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## SCH=DULE 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.

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

		MESSAG	ES OF G	OS LOVE - N	10671	LINU	AL		95	604	7960
Pa				narity Status (All or				ete this			
The	orga	anization is no	ot a private four	ndation because it is:	(For lines	1 throug	gh 11, ch	eck only	one box	)	
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2											
3		2									
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)									
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9	🛛 An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gro										
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33/3 % of its									
support from gross investment income and unrelated business taxable income (less se acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part I										1 511 tax	from businesses
10	<u> </u>										
11	=										r to carry out the
purposes of one or more publicly supported organizations described in section 509(a)(1) or section											
509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h											
										Type III-Other	
e D By checking this box, I certify that the organization is not controlled directly or indirectly by c									y one or	more disqualified	
		persons other than foundation managers and other than one or more publicly supported organizations described in section 500(a)(1) or continue 500(a)(2)									
		509(a)(1) or section 509(a)(2).									
<ul> <li>f If the organization received a written determination from the IRS that it is a Type I, Type II, organization, check this box</li> <li>g Since August 17, 2006, has the organization accepted any gift or contribution from any of the</li> </ul>								ı, Type II	, or Type	III supporting	
following persons?											
		(i) A persor	who directly o	r indirectly controls, e	either alo	ne or tog	ether wit	th persor	s descrit	oed in (ii)	Yes No
	and (III) below, the governing body of the supported organization?										
(ii) A family member of a person described in (i) above?								11g(u)			
h			•	•	.,	٠,		•	•	•	11g(m)
		Provide the following information about the supported organization(s)  Hame of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the								s the	(vii) Amount of
organizati			.,	(described on lines 1–9 above or IRC section (see instructions))	in co! (i) listed in your governing document?		the organization in col (i) of your support?		organization in col (i) organized in the US?		support
		<del></del>			Yes	No	Yes	No	Yes	No	
									]		
						<del> </del>					
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Tota	al					[					

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2009

By- Gordon M. Kileup 7/31/10 GORDON M.K. LEUP - TREASURER