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.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

A F	or th	e 2023 cal	endar year, or tax year beginning	and	ending						
Р.			C Name of organization					Empl	oyer iden	tification i	number
D C	neck if a	applicable:	MISSION OF DEEDS, INC	Z.							
	Addre	ss change	Doing business as					22-3	325265	51	
	Name	change	Number and street (or P.O. box if ma	ail is not delivered to street address)		Room/su	ite E	Telep	hone num	ıber	
	Initial	return	6 CHAPIN AVENUE					(782	1)944	-9797	
	Final r	eturn/terminated	City or town, state or province, coun	try, and ZIP or foreign postal code			G	Gross	s receipts	\$	
	Amend	ded return	READING, MA 01867						1	,805,3	316.
	Applic	ation pending	F Name and address of principal office	r: ARTHUR TRIGLIONE			H(a) Is this a subordin		turn for	Yes	X No
			6 CHAPIN AVENUE, REAL	DING, MA 01867			H(b) Are all s		tes included?	Yes	i 🔲 No
1	Tax-ex	empt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or t	527	If "No,"	attach a	a list. See in	structions.	
J	Webs	ite: WV	WW.MISSIONOFDEEDS.ORG				H(c) Group	exempti	ion number		
K	Form	of organization	on: X Corporation Trust	Association Other	L Ye	ar of format	tion: 1993	M St	ate of lega	al domicile	: MA
Pa	art I	Summ	nary	· ·	'						
	1	Briefly des	scribe the organization's mission o	r most significant activities: GIVIN	NG BED	S, FUR	NITURE,	ANI	D HOUS	SEHOLI	
ė		•	TO PEOPLE IN NEED, FR			,	,				
anc			,								
ern	2	Check this	s box if the organization of	discontinued its operations or dis	sposed o	f more t	han 25%	of its	s net a	ssets.	
Governance	3			body (Part VI, line 1a)	•			1	3		13
⋖ర	4			he governing body (Part VI, line 1b)					4		10
ies	5			endar year 2023 (Part V, line 2a)					5		10
Activities	6			sary)					6		100
Act	-			III, column (C), line 12					7a		
				Form 990-T, Part I, line 11					'b		
		TVOL UTITOR	ated business taxable interne from t	i omi oso i, i diti, inio ii			Prior Yea			Current '	Year
	8	Contributi	one and grants (Part VIII line 1h)				1,406				7,377.
ıπe	9						1,100	NON		1,12	NONE
Revenue	10			es 3, 4, and 7d)			22	,097			$\frac{10001}{9,246}$.
Re	11			6d, 8c, 9c, 10c, and 11e)				,302			1,847.
	12			equal Part VIII, column (A), line 12)			1,506				8,470.
	13							, 4 59 , 902			
	14			umn (A), lines 1-3)			363	, 902 NO1		040	8,181.
							260			16	NONE
Expenses	15			efits (Part IX, column (A), lines 5-10)			309	, 208		40:	5,974.
oen				(A), line 11e)				NOI	NE		NONE
EX			draising expenses (Part IX, column (I				225	0.65	7	201	0 004
	17			a-11d, 11f-24e)				,967			0,884.
	18			Part IX, column (A), line 25)			1,289				5,039.
- S	19	Revenue	less expenses. Subtract line 18 from	n line 12				,382		End of Ye	3,431.
ts o		-	. (D . () (10)			<u> </u>	nning of Curr				
sse Bala	20						2,730	•			9,622.
Net Assets or Fund Balances	21							,731			0,260.
				from line 20			2,425	,992	4.	2,789	9,362.
	rt II		ture Block			-1					h - 11 - 6 - 16 - 1-
true	, corre	ect, and com	plete. Declaration of preparer (other than	is return, including accompanying schedun officer) is based on all information of whi	ich prepare	r has any k	and to the be nowledge.	est of n	ny knowie	age and i	Jellel, It is
Sig	n	Signature of	of officer				Date				
Her		Oigilature C	onice:				Date				
		Tuno or pris	nt name and title								
				Droporer's signature	Date		Check	if	, PTIN		
Paid		1	e preparer's name	Preparer's signature	· · · · ·						_
	arer	RICHAR		RICHARD RUVELSON	08/	22/202	_ '	ipioyed	1 1 0 0 .	234075	
•	Only	Firm's nam		<u> </u>			Firm's EIN			027092	
		Firm's add		FC PK, STE 102 BRAINTREE, MA 021			Phone no.			471-11	
_				shown above? See instructions.					X	Yes	No No
For	Pape	rwork Red	luction Act Notice, see the separat	e instructions.						Form 99	0 (2023)

