Form **990-EZ**

Department of the Treasury
Internal Revenue Service

# Short Form
# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**
**Do not enter social security numbers on this form, as it may be made public.**
**Go to *www.irs.gov/Form990EZ* for instructions and the latest information.**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

**A For the 2023 calendar year, or tax year beginning** January 01 , 2023, and ending December 31 , 20 23

**B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization
Lux in Tenebris Incorporated

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
226 Goshen Rd

City or town, state or province, country, and ZIP or foreign postal code
Rincon, GA 31326-5657

**D Employer identification number**
87-0960564

**E** Telephone number
404-273-4798

**F** Group Exemption Number

**G** Accounting Method: ☑ Cash ☐ Accrual Other (specify):

**H** Check ☐ if the organization is **not** required to attach Schedule B (Form 990).

**I Website:** https://litreformed.org/

**J Tax-exempt status** (check only one) – ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other:

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . $ 70,723

**Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

| | | | | | |
|---|---|---|---|---|---|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | 1 | 70,650 |
| | 2 | Program service revenue including government fees and contracts | | 2 | |
| | 3 | Membership dues and assessments | | 3 | |
| | 4 | Investment income | | 4 | 73 |
| | 5a | Gross amount from sale of assets other than inventory | 5a | | |
| | b | Less: cost or other basis and sales expenses | 5b | | |
| | c | Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) | | 5c | |
| | 6 | Gaming and fundraising events: | | | |
| | a | Gross income from gaming (attach Schedule G if greater than $15,000) | 6a | | |
| | b | Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) | 6b | | |
| | c | Less: direct expenses from gaming and fundraising events | 6c | | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | 6d | |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| | b | Less: cost of goods sold | 7b | | |
| | c | Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) | | 7c | |
| | 8 | Other revenue (describe in Schedule O) | | 8 | 0 |
| | 9 | **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | 9 | 70,723 |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | | 10 | 37,373 |
| | 11 | Benefits paid to or for members | | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | | 12 | |
| | 13 | Professional fees and other payments to independent contractors | | 13 | 6,596 |
| | 14 | Occupancy, rent, utilities, and maintenance | | 14 | |
| | 15 | Printing, publications, postage, and shipping | | 15 | 16,191 |
| | 16 | Other expenses (describe in Schedule O) | | 16 | 12,283 |
| | 17 | **Total expenses.** Add lines 10 through 16 | | 17 | 72,443 |
| Net Assets | 18 | Excess or (deficit) for the year (subtract line 17 from line 9) | | 18 | (1,720) |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | | 19 | 11,985 |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | | 20 | 0 |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | | 21 | 10,265 |

**Part II** **Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☑

| | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|
| 22 | Cash, savings, and investments | 11,635 | 22 | 8,405 |
| 23 | Land and buildings | | 23 | |
| 24 | Other assets (describe in Schedule O) | 350 | 24 | 1,860 |
| 25 | **Total assets** | 11,985 | 25 | 10,265 |
| 26 | **Total liabilities** (describe in Schedule O) | | 26 | |
| 27 | **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) | 11,985 | 27 | 10,265 |

**Part III** **Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . ☑

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses** (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

| | | | |
|---|---|---|---|
| 28 | This service gathers rich biblical and theological resources from the United States and ships them to our partners in Nigeria, pastors, seminaries and churches.<br>(Grants $ 0 ) If this amount includes foreign grants, check here . . . . . ☐ | 28a | 16,956 |
| 29 | This program provides cash support to seminary and theological institutions in Nigeria. This is different from non-cash support with the provision of educational materials.<br>(Grants $ 11,641 ) If this amount includes foreign grants, check here . . . . . ☑ | 29a | 11,641 |
| 30 | This program helps fund the work that our missionary pastors and pastoral interns are doing in Nigeria.<br>(Grants $ 24,247 ) If this amount includes foreign grants, check here . . . . . ☑ | 30a | 26,164 |
| 31 | Other program services (describe in Schedule O)<br>(Grants $ ) If this amount includes foreign grants, check here . . . . . ☐ | 31a | |
| 32 | **Total program service expenses** (add lines 28a through 31a) | 32 | 54,761 |

