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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements 20 10 For the 2010 calendar year, or tax year beginning , 2010, and ending Deember 31 January 1 D Employer identification number C Name of organization MFSSAGES OF GOD'S LOVE - MULTINGUAL Check if applicable Doing Business As MGI 95 6047960 Address change Room/suite E Telephone number Number and street (or P O box if mail is not delivered to street address) Name change 1234 SW304th Street 253-927-9570 Initial return City or town, state or country, and ZIP + 4 Terminated Federal Way, WA 98023 G Gross receipts \$ 418.346 Amended return F Name and address of principal officer: H(a) Is this a group return for affiliates? Yes No Application pending Gordon Kilcup, 31723A, Federal Way, WA 98023 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) ¶ (insert no) ☐ 4947(a)(1) or 501(c) (Tax-exempt status H(c) Group exemption number ▶ Website: ▶ M State of legal domicile. Form of organization Corporation Trust Association Other L Year of formation Part I Briefly describe the organization's mission or most significant activities: The mission of MGL is to proclaim the gospel of Jesus Christ our Lord thru the publication and distribution of Christian literature and to provide support to others involved in Activities & Governance the same mission. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 12 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 **7b** 0 Prior Year Current Year 402,500 Contributions and grants (Part VIII, line 1h) . 221,621 Я Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 4,082 3.444 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . n 12,402 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 225,703 418,346 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 208.096 189.427 13 Benefits: paid to φτ for members (Part IX, column (A), line 4) 0 14 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 16a 0 Total fulvoraising expenses (Part IX, column (D), line 25)
Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f). b 17 68,208 79,595 276,304 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 269,022 18 Revenue less expenses. Subtract line 18 from line 12 (50.601)149,324 19 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 323,148 Total liabilities (Part X, line 26) . . 21 0 0 173,824 22 Net assets or fund balances. Subtract line 21 from line 20 323.148 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Type or print name and title Print/Type preparer's name Preparer's signature Date Paid Check | rf Preparer Firm's EIN ▶ Firm's name **Use Only** Firm's address ▶ May the IRS discuss this return with the preparer shown above? (see instructions) Yes 🗌 No

Part	Statement of Program Service Check if Schedule O contains	ce Accomplishments a response to any question	in this Part III		🗆
1	Briefly describe the organization's mi	ssion:	······································		<u> Lul</u>
	The mission of Messages of God's Lov			s Christ thru the publication	and
	distribution of Christian literature and	to support others who are invo	lved in the same mission.		
2	p				i
3	If "Yes," describe these new services Did the organization cease conduc		hanges in how it conduc	cts, any program	
	services?			· · · · · · · · · · · · · · · · · · ·	✓ No
4	If "Yes," describe these changes on 5 Describe the exempt purpose achieve 501(c)(3) and 501(c)(4) organizations others, the total expenses, and reven	ements for each of the organ and section 4947(a)(1) trusts	are required to report the		
4a	(Code:) (Expenses \$	114,432 including grants	of \$) (F	levenue \$)
	Printing and distribution of Christian li	iterature, Bibles and hymnals in	n North America, Central An		′
	Europe and Asia				
		•••••			
		•			
4b	(Code:) (Expenses \$ Funds distributed for support of Christ		conferences and Bible can	Revenue \$	
				•••••	
4c	(Code:) (Expenses \$	8,170 including grants	of \$) (F	Revenue \$,
70	Funds distributed to those in need and		οι Ψ <u></u>		'

			•••••		
				•••••••••••••••••	
4d	Other program services. (Describe in	Schedule ())			
74		ng grants of \$) (Revenue \$)	
4e	Total program service expenses ▶				

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	1	
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10		<u> </u>
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	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	11b		1
С	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	11c		1
d	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	11d		1
e f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	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, Parts I and IV	14b	1	
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, Parts II and IV	15		1
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, Parts III and IV	16	1	
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 (see instructions)	17		1
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		1
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		1
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part	V Checklist of Required Schedules (continued)	-		_
			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	1	
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	1	
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? If "Yes," complete Schedule J	23		1
24a	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, 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		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		V
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		√
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
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		√
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		√
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		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		1
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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		✓
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? <i>If "Yes," complete Schedule R</i> ,			-
	Part VI	37		✓
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	1	
		_ : : :	1	