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Pa		Statement of Program Service			
		escribe the organization's missic		t III	
•			n. ATED, IS A NON-PROFIT ORGAN	ITZATION TUAT	
			LUNTEERS AND THE GENEROSITY		
			OS AND FURNITURE, FREE OF C		
	IN NE		OS AND PURNITURE, FREE OF C	HARGE, TO FEOFIE	
2			ificant program services during the ye	ear which were not listed on the	
_					X No
	If "Yes " c	lescribe these new services on	Schedule O		
3	•		g, or make significant changes in I	now it conducts any program	
•					X No
	If "Yes," d	lescribe these changes on Sche	dule O.		
4	expenses	. Section 501(c)(3) and 501(c		its three largest program services, as meas port the amount of grants and allocations to	
4a	(Code:) (Expenses \$ 1	, 393, 958. including grants of \$	648,181.) (Revenue \$	
	SOLIC		ONS TO ASSIST THE NEEDY IN		
		HOUSEHOLDS.			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
	` _				
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
	` _				
4d	Other pro	ogram services (Describe on Sc	nedule O.)		
	(Expense			e \$)	
4e	Total pro	gram service expenses			

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Form **990** (2023) 1616WX 085M 9116349 5

Form 990 (2023)
Part IV Checklist of Required Schedules

aı	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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	9		v
4	candidates for public office? If "Yes," complete Schedule C, Part I. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		X
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
J	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		- 21
	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		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
•	VII, VIII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	114	21	
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
f	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	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401-		3.7
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	- · · · ·		
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		_	
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.		37
20	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	, , , , , , , , , , , , , , , , , , , ,			

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Form **990** (2023)

Form 990 (2023)

Part IV Chocklist of Poquired Schodules (continued)

Part	Checklist of Required Schedules (continued)		V	NI-
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
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		X
24 a	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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		Х
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?			
		25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, 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	35b		
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		Х
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? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

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Form 990 (2023) Page **5**

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	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 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule</i> O	3b		
	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)?	4a		Х
b	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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 as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	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		
b	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	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			
	Enter the amount of reserves on hand	44-		37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		v
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	.0		21
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes." complete Form 6069.			

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a 13 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 10 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 Χ supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 Χ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Χ 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Χ 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Χ Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Х Χ Each committee with authority to act on behalf of the governing body?................. Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Χ 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Χ Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Х Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Χ 13 14 Χ 14 Did the organization have a written document retention and destruction policy?..... 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? 15a Χ 15b Χ If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a Х b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure MA. List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,

ARTHUR TRIGLIONE 6 CHAPIN AVENUE READING, MA 01867 781-944-9797

State the name, address, and telephone number of the person who possesses the organization's books and records.

and financial statements available to the public during the tax year.

Form **990** (2023)

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

Check if Schedule O contains a response or note to any line 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

