0104

Form 990 Return of Organization Exempt from Income Tax

COPY

2000

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

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

A For the 2000 calendar year, or tax year period beginning May 1, 2000, and ending Apr 30, 20 01

B Check if applicable: ☐ Change of address ☐ Change of name ☐ Initial return ☐ Final return ☐ Amended return

Please use IRS label or print or type. See specific instructions.

C Name of organization: Luz Del Mundo (Light of the World), Inc

Number & street (or P O box if mail is not delivered to street addr): 806 N E 44 Street — Room/suite

City, Town or Country: Oakland Park — State: FL — ZIP code: 33334

D Employer identification number: 65-0266070

E Telephone number: (954) 563-9876

F Check ► ☐ if application pending

G Organization type (check only one) ► [X] 501(c) 3 ◄ (insert no.) ☐ 527 or ☐ 4947(a)(1)

• *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990 EZ)*

J Accounting method ☐ Cash [X] Accrual ☐ Other (specify) ►

K Check here ► ☐ if the organization's gross receipts are normally not more than $25,000 The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data Some states require a complete return.

Note H and I are not applicable to section 527 orgs

H (a) Is this a group return for affiliates? ☐ Yes [X] No

H (b) If "yes" enter number of affiliates ►

H (c) Are all affiliates included? ☐ Yes [X] No (If "no," attach a list See instructions)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes [X] No

I Enter 4-digit group exemption no (GEN) ►

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ► ☐

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See instructions)

REVENUE	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	473,034	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash $ 159,029 noncash $ 314,005)			1d 473 034
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 7,123
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4
	5	Dividends and interest from securities			5
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c
	7	Other investment income (describe ►)			7
	8a	Gross amount from sales of assets other than inventory — (A) Securities	8a	(B) Other	
	b	Less cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d
	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including $ 13,000 of contributions reported on line 1a)	9a	45,590	
	b	Less direct expenses other than fundraising expenses	9b	40 353	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)		See L-9 Stmt	9c 5,237
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c
	11	Other revenue (from Part VII, line 103)			11
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 485,394
EXPENSES	13	Program services (from line 44, column (B))			13 112,107
	14	Management and general (from line 44, column (C))			14 39,597
	15	Fundraising (from line 44, column (D))			15 24 000
	16	*Payments to affiliates (attach schedule)*			16
	17	**Total expenses** (add lines 16 and 44, column (A))			17 175,704
NET ASSETS	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 309,690
	19	Net assets or fund balances at beginning of year (from line 73 column (A))			19 87,187
	20	Other changes in net assets or fund balances (attach explanation)			20
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 396 877

BAA For Paperwork Reduction Act Notice, see separate instructions TEEA0101 12/26/00 Form 990 (2000)

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash $ ____ non-cash $ ____)	22				
23 Specific assistance to individuals (attach sch)	23				
24 Benefits paid to or for members (attach sch)	24				
25 Compensation of officers, directors, etc	25	0	0	0	0
26 Other salaries and wages	26	58,407	36,19	22,216	0
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	4,481	2,51	1,970	0
30 Professional fundraising fees	30				
31 Accounting fees	31	5,025	0	5,025	0
32 Legal fees	32				
33 Supplies	33	410	410	0	0
34 Telephone	34	3,382	2,706	676	0
35 Postage and shipping	35				
36 Occupancy	36	23,047	19,458	3,589	0
37 Equipment rental and maintenance	37	1,398	1,398	0	0
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	23,460	20,17	3,289	0
43 Other expenses (itemize):					
a Casual Labor	43a	268	268	0	0
b Insurance	43b	2,718	2,718	0	0
c Laboratory Expenses	43c	8,414	8,414	0	0
d Waste Service	43d	273	273	0	0
e See Other Expenses Stmt	43e	44,421	17,589	2,832	24,000
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	175,704	112,107	39,597	24,000