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable]		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	L	1
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	ļ		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		√
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4-		1
_	If "Yes," enter the name of the foreign country:	4a		-
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			Ì
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
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?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			<u> </u>
	gifts were not tax deductible?	6b		✓
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			l .
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		<u> </u>
θ.	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
Ţ	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		√
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	—		-
·	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		Ť
a	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12]		İ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:		1	
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		·	
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		✓
12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		✓_
ь	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		<u> </u>

Part	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change			
	O. See instructions.	55	00//0	,00,0
	Check if Schedule O contains a response to any question in this Part VI			7
Section	on A. Governing Body and Management			_=
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 6]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	1	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	·	1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Does the organization have members or stockholders?	6	✓	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		1
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		✓
a	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b		✓
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	√	<u> </u>
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	12c		
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b		✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10-		
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	16a		✓
b	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► California Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.)s onh	y) ava	ilable
	☐ Own website ☐ Another's website ☐ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.	if inter	est p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Janice M. Kilcup, 1234 SW304th Street, Federal Way, WA 98023 (253)927-9570	of the) 	

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	
	and Independent Contractors	
	Check if Schedule O contains a response to any question in this Part VII	

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 organization's tax year.
- 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, if any. See instructions for definition of "key employee."
- 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.

[7] Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average	Posit	on le)) back		that ap	nhΛ	(D) Reportable	(E) Reportable	(F) Estimated
Name and Thie	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Gordon Kilcup President/Director	28	1		\						
(2) Gerald Kilcup Vice President/Director	4	\		\	·					
(3) Darrell Tanner Vice President/Director	4	1		✓						
(4) Steven Maxted Vice President	40			1						
(5) Janice Kllcup Secretary/Treasurer/Director	40	1		1						
(6) Shirley Kllcup Assistant Secretary	40			1						
(7) Erwin Witte Director	1	1								
(8) Kurt Thonney Director	1	√								
(9) Nathan Cederland Assistant Secretary	1			\				_		
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Name and title Average hours per week (describe hours for related organizations in Schedule O) (17) Average hours per week (describe hours for related organizations in Schedule O) (18) Average hours per week (describe hours for related organizations in Schedule O) (19) Average hours per week (describe hours for related organizations in Schedule O) (19) Average hours per week (describe hours for related organizations in Schedule O) (19) Average hours per week (describe hours for related organizations in Schedule O) (19) Average hours per week (describe hours for related organizations in Schedule O) (19) Reportable compensation from the organizations (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC)	Part	VII Section A. Officers, Directors, Trus		Emplo	yee	s, e	and	Highe	st (
Compensation Comp		• •	(B)			•	•		_ 1. A	(D)	(E)	(F)
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	2								th	ose listed abo	ove) who	195 3 Table 196

Part	VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1a	Federated campaigns 1a	0			· · · · · · · · · · · · · · · · · · ·	
Contributions, gifts, grants and other similar amounts	b	Membership dues 1b	0				
s, g ame	С	Fundraising events 1c	0	·			
gift Iar	d	Related organizations 1d	0				·
ns, imi	8	Government grants (contributions) 1e	0				
ntio er s	f	All other contributions, gifts, grants,	1				,
rib.		and similar amounts not included above 1f	402,500				
Contributions, and other simi	g	Noncash contributions included in lines 1a-1f: \$	0				
	h	Total. Add lines 1a-1f	►	402,500			
Program Service Revenue	0-	Bu	Isiness Code				
eve	2a						
e E	b						
Ž	٦						
Š	d						
īā	f	All other program service revenue .					
õ	'g	Total. Add lines 2a–2f	•	0		•	ł
	3	Investment income (including dividends	s. interest.				
		and other similar amounts)		3,444	3,444		
	4	Income from investment of tax-exempt bond in	proceeds ►	0	0		
	5	Royalties	-	0	0		0
			(ii) Personal				
	6a	Gross Rents		1			•
	b	Less: rental expenses		ļ	j		
	С	Rental income or (loss)					
	d	Net rental income or (loss)	▶	0	0		
	7a	Gross amount from sales of (i) Securities assets other than inventory	(ii) Other				
	b	Less cost or other basis and sales expenses .					
	c	Gain or (loss)		1			
	d	Net gain or (loss)	▶	0	0		
enne	8a	Gross income from fundraising					
Other Reve		events (not including \$ of contributions reported on line 1c).					
ē		See Part IV, line 18 a					
₹	b				1		
	С	Net income or (loss) from fundraising ever	nts . 🕨	0			
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
		Less: direct expenses b					
		Net income or (loss) from gaming activities Gross sales of inventory, less	;s >	0	0		
	Iva	returns and allowances a	23,189				
	h	Less: cost of goods sold b	12,787				
	C	· · · · · · · · · · · · · · · · · · ·		12,402	0		<u> </u>
	<u> </u>		usiness Code	12,702	<u> </u>		
	11a						†
	Ь						
	C					· · ·	
	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	🕨 [418,346	3,444		

