# JAMES E. GREEN, CPA, P.C.

2 Riverchase Office Plaza, Suite 212 Birmingham, Alabama 35244 Telephone: (205) 988-0100 Fax: (205) 988-3340

May 15, 2015

Mr. Richard E. Mitchell Scatter Christ, Inc. 2008 Chalybe Way Birmingham, AL 35226

Dear Rick:

Enclosed, in duplicate, is federal Form 990EZ, Short Form Return of Organization Exempt from Income Tax for Scatter Christ for 2014. The originals need to be signed, dated, and mailed by May 15, 2015 in the envelopes provided. The copy is for your files.

There is no tax due with this return.

I appreciate this opportunity to be of service to you. Should you have any questions regarding the returns or any other matters, please do not hesitate to call.

Sincerely,

James E. Green, CPA

MEMBER OF AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS / MEMBER OF FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

# Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

2014

Open to Public Inspection

	•	Do not enter social security numbers on this form as it may be made public.
Department of the Treasury		Information about Form 990-F7 and its instructions is at www irs gov/form9

Α	For the	2014 calenda	ar year, or tax year beginning , 2014, ar	nd ending			, 20
B Check if applicable: Address change		applicable:	C Name of organization		D Emplo	yer ide	ntification number
		change	SCATTER CHRIST INC 4			-2016	703
	Name cha	ange	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Teleph	one nur	mber
Initial return		ım					
	Final retur	m/terminated	2008 CHALYBE WAY		(2	05)71	8-2283
	Amended	return	City or town, state or province, country, and ZIP or foreign postal code		F Group	Exempl	tion
	Applicatio	n pending	BIRMINGHAM, AL 35226		Numbe	er 🕨	
G	Accoun	ting Method:	Cash	Н	Check ▶	if th	ne organization is not
	Websit		TERCHRIST.ORG		required to	attach :	Schedule B
J	Tax-exe	empt status (d	check only one) - 🗶 501(c)(3)	or 527	(Form 990,	990-EZ	, or 990-PF).
K	Form of	organization:	☐ Corporation ☐ Trust ☐ Association ☐ Other				
L	Add line	es 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or n	nore, or if total	assets		
(Pa	art II, col	lumn (B) below	y) are \$500,000 or more, file Form 990 instead of Form 990-EZ			. ▶ \$	2,228
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Bala	inces(see th	e instruction	ons for	Part I)
		Check if t	the organization used Schedule O to respond to any question in	this Part I			<b>x</b>
	1	Contributions	s, gifts, grants, and similar amounts received			1	2,228
	2	Program sen	vice revenue including government fees and contracts			2	
	3	Membership	dues and assessments			3	
	4	Investment in	ncome			4	
	5a	Gross amour	nt from sale of assets other than inventory 5a	ı			
	b	Less: cost or	other basis and sales expenses	)			
	С	Gain or (loss	) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	6	Gaming and					
	а	Gross incom					
nue		\$15,000) .	6a	1			
Revenue	b	Gross incom	e from fundraising events (not including \$	of contribution	าร		
Re		from fundrais	ing events reported on line 1) (attach Schedule G if the				
		sum of such	gross income and contributions exceeds \$15,000)	,			
	С	Less: direct e	expenses from gaming and fundraising events 66				
	d	Net income o	or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	ract			
		line 6c)				6d	
	7a		of inventory, less returns and allowances				
	b	Less: cost of	goods sold	)			
	С	Gross profit of	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7с	
	8	Other revenu	e (describe in Schedule O)			8	
	9	Total revenu	ne. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	2,228
	10	Grants and s	imilar amounts paid (list in Schedule O)			10	
	11	Benefits paid	to or for members			11	
(A)	12	Salaries, othe	er compensation, and employee benefits			12	
Expenses	13	Professional	fees and other payments to independent contractors			13	
per	14	Occupancy, r	rent, utilities, and maintenance			14	
Ж	15	Printing, publi	ications, postage, and shipping			15	
	16		ses (describe in Schedule O)			16	1,634
_	17	Total expens	ses. Add lines 10 through 16			17	1,634
	18		eficit) for the year (Subtract line 17 from line 9)			18	594
sets	19		fund balances at beginning of year (from line 27, column (A)) (must agree				
Ass			gure reported on prior year's return)			19	1,101
Net Assets	20	Other change	es in net assets or fund balances (explain in Schedule O)			20	
_	21				•	21	1,695
	D		un Act Notice see the congrete instructions				_,