Reporting of Joint Costs – Did you report in column (B) (program services) any joint cost from a combined educational campaign and fundraising solicitation? ► ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs $ ____ (ii) the amount allocated to program services $ ____, (iii) the amount allocated to management and general $ ____, and (iv) the amount allocated to fundraising $ ____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ► To provide no charge medical services

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others.)

a Health care and health related educational services provided by medical/nursing staff to homeless individuals and others indigent residents of Broward County (Grants and allocations $) 112,107

b (Grants and allocations $)

c (Grants and allocations $)

d (Grants and allocations $)

e Other program services (Grants and allocations $)

f Total of Program Service Expenses (should equal line 44, column (B), program services) ► 112,107

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Part IV Balance Sheets (See instructions)

Note	Where required, attached schedules and amounts within the description column should be for end of year amounts only			(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non interest bearing			41 201	45	51,560
	46 Savings and temporary cash investments				46	
	47a Accounts receivable	47a				
	b Less allowance for doubtful accounts	47b			47c	
	48a Pledges receivable	48a	0			
	b Less allowance for doubtful accounts	48b		40,000	48c	0
	49 Grants receivable				49	
	50 Receivables from officers directors trustees, and key employees (attach schedule)				50	
	51a Other notes & loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	126,905
	53 Prepaid expenses and deferred charges			3 525	53	2,129
	54 Investments – securities (attach schedule)		► ☐ Cost [ ] FMV		54	
	55a Investments – land, buildings, & equipment basis	55a				
	b Less accumulated depreciation (attach schedule)	55b			55c	
	56 Investments – other (attach schedule)				56	
	57a Land buildings and equipment basis	57a	249 703			
	b Less accumulated depreciation (attach schedule) L-57 Stmt	57b	30 670	2,383	57c	219 033
	58 Other assets (describe ► See Line 58 Stmt)			2 690	58	1 889
	59 **Total assets** (add lines 45 through 58) (must equal line 74)			89 799	59	401 516
LIABILITIES	60 Accounts payable and accrued expenses			2 612	60	4 639
	61 Grants payable				61	
	62 Deferred revenue				62	
	63 Loans from officers directors trustees, and key employees (attach schedule)				63	
	64a Tax exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)				64b	
	65 Other liabilities (describe ►)				65	
	66 **Total liabilities** (add lines 60 through 65)			2 612	66	4,639
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ► [X] and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted			-8 927	67	327 678
	68 Temporarily restricted			96,114	68	69 199
	69 Permanently restricted				69	
	Organizations that do not follow SFAS 117 check here ► ☐ and complete lines 70 through 74					
	70 Capital stock, trust principal or current funds				70	
	71 Paid in or capital surplus, or land building, and equipment fund				71	
	72 Retained earnings endowment, accumulated income, or other funds				72	
	73 **Total net assets or fund balances** (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)			87 187	73	396,877
	74 **Total liabilities and net assets/fund balances** (add lines 66 and 73)			89 799	74	401,516

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Form 990 is available for public inspection and for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore please make sure the return is complete and accurate and fully describes in Part III the organization's programs and accomplishments.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)

a	Total revenue, gains, and other support per audited financial statements	a	912 994
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments $		
(2)	Donated services and use of facilities $ 427 600		
(3)	Recoveries of prior year grants $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4)	b	427,600
c	Line a minus line b	c	485 394
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	485 394

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	603,304
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities $ 427,600		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4)	b	427,600
c	Line a minus line b	c	175 704
d	Amounts included on line 17 Form 990 but not on line a		
(1)	Investment expenses not included on line 6b Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17 Form 990 (line c plus line d)	e	175 704

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Erwin Vasquez MD Fort Lauderale FL	President 7	0	0	0
Elaine Miceli-Vasquez Fort Lauderdale Fl	Secretary 7	0	0	0
Carlos Reyes Fort Lauderdale FL	Director 1	0	0	0
Fr Ricardo Castellanos Pompano Beach Fl	Director 1	0	0	0
Milton Aponte Cooper City, FL	Director 1	0	0	0
Carol Fitzgerald Fort Lauderdale FL	Director 1	0	0	0
Ginny Jordan Plantation FL	Director 1	0		0
David Rodriguez Sunrise Fl	Director 1	0	0	0
Bobby Rodriguez Fort Luderdale FL	Director 1	0	0	0
See List of Officers Etc Statement		0	0	0

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75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10 000 was provided by the related organizations? ☐ Yes ☒ No

If 'Yes,' attach schedule – see instructions

Part VI Other Information (See specific instructions.)