Part IX Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	22,000	22,000		·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	99,293	99,293		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	68,134	68,134		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	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		
7 8	Other salaries and wages	0	0		
9 10	Other employee benefits	0	0		
11 a	Fees for services (non-employees): Management	0	0		
b d	Legal	0	0		
e	Professional fundraising services. See Part IV, line 17 Investment management fees	0	0		
g 12	Other	0	0		
13 14	Office expenses	2,646	1,544	1,102	
15 16 17	Royaltres	0	0		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0		
19 20	Conferences, conventions, and meetings . Interest	0	0		
21 22	Payments to affiliates	0	0		
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)	0	0		
a b	International Exchange Taxes and Fees	19 80	0	19 80	
c d	Printing and Publication Posstage and Shipping	37,508 38,404 0	37,508 38,404 0	0	
f 25	All other expenses Total functional expenses. Add lines 1 through 24f	0 269,022	0 0 266,887	0 2,135	
26	Joint costs. Check here ▶☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	104,255	1	266,965
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L	0	5	0
5	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0
šet	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	9,394		8,072
•	9	Prepaid expenses and deferred charges	0,554		0,072
	10a	Land, buildings, and equipment: cost or	······································	•	
	104	other basis. Complete Part VI of Schedule D 10a 0			
	ь	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	59,675	_	48,111
	12	Investments—other securities. See Part IV, line 11	0	 	0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	173,824		323,148
_	17	Accounts payable and accrued expenses	0		0
	18	Grants payable	0		0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
Š	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key			
ā		employees, highest compensated employees, and disqualified persons.] [
Ë		Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities. Complete Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
(A)		Organizations that follow SFAS 117, check here ▶ ☐ and complete			
ë		fines 27 through 29, and lines 33 and 34.		_	
a	27	Unrestricted net assets	173,824		323,148
Ba	28	Temporarily restricted net assets	0		0
밀	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds	0		0
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	0		0
Ê	32	Retained earnings, endowment, accumulated income, or other funds .	0	32	0
Š	33	Total net assets or fund balances	173,824	-	323,148
	34	Total liabilities and net assets/fund balances	0	34	0
					Form 990 (2010)

orm 99	90 (2010)	Page 12
Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	🗀
1 2 3 4 5	Total revenue (must equal Part VIII, column (A), line 12)	418,346 269,022 149,324 173,824
6 Part	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	323,148
1	Accounting method used to prepare the Form 990:	Yes No
2a b c	Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant?	2a
d 3a	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	

3b

Form **990** (2010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

MESSAGES OF GOD'S LOVE - MULTILINGUAL 95 6047960 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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.) A hospital or a 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 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated **b** Type II e By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (III) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (ii) EIN (i) Name of supported (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of in col (i) listed in your the organization in col (i) of your organization (described on lines 1-9 organization in col. support above or IRC section governing document? (i) organized in the support? U.S.? (see instructions)) Yes Yes No No Yes No (A) (B) (C) (D) (E)