**Part IV** **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|---|---|---|---|
| David Jackson<br>Secretary | 10 | 0 | 0 | 0 |
| Damilare Adeoye<br>Treasurer | 20 | 0 | 0 | 0 |
| Olumide Olumide<br>President | 20 | 0 | 0 | 0 |
| Timothy Babatunde<br>Director | 10 | 0 | 0 | 0 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Part V** **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . ☐

| | | | Yes | No |
|---|---|---|---|---|
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | | ✔ |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions | 34 | | ✔ |
| 35a | Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | ✔ |
| b | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | | |
| c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | ✔ |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | ✔ |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0 | | | |
| b | Did the organization file **Form 1120-POL** for this year? | 37b | | ✔ |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | ✔ |
| b | If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b | | | |
| 39 | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on line 9 39a | | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b | | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: _____; section 4912: _____; section 4955: _____ | | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | ✔ |
| c | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization | | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | ✔ |
| 41 | List the states with which a copy of this return is filed: GA | | | |
| 42a | The organization's books are in care of: Damilare Adeoye Telephone no. 772-240-2280 | | | |
| | Located at: 226 GOSHEN RD, Rincon, GA ZIP + 4 31326-5657 | | | |
| b | 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)? | 42b | | ✔ |
| | If "Yes," enter the name of the foreign country: _____ | | | |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| c | At any time during the calendar year, did the organization maintain an office outside the United States? | 42c | | ✔ |
| | If "Yes," enter the name of the foreign country: _____ | | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here . . . ☐ and enter the amount of tax-exempt interest received or accrued during the tax year 43 | | | |

| | | | Yes | No |
|---|---|---|---|---|
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | | ✔ |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | | ✔ |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44c | | ✔ |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | ✔ |
| b | 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions | 45b | | ✔ |

| | | | Yes | No |
|---|---|---|---|---|
| 46 | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | | ✔ |

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

| | | | Yes | No |
|---|---|---|---|---|
| 47 | 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 | 47 | | ✔ |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | ✔ |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | ✔ |
| b | If "Yes," was the related organization a section 527 organization? | 49b | | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|---|---|---|---|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over $100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|---|---|---|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over $100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ☑ Yes ☐ No

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**

Signature of officer — Date 05/14/2024

Damilare Adeoye ,Treasurer

Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| | | | | |

Firm's name — Firm's EIN

Firm's address — Phone no.

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

**SCHEDULE A (Form 990)**

Department of the Treasury
Internal Revenue Service

# 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.**
**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| Lux in Tenebris Incorporated | 87-0960564 |

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
12 ☐ 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | (iv) Is the organization listed in your governing document? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| (A) | | | ☐ | ☐ | | |
| (B) | | | ☐ | ☐ | | |
| (C) | | | ☐ | ☐ | | |
| (D) | | | ☐ | ☐ | | |
| (E) | | | ☐ | ☐ | | |
| Total | | | | | | |

**Schedule B (Form 990)**

Department of the Treasury
Internal Revenue Service

# Schedule of Contributors

**Attach to Form 990, 990-EZ, or 990-PF.**
**Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

**2023**

Name of the organization
Lux in Tenebris Incorporated

**Employer identification number**
87-0960564

**Organization type** (check one):

| **Filers of:** | **Section:** |
|---|---|
| Form 990 or 990-EZ | ☑ 501(c)( 3 ) (enter number) organization |
| | ☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation |
| | ☐ 527 political organization |
| Form 990-PF | ☐ 501(c)(3) exempt private foundation |
| | ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | ☐ 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33⅓% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (**1**) $5,000; or (**2**) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . $ _____

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization: Lux in Tenebris Incorporated

Employer identification number: 87-0960564

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|---|---|---|
| 1 | Contributor identity withheld | $ 7,000 | ☑ Person<br>☐ Payroll<br>☐ Noncash<br>(Complete Part II for noncash contributions.) |
| 2 | Contributor identity withheld | $ 14,000 | ☑ Person<br>☐ Payroll<br>☐ Noncash<br>(Complete Part II for noncash contributions.) |
| 3 | Contributor identity withheld | $ 5,387 | ☑ Person<br>☐ Payroll<br>☐ Noncash<br>(Complete Part II for noncash contributions.) |
| 4 | Contributor identity withheld | $ 8,784 | ☐ Person<br>☐ Payroll<br>☑ Noncash<br>(Complete Part II for noncash contributions.) |
| | Contributor identity withheld | $ | ☐ Person<br>☐ Payroll<br>☐ Noncash<br>(Complete Part II for noncash contributions.) |
| | Contributor identity withheld | $ | ☐ Person<br>☐ Payroll<br>☐ Noncash<br>(Complete Part II for noncash contributions.) |