		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If 'Yes,' enter the name of the organization ► _____ and check whether it is ☐ exempt or ☐ nonexempt			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions ▸ 81a 0			
b	Did the organization file **Form 1120-POL** for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.) ▸ 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	*501(c)(4), (5), or (6) organizations.* a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		
	If 'Yes' was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members ▸ 85c			
d	Section 162(e) lobbying and political expenditures ▸ 85d			
e	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices ▸ 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) ▸ 85f			
g	Does the organization elect to pay the Section 6033(e) tax on the amount in 85f?	85g		
h	If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	*501(c)(7) organizations.* Enter a Initiation fees and capital contributions included on line 12 ▸ 86a			
b	Gross receipts included on line 12 for public use of club facilities ▸ 86b			
87	*501(c)(12) organizations.* Enter a Gross income from members or shareholders ▸ 87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) ▸ 87b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88		X
89a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: Section 4911 ▸ 0, Section 4912 ▸ 0, Section 4955 ▸ 0			
b	*501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.	89b		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958 ▸ 0			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▸ 0			
90a	List the states with which a copy of this return is filed ▸ Florida			
b	Number of employees employed in the pay period that includes March 13, 2000 (see instructions) ▸ 3			
91	The books are in care of ▸ Erwin M. Vasquez MD Telephone number ▸ (954) 565-7779			
	Located at ▸ 2600 NE 9 St. Fort Lauderdale FL ZIP code ▸ 33304			
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041* – Check here ▸ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▸ 92			

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Part VII Analysis of Income-Producing Activities (See instructions)

Enter gross amounts unless otherwise indicated	Unrelated business income (A) Business code	(B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue					
a Fee for Service/Lab					7,123
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			05	5,237	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue, a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D) and (E))				5 237	7 123
105 Total (add line 104, columns (B), (D), and (E))				►	12 360

Note *Line 105 plus line 1d, Part I should equal the amount on line 12 Part I*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions)

Line No ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	Payments received from patients for lab tests

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End of year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note *If 'Yes' to b, file Form 8870 and Form 4720 (see instructions)*

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[redacted] ...g accompanying schedules and statements, and to the best of my knowledge and belief, it is ...sed on all information of which preparer has any knowledge. (See instructions)

2/4/02 ► E.M. VASQUEZ CEO

Date Type or Print Name and Title

Date Check if Preparer's SSN or PTIN

Department of the Treasury Internal Revenue Service

Schedule A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

2000

IRS use only — Do not write or staple in this space

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust Supplementary Information – (See separate instructions.)

OMB No 1545-0047

► Must be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the Organization	Employer Identification Number
Luz Del Mundo (Light of the World) Inc	65 0266070

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter None.)

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over $50,000 ►	None			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter None.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over $50,000 for professional services ►	None	

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Schedule A (Form 990 or 990 EZ) 2000 Luz Del Mundo (Light of the World), Inc 65-0266070 Page 2

Part III Statements About Activities

		Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ► $ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A. Other organizations checking 'Yes,' must complete Part VI B and attach a statement giving a detailed description of the lobbying activities	1		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e Transfer of any part of its income or assets? If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions	2e		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3		X
4a Do you have a section 403(b) annuity plan for your employees?	4a		X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See instructions)			

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (please check only One applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ►

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV A)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)

12 ☐ 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 charitable, etc, 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) (Also complete the **Support Schedule** in Part IV A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