Total

Part							
	(Complete only if you checked the				•	•	alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	<u> </u>
	on A. Public Support	(=) 000C	(h) 0007	(-) 0000	(-1) 0000	(2) 00(0	/0 T-4-1
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						<u> </u>
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)		<u> </u>				
6	Public support. Subtract line 5 from line 4.	: .		<u> </u>		ik <u> </u>	
	on B. Total Support	(~) 0000	(1) (2)	(-) 0000	(-1) 0000	(-) 0040	10 T-1-1
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4		<i>/ / V</i>				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		5 \				
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.)	6					
11	Total support. Add lines 7 through 10						·
12	Gross receipts from related activities, etd	(see instruction	ons)			12	
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he						. , ▶ 🗆
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2010 fine					14	%
15	Public support percentage from 2009 Sci					15	%
16a	331/3% support test -2010 little organi						
	box and stop here. The organization qua	-		-			. • 🗆
b	331/2% support test 2009/ If the organ check this box and stop here. The organ	ization qualifie	s as a publicly	supported org	ganization .		. ▶ 🗆
17a	10%-facts-and-circums ances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization."	ets the "facts-	and-circumsta	nces" test, ch	eck this box ar	nd stop here. E	xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part IV how the organization or	tion meets the neets the "fact:	facts-and-ci	rcumstances"	test, check th	nis box and st	and line op here. publicly
18	supported organization	d not check a					
	7					redule A (Form 99	

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	284,573	315,242	345,270	221,621	402,500	1,569,206
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	22,120	20,027	22,581	24,251	23,189	112,168
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	306,693	335,269	367,851	245,872	425,689	1,681,374
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 8	Add lines 7a and 7b						1,681,374
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	306,693	335,269	367,851	245,872	425,689	1,681,374
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	2,862	19,921	3,075	4,082	3,444	33,384
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	2,862	19,921	3,075	4,082	3,444	33,384
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	309,555	355,190	370,190	249,954	429,133	1,714,758
14	First five years. If the Form 990 is for the organization, check this box and stop he				-	ar as a section	
Secti	on C. Computation of Public Suppor	t Percentage	3			· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2010 (line 8	3, column (f) di	vided by line 1	3, column (f))		15	98 %
16	Public support percentage from 2009 Sch	nedule A, Part I	II, line 15		<u></u>	16	97 %
Secti	on D. Computation of Investment In	come Percer	ntage				
17	Investment income percentage for 2010 (line 10c, colum	n (f) divided by	line 13, colum	າກ (f))	17	2 %
18	Investment income percentage from 2009					18	1.8 %
19a	331/2% support tests—2010. If the organ 17 is not more than 331/2%, check this box	and stop here.	The organization	on qualifies as a	publicly suppo	rted organizatio	n . 🕨 🗸
b ~	331/2% support tests—2009. If the organization of the arrangement of the organization of	box and stop he	ere. The organi	zation qualifies	as a publicly su	pported organiz	zation 🕨 🔲

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

MESSAGES OF GOD"S LOVE - MULTILINGUAL

Employer Identification number 95 6047960

Pai	Form 990, Part IV, line 14		Jutside the Un	inted States. Comple	ete if the organization a	answered "Yes" to
1	For grantmakers. Does the assistance, the grantees' eligi					
	grants or assistance?					·
2	For grantmakers. Describe i United States.	in Part V the or	ganization's pro	cedures for monitorin	g the use of grant fu	nds outside the
3	Activities per Region. (The following	owing Part I, line	3 table can be	duplicated if additiona	l space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	Middle East			Program Services	Print/Distribute	4,095
(2)	Middle East			Program Services	Ministry Support	15,150
(3)	North America			Program Services	Print/Distribute	47,200
(4)	North America			Program Services	Print/Distribute	4,811
(5)	South America			Program Services	Ministry Support	2,163
(6)	South America			Program Services	Support of Needy	670
(7)	Europe			Program Services	Support of Needy	8,817
(8)	Russia			Program Services	Print/Distribute	1,210
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						· .
(15)	***					
(16)						
(17)						
3a b	Total from continuation					84,116
c	sheets to Part I	1				84,116

