> п А, со	numin (D), line TU(C).	<i>,</i>	0,434.		

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Schedule **D** (Form 990) 2009

<sup>2.</sup> FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Schedule <b>D</b> (Form 990) 2009 SCATAGLINI MINISTRIES INC	9	5-4125938	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to	Financial Statements	N/A	
1 Total revenue (Form 990, Part VIII,column (A), line 12)			
2 Total expenses (Form 990, Part IX, column (A), line 25)			
3 Excess or (deficit) for the year Subtract line 2 from line 1			
4 Net unrealized gains (losses) on investments			
5 Donated services and use of facilities			<del></del> -
6 Investment expenses		<del></del>	*
•			
7 Prior period adjustments	•	<u> </u>	<del></del>
8 Other (Describe in Part XIV).	•	<del> </del>	
9 Total adjustments (net). Add lines 4 through 8			
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3		Deduce N/2	<del></del>
Part XII Reconciliation of Revenue per Audited Financial Stateme	ents with Revenue per		<u> </u>
1 Total revenue, gains, and other support per audited financial statements.		1 1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 1		
a Net unrealized gains on investments	2a	<b>.</b>	
<b>b</b> Donated services and use of facilities	2b	_	
c Recoveries of prior year grants	2c	_]	
d Other (Describe in Part XIV).	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 1		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIV).	4b	┪	
c Add lines 4a and 4b	401	4c	
		5	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	s With Expenses per Pe		/A
Part XIII   Reconciliation of Expenses per Audited Financial Statement	s with Expenses per Ne	11	/ A
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1		
a Donated services and use of facilities	2a	-	
<b>b</b> Prior year adjustments	2b	<b>-</b>   1	
c Other losses	2c	<b>-</b>	
d Other (Describe in Part XIV).	2d	_	
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIV)	4b	7	
c Add lines 4a and 4b		4c	
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)		5	<del></del>
Part XIV Supplemental Information			
		<del></del>	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Paline 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and and and Part XIII, lines 2d and an	art III, lines 1a and 4, Part IV, and 4b. Also complete this pa	, lines 1b and ; rt to provide a	2b, Part V, ny additional
	·		
BAA TEEA3304L 02/02/10		Schedule <b>D</b>	(Form 990) 2009

Schedule D (Form 990) 2009 SCATAGLINI MINISTRIES INC	95-4125938 Page <b>5</b>
Schedule D (Form 990) 2009 SCATAGLINI MINISTRIES INC  Part XIV Supplemental Information (continued)	
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#### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545 0047

2009

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Employer identification number 95-4125938 SCATAGLINI MINISTRIES INC Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc. Sergio & Kathleen Scataglini are husband and wife. Form 990, Part VI, Line 11 - Form 990 Review Process No review was or will be conducted.

TEEA4901L 07/17/09

Schedule <b>0</b> (Form 990) 2009	Page 2
Name of the organization	Employer identification number
SCATAGLINI MINISTRIES INC	95-4125938
	<del></del>