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Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 9, 11, or 12.) ***Use cash method of accounting***
Note *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting*

Calendar year (or fiscal year beginning in) ►	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants and contributions received (Do not include unusual grants. See line 28.)	42 931	81 317	41,011	47 802	213 061
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc. purpose	14 446	1 115	9 068		24,629
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(b)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	0		155	546	701
19 Net income from unrelated business activities not included in line 18		5 800			5 800
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	57 377	88 232	50 234	48 348	244,191
24 Line 23 minus line 17	42 931	87 117	41 166	48 348	219 562
25 Enter 1% of line 23	574	882	507	183	

26 Organizations described on lines 10 or 11

a Enter 2% of amount in column (e), line 24 ► 26a 4 391

b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts ► 26b 87 436

c Total support for Section 509(a)(1) test. Enter line 24, column (e) ► 26c 219 562

d Add: Amounts from column (e) for lines 18 701, 19 5 800, 22 _____, 26b 87 436 ► 26d 93,937

e Public support (line 26c minus line 26d total) ► 26e 125,625

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ► 26f 57 22 %

27 Organizations described on line 12

a For amounts included in lines 15, 16, and 17 that were received from a disqualified person, attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each disqualified person. Enter the sum of such amounts for each year.

(1999) _____ (1998) _____ (1997) _____ (1996) _____

b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year that was more than the larger of (1) the amount on line 20 for the year or (2) $5,000. (Include in the list organizations described in lines 5 through 11 as well as individuals.) After completing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.

(1999) _____ (1998) _____ (1997) _____ (1996) _____

c Add: Amounts from column (e) for lines 15 _____, 16 _____, 17 _____, 20 _____, 21 _____ ► 27c

d Add: Line 27a total _____ and line 27b total _____ ► 27d

e Public support (line 27c total minus line 27d total) ► 27e

f Total support for Section 509(a)(2) test. Enter amount on line 23, column (e) ► 27f

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ► 27g %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ► 27h %

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28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. See instructions.)

Part V-B Private School Questionnaire (See instructions)
(To be completed Only by schools that checked the box on line 6 in Part V)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered 'No' to any of the above, please explain (If you need more space attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation	35		

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Schedule A (Form 990 or 990 EZ) 2000 Luz Del Mundo (Light of the World) Inc 65-0260070 Page 5

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
(To be completed Only by an eligible organization that filed Form 5768

N/A

Check here ► a ☐ if the organization belongs to an affiliated group
Check here ► b ☐ if you checked a above and limited control provisions apply

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table —			
If the amount on line 40 is — / The lobbying nontaxable amount is —			
Not over $500,000 — 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*			

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period (a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See instructions)

During the year did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h)			

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If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part XII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a (i)		X
(ii) Other assets	a (ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b (i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b (ii)		X
(iii) Rental of facilities, equipment, or other assets	b (iii)		X
(iv) Reimbursement arrangements	b (iv)		X
(v) Loans or loan guarantees	b (v)		X
(vi) Performance of services or membership or fundraising solicitations	b (vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ► ☐ Yes ☒ No

b If 'Yes,' complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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Schedule B (Form 990 or 990-EZ)	Schedule of Contributors	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Supplementary information for line 1d of Form 990 or and line 1 of Form 990-EZ (see instructions)	2000

Name of Organization	Employer Identification Number
Luz Del Mundo (Light of the World), Inc	65-0266070

Organization type (check one) – Section

[X] 501(c)(3) ◄ (enter number) [ ] 527 or

[ ] 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations – Check this box if the organization had no charitable contributors who contributed more than $1,000 during the year (But see General rule below.) ► [ ]

Enter here the total gifts received during the year for a religious, charitable, etc, purpose ► $

BAA For Paperwork Reduction Act Notice, see instructions for Form 990 and Form 990-EZ. Schedule B (Form 990 or 990 EZ) (2000)

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Schedule B (Form 990 or 990-EZ) (2000) Page 1 of 2 of Part I

Name of Organization: Luz Del Mundo (Light of the World), Inc

Employer Identification Number: 65-0266070

Part I Contributors

(a) Number	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1		$ 40,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
2		$ 5,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
3		$ 20,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
4		$ 13,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
5		$ 10,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
6		$ 30,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)

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Schedule B (Form 990 or 990 EZ) (2000) Page 2 of 2 of Part I

Name of Organization: Luz Del Mundo (Light of the World), Inc.