Name of organization: Lux in Tenebris Incorporated

Employer identification number: 87-0960564

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| 4 | Books | $ 8,784 | 10/20/2023 |
| | | $ | |
| | | $ | |
| | | $ | |
| | | $ | |
| | | $ | |

**SCHEDULE O (Form 990)**

Department of the Treasury
Internal Revenue Service

# 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 Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization
**Lux in Tenebris Incorporated**

**Employer identification number**
**87-0960564**

**#1: FormAndLineReferenceDesc: Part I, line 10**

**ExplanationTxt:**

| Activity : | Grantee Name : | Grantee Address / Descriptions | Amount : | Relationship : |
|---|---|---|---|---|
| Pastoral Education Program | Union School of Theology | Bryntirion House, A473, Bridgend CF31 4DX, United Kingdom | $2,229 | None |
| Pastoral Financial Support Program | Trinity Baptist Church | 4 Juba St, Galadimawa, Abuja 900107, Federal Capital Territory, Nigeria | $9,755 | None |
| Pastoral Financial Support Program | Sovereign Grace Bible Church | 451a Oluwadamilola Fasade St, Omole Phase 1, Ojodu Berger 101233, Lagos, Nigeria | $14,100 | None |
| Pastoral Education Program - Institute of Pastoral and Theological Training | Emmanuel Baptist Church | 5391 Johnson Road Coconut Creek, Florida 33073 | $6,000 | None |
| Pastoral Education Program | Reformed Baptist Seminary | P.O. Box 880705, Boca Raton, FL 33488-0705 | $412 | None |

Name of the organization
Lux in Tenebris Incorporated

Employer identification number
87-0960564

#2: FormAndLineReferenceDesc: Part I, line 10

ExplanationTxt:

| Activity : | Grantee Name : | Grantee Address/Descriptions: | Amount : | Relationship : |
|---|---|---|---|---|
| | | 451a Oluwadamilola Fasade St, Omole Phase 1, Ojodu Berger 101233, Lagos, Nigeria | | |
| Pastoral Education Program | Grace an Truth Theo Seminary | | $3,000 | |
| | | P.O. Box 880705, Boca Raton, FL 33488-0705 | | |
| Pastoral Financial Support Program | Reformed Baptist Seminary | | $355 | |
| | | ~~5991 Johnson Road Coconut Creek,~~ Florida 33073 | | |
| Pastoral Financial Support Program | Emmanuel Baptist Church | | $605 | |
| Pastoral Financial Support Program | grantee | | $917 | No Relationship |

**SCHEDULE O (Form 990)**

Department of the Treasury
Internal Revenue Service

# 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 Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization
**Lux in Tenebris Incorporated**

**Employer identification number**
**87-0960564**

**#3: FormAndLineReferenceDesc: Part I, line 16**

**Bank Fees & Service Charges Refund**

**$1104.00**

**Conference and Meeting Expenses**

**$200.00**

**Licenses & permits**

**$30.00**

**Marketing Expenses**

**$1067.47**

**Merchant account fees**

**$707.74**

| Name of the organization | Employer identification number |
|---|---|
| Lux in Tenebris Incorporated | 87-0960564 |

#3: FormAndLineReferenceDesc: Part I, line 16

| | |
|---|---|
| Phone/Internet | $75.00 |
| Software | $1155.82 |
| Distribution & Logistics | $400.00 |
| Mission Trip travel expenses | $7543.00 |

**SCHEDULE O (Form 990)**

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

**2023**

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Name of the organization
**Lux in Tenebris Incorporated**

**Employer identification number**
**87-0960564**

**#3: FormAndLineReferenceDesc: Part II, line 24**

| | BOY Amount : | EOY Amount : |
|---|---|---|
| Other current assets | $350.00 | $1860.00 |

**SCHEDULE O (Form 990)**

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

**2023**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| Lux in Tenebris Incorporated | 87-0960564 |

#3: FormAndLineReferenceDesc: Part III

Lux in Tenebris's mission is to help spread the preaching of the true gospel of Christ in Nigeria by facilitating the provision of financial support to reformed churches theological outreaches such as seminaries, pastoral training and all efforts that are aimed at sound biblical education in Nigeria.