	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to respond to	to any question in this P	art II			
			(A) I	Beginning of year		(B) End of year
22	Cash, savings, and investments			205	22	799
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			896	24	896
25	Total assets			1,101	25	1,695
26	Total liabilities (describe in Schedule O)			0	26	0
	Net assets or fund balances (line 27 of column (B) must agree	with line 21)		1,101	27	1,695
P	art III Statement of Program Service Accompl	ishments (see the in	nstructions for Part I	1)		F
	Check if the organization used Schedule O to respond	to any question in this I	Part III		(D	Expenses
Wh	at is the organization's primary exempt purpose? HUMANITAR	IAN VALUES			,	quired for section
De	scribe the organization's program service accomplishments for ea	ch of its three largest or	ogram senvices		1	(c)(3) and 501(c)(4)
as	measured by expenses. In a clear and concise manner, describe t	the services provided, the	ne number of		1	anizations; optional for
	sons benefited, and other relevant information for each program tit				for c	others.)
28	TO ESTABLISH PROGRAMS TO RAISE SOCIAL AWA	RENESS ABOUT LO	CAL			
	AND GLOBAL CAUSES TO PROVIDE ASSISTANCE T	O THOSE SUFFER	ING			
	FROM POVERTY, REGARDLESS OF RACE, ETHNICI	TY, OR RELIGION	J		}	
	(Grants \$ ) If this amount in	ncludes foreign grants, o	check here	▶ 🗌	28a	179
29						
	(Grants \$ ) If this amount in	ncludes foreign grants, o	check here	>	29a	
30						
	(Grants \$ ) If this amount in	ncludes foreign grants, o	check here	▶	30a	
31						
		ncludes foreign grants, o			31a	
32					32	<del></del>
	List of Officers, Directors, Trustees, and Key Emplo				tions	
	Check if the organization used Schedule O to respond					
			(c) Reportable	(d) Health benefits		
	(a) Name and title	(b) Average hours per week	compensation	contributions to emp	loyee	(e) Estimated amount of
		devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)		- 1	other compensation
RI	CHARD E MITCHELL		(ii not paid, enter e)	deletted competition	11011	
PRI	ESIDENT	5.00		o	o	0
SPI	ENCER E MITCHELL				-	
	CE PRESIDENT	2.00	i		0	0
JOI	NATHAN WESLEY MITCHELL					
	CRETARY TREASURER	5.00			0	0
		3.00		7		
			LE.			
				-	$\dashv$	
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	*					
					_	
		>				

46-2016703

	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	<u>′</u>	1	. 📙
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
55	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		X
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
- 1	o If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
(	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36	***********	Χ
	a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	_		37
	Did the organization file Form 1120-POL for this year?	37b		X
30 8	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	 	X
	o If "Yes," complete Schedule L, Part II and enter the total amount involved	Joa		
39	Section 501(c)/7) organizations. Enter:	-		
	a Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	-		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
ŀ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed   AL	400	1	
<b>42</b> a		118-22	283	
	Located at ▶ 2008 CHALYBE WAY, BIRMINGHAM, AL ZIP+4 ▶ 35226			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		/es	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С		42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		. ▶	_
	and enter the amount of tax-exempt interest received or accrued during the tax year	<del></del>		
11 -	Did the organization maintain any depart of tiped during the user 2 15 "Ves. " Form 000 south to		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	14-		v
b		44a		X
~	completed instead of Form 990-EZ	44b		X
С		44b		X
ď	ALMA ALL ALL ALL ALL ALL ALL ALL ALL ALL	770		
	explanation in Schedule O	44d	000000000000000000000000000000000000000	2000000000
45 a		45a		X
b				
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45h		Y

Form 990-EZ (2014)

#### SCHEDULE A

(Form 990 or 990-EZ)

## **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

SCATTER CHRIST INC 46-2016703 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions, The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iv) Is the organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

				· · · · · · · · · · · · · · · · · · ·			
Cale	endar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				2,304	2,228	4,532
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge			p*			
4	Total. Add lines 1 through 3				2,304	2,228	4,532
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						4,532
Sec	tion B. Total Support			<u> </u>			
Cale	ndar year (or fiscal year beginning in) >	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4				2,304	2,228	4,532
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 VI.)						
11	Total support. Add lines 7 through 10 .						4,532
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here			th, or fifth tax year	as a section 501(c)(3	3)	▶ 🏻
Sec	tion C. Computation of Public Su	ipport Percen	tage				
14	Public support percentage for 2014 (line 6, c	olumn (f) divided b	y line 11, column	(f))		14	%
15	Public support percentage from 2013 Sched					15	%
16a	33 1/3% support test - 2014. If the organization				1/3% or more, check	this	
100.0	box and stop here. The organization qualified	5) (5)					▶ ∐
b	33 1/3% support test - 2013. If the organiza						
	check this box and stop here. The organiza						▶ □
17a	10%-facts-and-circumstances test - 2014.						
	10% or more, and if the organization meets t						
	Part VI how the organization meets the "facts						
	organization						> 🗌
b	10%-facts-and-circumstances test - 2013.						
	15 is 10% or more, and if the organization me						
	Explain in Part VI how the organization meet						417
3	supported organization	** ** *** * *					▶ □
8	Private foundation. If the organization did n						
	instructions						🕨 🗌

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513						а
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						4
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6					-	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						٨
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the org organization, check this box and stop here	anization's first, se	econd, third, fourth,	or fifth tax year a	as a section 501(c)(	3)	▶ □
	tion C. Computation of Public Su	pport Percent	tage				
	Public support percentage for 2014 (line 8, co					15	%
	Public support percentage from 2013 Schedul					16	%
	ction D. Computation of Investmen						
	Investment income percentage for 2014 (line					17	%
	Investment income percentage from 2013 Sch					18	<u></u> %
l9a	33 1/3% support tests - 2014. If the organiza 17 is not more than 33 1/3%, check this box a	tion did not check to nd <b>stop here.</b> The	the box on line 14, organization quali	and line 15 is mo fies as a publicly	re than 33 1/3%, ar supported organiza	nd line tion	▶ □
b	33 1/3% support tests - 2013. If the organiza line 18 is not more than 33 1/3%, check this be	tion did not check a ox and stop here.	a box on line 14 or The organization o	line 19a, and line qualifies as a publ	16 is more than 33 icly supported orga		▶ 🗍
20	Private foundation. If the organization did no						

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

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

SCATTER CHRIST INC 46-2016703 01. Description of other expenses (Part I, line 16) DESCRIPTION AMOUNT LEGAL FEES 1,273 BANK FEES 182 PROGRAM EXPENSES 179 02. Description of other assets (Part II, line 24) CATEGORY BEGINNING OF YEAR END OF YEAR FURNITURE & EQUIPMENT 610 610 OTHER ASSETS 286 286