Employer Identification Number: 65-0266070

Part I Contributors

(a) Number	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
7		$ 5,000	Individual [X] Payroll [ ] Noncash [ ] (Complete Part II if a noncash contribution)
8		$ 75,000	Individual [ ] Payroll [ ] Noncash [X] (Complete Part II if a noncash contribution)
9		$ 40,000	Individual [ ] Payroll [ ] Noncash [X] (Complete Part II if a noncash contribution)
10		$ 7,500	Individual [ ] Payroll [ ] Noncash [X] (Complete Part II if a noncash contribution)
11		$ 25,000	Individual [ ] Payroll [ ] Noncash [X] (Complete Part II if a noncash contribution)
12		$ 5,000	Individual [ ] Payroll [ ] Noncash [X] (Complete Part II if a noncash contribution)

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Schedule B (Form 990 or 990 CZ) (2000) Page 1 to 1 of Part II

Name of Organization: Luz Del Mundo (Light of the World) Inc

Employer Identification Number: 65-0266070

Part II Noncash Property

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	Staff materials, etc for renovation of Clinic	$ 75,000	12/31/00
9	Medical laboratory equipment, sterilizer Sonogram	$ 40,000	12/31/00
10	Architectural services as part of clinic renovation project	$ 7,500	12/31/00
11	Custom made cabinets for exam rooms as part of clinic renovation	$ 25,000	12/31/00
		$	
		$	

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Luz Del Mundo (Light of the World) Inc EIN 65-0266070
Form 990, Schedule A, Part IV Line 26b

People whose gifts from 1996 thru 1999 exceeded amount on Line 26a

Name	Amount	2% of 24e	Difference
	70,000	4,391	65,609
	15,000	4,391	10,609
	10,000	4,391	5,609
	10,000	4,391	5,609
	105,000		87,436

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Supporting Statement of.

Form 990 p 1/Line 1a

Description	Amount
	20,000
	13,000
	0
	0
	0
	0
	30 000
	5 000
	40,000
	10,000
	2 750
	25 279
	187,100
	126,905
	13 000
Total	473 034

Supporting Statement of

Form 990 p 4/Part IV-A Line b(2)

Description	Amount
Donated services	427 600
Total	427 600

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Luz Del Mundo (Light of the World) Inc 65 0266070 1

Miscellaneous Statement

Schedule A, Part IV, Line 28 - Unusual Grants	
	30,000
	25,000
	30,000.
Total	85 000

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Form **4562**

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

► See separate instructions
► Attach this form to your return

OMB No 1545-0172

2000

67

Name(s) Shown on Return: Luz Del Mundo (Light of the World), Inc

Business or Activity to Which This Form Relates: Form 990, page 2

Identifying Number: 65-0266070

Part I Election to Expense Certain Tangible Property (Section 179)

Note *If you have any 'listed property' complete Part V before you complete Part I*

1	Maximum dollar limitation If an enterprise zone business, see instructions	1	$20 000
2	Total cost of Section 179 property placed in service See instructions	2	
3	Threshold cost of Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter 0	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0 If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter amount from line 27	7	
8	Total elected cost of Section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1999 See instructions	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2001 Add lines 9 and 10, less line 12 ►	13	

Note: *Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.*

Part II MACRS Depreciation for Assets Placed in Service Only During Your 2000 Tax Year
(Do not include listed property.)

