

LEAD TO ADDITIONAL COST TO COMPLETE YOUR APPLICATION, AND /OR DELAY YOUR APPLICATION FILING

Form 1023 Application Package

INCOME WORKSHEET

If you are a new organization, provide your best estimate for income information for the **current** and **two subsequent** years (this year and two following).

If in existence more than 1 year but less than 4 years, complete current year and 2 additional years for a total of 3 years of information.

If you have been in existence for more than 4 years, provide information covering the previous 4 years.

Enter data into all fields that are highlighted in YELLOW.

DO NOT EDIT fields in ROSE - these will auto-calculate.

Mission Light of Life

EIN: 87-4283634

	From	Jan-22	From	Jan-23	From	Jan-24
	To	Dec-22	To	Dec-23	To	Dec-24
1 Contributions, Grants, etc.		\$700,000		\$800,000		\$900,000
2 Membership Fees Income				\$0		\$0
3 Gross Investment Income		\$0		\$0		\$0
4 "Unrelated" Business Income		\$0		\$0		\$0
5 Taxes Levied for your Benefit		\$0		\$0		\$0
6 Government-Supplied Goods/Services/Facilities		\$0		\$0		\$0
7 Other Revenue Not Listed		\$0		\$0		\$0
8 * Total Lines 1-7		\$700,000		\$800,000		\$900,000
9 Income from Purpose-Related Activities		\$0		\$0		\$0
10 * Total Lines 8 & 9		\$700,000		\$800,000		\$900,000
11 Net Gain/Loss on Sale of Capital Assets		\$0		\$0		\$0
12 "Unusual" Grants		\$0		\$0		\$0
13 * Total Revenue (Line 10+11+12)		\$700,000		\$800,000		\$900,000

* NOTE: Rose-colored fields will auto-total. Do not edit these cells.

PLEASE READ THE INSTRUCTIONS CAREFULLY. FAILURE TO FOLLOW THESE SIMPLE DIRECTIONS COULD LEAD TO ADDITIONAL COST TO COMPLETE YOUR APPLICATION, AND /OR DELAY YOUR APPLICATION FILING

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EXPENSES WORKSHEET

If you are a new organization, provide your best estimate for income information for the **current** and **two subsequent** years (this year and two following).
 If in existence more than 1 year but less than 4 years, **complete current year and 2 additional years for a total of 3 years of information.**
 If you have been in existence for more than 4 years, provide information covering the previous 4 years.
 Enter data into all fields that are highlighted in **YELLOW**.
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EXPENSES WORKSHEET

Mission Light of Life

EIN: 87-4283634

	Select date ranges:	From	1/1/2022	From	Jan-23	From	Jan-24	From	Select Year
	To	To	12/1/2022	To	Dec-23	To	Dec-24	To	Select Year
1	Volunteer/Staff Training		\$2,000		\$2,000		\$2,000		\$0
2	Telephone/Internet Access		\$2,244		\$2,244		\$2,244		\$0
3	Website Development, IT		\$800		\$800		\$800		\$0
4	Accounting/Bookkeeping/CPA		\$0		\$0		\$0		\$0
5	Corporate Attorney/Legal		\$2,180		\$1,000		\$1,000		\$0
6	Contributions/Assistance to Orgs		\$0		\$0		\$0		\$0
7	Assistance to Individuals		\$0		\$0		\$0		\$0
8	Fundraising Expenses		\$5,000		\$5,000		\$5,000		\$0
9	Contract Fundraising Professional		\$1,800		\$1,800		\$1,800		\$0
10	Insurance		\$2,564		\$4,628		\$4,628		\$0
11	Postage		\$1,080		\$1,100		\$1,100		\$0
12	Printing		\$500		\$500		\$500		\$0
13	Rent, Utilities, etc.		\$10,000		\$16,200		\$16,200		\$0
14	Salaries to Officers/Directors/Trustees		\$48,000		\$48,000		\$48,000		\$0
15	Staff/Other Salaries		\$0		\$0		\$0		\$0
16	Contract Services		\$0		\$0		\$0		\$0
17	Equipment		\$1,000		\$2,000		\$2,500		\$0
18	Transportation		\$4,000		\$5,000		\$5,000		\$0
19	Supplies (Cleaning, Office)		\$2,400		\$3,000		\$3,000		\$0
20	Tax & License		\$300		\$300		\$300		\$0
21	Travel		\$7,600		\$8,000		\$8,000		\$0
22	Interest Paid, if Applicable		\$0		\$0		\$0		\$0
23	Depreciation/Depletion		\$0		\$0		\$0		\$0
24	Member Benefits/Disbursements		\$0		\$0		\$0		\$0
25	Mission Education Services		\$7,000		\$7,000		\$7,000		\$0
26	Mission Medical Expenses		\$5,000		\$5,000		\$5,000		\$0
27	Mission Household Expenses		\$50,000		\$60,000		\$70,000		\$0
28	* Total Projected or Actual Expenses	Total	\$153,468	Total	\$173,572	Total	\$184,072	Total	\$0
29	* Revenues (populates from Income Tab)		\$700,000		\$800,000		\$900,000		#REF!
30	* Remaining Balance (Revenue minus Exp		\$546,532		\$626,428		\$715,928		#REF!

* NOTE: Rose-colored fields will auto-total. Do not edit these cells.

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BALANCE SHEET

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Line Item		Explanation
1 Cash	\$0	Exact amount in accounts as of this date
2 Accounts Receivable, Net	\$0	Amount owed/outstanding receivables
3 Inventories	\$0	Value of any items you stock
4 Bonds and Notes Receivable (attach an itemized list)	\$0	Value of any bonds you hold or notes instruments receivable
5 Corporate Stocks (attach an itemized list)	\$0	Value of any stock investments your organization holds
6 Loans Receivable (attach an itemized list)	\$0	Value of any loans your organization has made
7 Other Investments (attach an itemized list)	\$0	Value of other investments your organization may hold
8 Depreciable and Depletable Assets (attach an itemized list)	\$0	Depreciable assets are normally determined by your accountant
9 Land	\$0	Your building or real estate, land holdings, etc.
10 Other Assests (attach an itemized list)	\$0	Other assets (if any, provide separate list to be attached with your file)
11 *Total Assets (total lines 1 through 10)	\$0	THIS WILL AUTO-TOTAL. DO NOT ENTER INTO THIS CELL
12 Accounts Payable	\$0	Enter amount owed to the organization
13 Contributions, Gifts, Grants Payable	\$0	Enter amount owed from the organization for exempt gifts
14 Mortgages and Notes Payable (attach an itemized list)	\$0	Enter mortgage, loan payments, etc
15 Other Liabilities (attach an itemized list)	\$0	Enter other outstanding monies owing from the organization
16 *Total Liabilities (total of lines 12 through 15)	\$0	THIS WILL AUTO-TOTAL. DO NOT ENTER INTO THIS CELL
17 *Total Fund Balances and Net Assets (same as line 11)	\$0	THIS WILL AUTO-TOTAL. DO NOT ENTER INTO THIS CELL
18 *Total Assets minus Liabilities (total of lines 16 & 17)	\$0	THIS WILL AUTO-TOTAL. DO NOT ENTER INTO THIS CELL
* NOTE: These fields will auto-total. Do not enter values into rose-colored fields.		

[illegible]