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2010

Part III Grants an

ran III can be oup	ran III can be ouplicated if additional space is needed.	ice is needed.				****	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation · (book, FMV, appraisal, other)
(1) Print/Distribute	Middle East	2	4,095 wire	wire			
	L	•	4.4	1			
(z) ministry support	Middle EASI	-	051,61	15, 150 Check			
(3) Ministry Support	North America	5	47,200 check	check			
(4) Print/Distribute	North America	-	4,811	4,811 check			
(5) Ministry Support	South America	1	2,163 wire	wire			
(6) Support of Needy	South America	1	670	670 wire			
(7) Support of Needy	Europe	1	8,817	8,817 check			
(8) Print/Distribute	Russia	Į.	1,210 wire	wire			
(6)							
(10)							
(11)							
(12)							
(13)					:		
(14)							
(15)							
(16)							
(17)							
(18)							
						Sched	Schedule F (Form 990) 2010

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Page 4

Part	IV Foreign Forms		_	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a F Corporation (see Instructions for Form 926)	oreign	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization have an interest in a foreign trust during the tax year? If "Yes," the organization with Foreign Trust Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust U.S. Owner (see Instructions for Forms 3520 and 3520-A)	ts and With a	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If the organization may be required to file Form 5471, Information Return of U.S. Persons with resp Certain Foreign Corporations. (see Instructions for Form 5471)	ect to	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company qualified electing fund during the tax year? If "Yes," the organization may be required to file Form Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund Instructions for Form 8621)	8621, 1. (see	Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If the organization may be required to file Form 8865, Return of U.S. Persons with respect to C Foreign Partnerships. (see Instructions for Form 8865)	Certain	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax years," the organization may be required to file Form 5713, International Boycott Report (see Instru for Form 5713)		☐ Yes	☑ No

Schedule F (Form 990) 2010

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Schedule F (F	Form 990) 2010 Page 5
Part V	Supplemental Information Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
Funds gra	nted outside the United States are sent to persons known by Messages of God's Love - Multingual directly or thru a third
party. The	funds are used to support the mission of MGL-M. The use of funds sent is monitored thru written confirmation of receipt of fund
and evider	nce of use such as copies of publications and/or written testimony.

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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Open to Public Inspection 2010

OMB No. 1545-0047

Employer identification number 95 6047960

% □ (h) Purpose of grant Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II or assistance General Support Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to ✓ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash cash assistance 22,000 Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance can be duplicated if additional space is needed. Enter total number of other organizations (D) EIN MESSAGES OF GOD'S LOVE - MULTILINGUAL 59 Industrial Rd, Addison,IL 60101 1 (a) Name and address of organization (1) Bible Truth Publishers (2) Name of the organization Part I Part

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

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Cat. No. 50055P

Schedule I (Form 990) (2010)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2010)
Part III Grants ar

	i ari in can so dapitoato il adanto ia obaco il ricodo	200000000000000000000000000000000000000				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Mission	1 Missionary?Ministry Support	10	60,826			
2 Suppor	2 Support of Needv	4	005.7			
3 Suppor	3 Support of Bible Conferences & Bible Camps	4	7.000			
4						
ဇ						
9						
Part IV	Supplemental Information. Complete this part		vide the information	required in Part I,	to provide the information required in Part I, line 2, and any other additional information.	litional information.

Part I Line 2 • The use of funds granted is monitored thru written confirmation of receipt of funds and evidence of use by written and/or verbal testimony.

Schedule I (Form 990) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

1

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.

OMB No 1545-0047

2010

Open to Public Inspection

Employer Identification number

MESSAGES OF GOD'S LOVE - MULTILINGUAL	95 6047960
Form 990 Part VI Section A Line 2 Gordon Kilcup, President, and Gerald Kilcup, Vice President, are	brothers. Gerald Kilcup and
Shirley Kilcup, Assistant Secretary, are husband and wife. Janice Kilcup, Secretary/Treasurer, is siste	
Kilcup and Shirley Kilcup.	
Allocap unit of miles p.	
Form 990 Part VI Section A Line 9 Kurt Thonney, Director, may be reached at 721 Lincoln Street, W	all Walla, Washington 99362
Erwin Witte, Director, may be reached at 350 Berfeley Avenue, Claremont, California 91711	
Form 990 Part VI Section C Line 19 All corporation documents are available to the public upon pres	entation of written request.