Section A – General Asset Account Election

14 If you are making the election under Section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box See instructions ► ☐

Section B – General Depreciation System (GDS) (See instructions)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3 year property						
b 5 year property		57 840	5 years		MACRS	11,549
c 7 year property		183 169	8 years		SL	11,319
d 10 year property						
e 15 year property						
f 20 year property						
g 25 year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Alternative Depreciation System (ADS) (See instructions)

16a Class life					S/L	
b 12 year			12 yrs		S/L	
c 40 year			40 yrs	MM	S/L	

Part III Other Depreciation (Do not include listed property.) (See instructions)

17	GDS and ADS deductions for assets placed in service in tax years beginning before 2000	17	
18	Property subject to Section 168(f)(1) election	18	
19	ACRS and other depreciation	19	

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Part IV Summary (See instructions)

20	Listed property Enter amount from line 26	20	
21	**Total** Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20 Enter here and on the appropriate lines of your return Partnerships and S corporations – see instructions	21	23 460
22	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to Section 263A costs	22	

Form 4562 (2000) Luz Del Mundo (Light of the World), Inc. 65-0266070 Page 2

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A – Depreciation and Other Information (Caution: *See instructions for limits for passenger automobiles.*)

23a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No 23b If 'Yes,' is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected Section 179 cost
24 Property used more than 50% in a qualified business use (see instructions)								
25 Property used 50% or less in a qualified business use (see instructions)								

26 Add amounts in column (h). Enter the total here and on line 20, page 1 — 26

27 Add amounts in column (i). Enter the total here and on line 7, page 1 — 27

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
28 Total business/investment miles driven during the year (do not include commuting miles – see instructions)												
29 Total commuting miles driven during the year												
30 Total other personal (noncommuting) miles driven												
31 Total miles driven during the year. Add lines 28 through 30												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
32 Was the vehicle available for personal use during off-duty hours?												
33 Was the vehicle used primarily by a more than 5% owner or related person?												
34 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. See instructions.

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note *If your answer to 35, 36, 37, 38, or 39 is 'Yes,' you need not complete Section B for the covered vehicles.*

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Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code Section	(e) Amortization period or percentage	Amortization for this year
40 Amortization of costs that begins during your 2000 tax year (see instructions)					
41 Amortization of costs that began before 2000				41	
42 Total. Add amounts in column (f). See instructions for where to report				42	

Form 990, Page 4, Part V
List of Officers, Etc Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Luis de Rosa Pembroke Pines FL	Director 1	0	0	0
Miream Sierra Pembroke Pines, FL	Director 1	0	0	0
Linda Stepenovitch Fort Lauderdale FL	Director 1	0	0	0
Total		0	0	0

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Luz Del Mundo (Light of the World), Inc 65 0266070 1

Form 990 Page 1, Part I, Line 9
Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Florida Renaissance Festiv	43,440		43,440	37,224	6,216
Viva Broward	2,150		2,150	1,021	1,129
Three Kings Parade	13,000	13,000	0	2,108	-2,108
Total	58,590	13,000	45,590	40,353	5,237

Form 990, Page 2, Part II, Line 43
Other Expenses Stmt

Other expenses (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Advertising	241	241	0	0
Office Expense-PS	2,427	2,427	0	0
Insurance Workers Comp	1,675	1,675	0	0
Consultant-PS	11,166	11,166	0	0
Grant Writing	24,000	0	0	24,000
Office Expense	2,405	0	2,405	0
Bank Charges	427	0	427	0
Nutritionist	2,080	2,080	0	0
Total	44,421	17,589	2,832	24,000

Form 990, Page 3, Part IV, Lines 57a & 57b
Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Equipment	66,533	19,351	47,182
	183,170	11,319	171,851
Total	249,703	30,670	219,033

Form 990, Page 3, Part IV, Line 58
Other Assets Statement

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Line 58 - Other Assets	Beginning of Year	End of Year
Recoverable security deposit	2,690	
Recoverable Deposits		1,890
Rounding		-1
Total	2,690	1,889