Column C	Check this box it fleither the organization not		loiga			C)	проп	-			
Average	(A)	(B)							(D)	(E)	(F)
OFFICE CORP Power Power			(do ı	not c	heck	more	e than o	ne	1		
Companies of the comp		hours	box,	unles	ss pe	erson	is both	an	compensation	compensation	of other
Comparison to the property of the property o		1 '			d a c	lirect	or/trust	ee)			
(1) DAVID MCISAAC			Ind or c	Inst	Qf	₹ ey	Hig	For			
(1) DAVID MCISAAC			livid L	lituti	cer	em	hest	mer			-
(1) DAVID MCISAAC		organizations	tor t	ona		ploy	e 8		,	,	
(1) DAVID MCISAAC			uste	T T		ee	npe				
(1) DAVID MCISAAC		dotted line)	e e	stee			nsat				
EXECUTIVE DIRECTOR							ed				
EXECUTIVE DIRECTOR	(1) DAVID MCISAAC	40 00									
(2) CHRISTOPHER J. BARRETT 1.00 PRESIDENT NONE X (3) CATHERINE R. KAMINER 1.00 VICE PRESIDENT NONE X (4) LORI A. GRAYSON 1.00 SECRETARY NONE X (5) ARTHUR J. TRIGLIONE 1.00 TREASURER NONE X (6) JOHN J. O'CONNOR 1.00 DIRECTOR NONE X (7) JAN TRIGLIONE 1.00 DIRECTOR NONE X NONE X NONE NONE X NONE X NONE NONE	_ ` /		x		x				90.000.	NONE	9.577.
PRESIDENT									20,000.	110112	273771
(3) CATHERINE R. KAMINER			Х		x				NONE	NONE	NONE
VICE PRESIDENT NONE X X NONE NONE NONE (4) LORI A. GRAYSON 1.00 X X NONE											
(4) LORI A. GRAYSON			x		X				NONE	NONE	NONE
SECRETARY									-	-	-
(5) ARTHUR J. TRIGLIONE			X		Х				NONE	NONE	NONE
TREASURER	(5) ARTHUR J. TRIGLIONE	1.00									
DIRECTOR		NONE	Х		Х				NONE	NONE	NONE
(7) JAN TRIGLIONE 1.00 DIRECTOR NONE X (8) ERIC A. BOEMER 1.00 NONE DIRECTOR NONE X (9) MARIANNE TOMPKINS 1.00 NONE DIRECTOR NONE X (10) AMY D. ROY 1.00 NONE DIRECTOR NONE X (11) JASON RUEL 1.00 NONE DIRECTOR NONE X DIRECTOR NONE NONE NONE NONE NONE	(6) JOHN J. O'CONNOR	1.00									
DIRECTOR	DIRECTOR	NONE	Х						NONE	NONE	NONE
(8) ERIC A. BOEMER	(7) JAN TRIGLIONE	1.00									
DIRECTOR	DIRECTOR	NONE	Х						NONE	NONE	NONE
(9) MARIANNE TOMPKINS 1.00 DIRECTOR NONE X (10) AMY D. ROY 1.00 DIRECTOR NONE X (11) JASON RUEL 1.00 DIRECTOR NONE X (12) CANDY BROWER 1.00 DIRECTOR NONE X NONE X NONE NONE NONE NONE DIRECTOR NONE X DIRECTOR NONE X DIRECTOR NONE X DIRECTOR NONE X NONE NONE NONE	(8) ERIC A. BOEMER	1.00									
DIRECTOR	DIRECTOR	NONE	Х						NONE	NONE	NONE
(10) AMY D. ROY	(9) MARIANNE TOMPKINS	1.00									
DIRECTOR NONE X NONE NONE NONE (11) JASON RUEL 1.00 1.00 NONE	DIRECTOR	NONE	Х						NONE	NONE	NONE
(11) JASON RUEL 1.00 DIRECTOR NONE X (12) CANDY BROWER 1.00 DIRECTOR NONE X (13) CAROL C. MORIARTY 1.00 DIRECTOR NONE X NONE NONE NONE	(10) AMY D. ROY	1.00									
DIRECTOR NONE X NONE NONE NONE (12) CANDY BROWER 1.00 DIRECTOR NONE X NONE NONE NONE (13) CAROL C. MORIARTY 1.00 DIRECTOR NONE X NONE NONE NONE NONE	DIRECTOR	NONE	Х						NONE	NONE	NONE
(12) CANDY BROWER 1.00 DIRECTOR NONE (13) CAROL C. MORIARTY 1.00 DIRECTOR NONE X NONE NONE NONE NONE NONE	(11) JASON RUEL	1.00									
DIRECTOR NONE X NONE NONE NONE (13) CAROL C. MORIARTY 1.00 DIRECTOR NONE X NONE NONE NONE	DIRECTOR	NONE	X						NONE	NONE	NONE
(13) CAROL C. MORIARTY 1.00 DIRECTOR NONE X NONE NONE NONE	(12) CANDY BROWER	1.00									
DIRECTOR NONE X NONE NONE	DIRECTOR	NONE	X						NONE	NONE	NONE
	(13) CAROL C. MORIARTY	1.00									
(14)	DIRECTOR	NONE	X						NONE	NONE	NONE
	<u>(14)</u>										

Form **990** (2023)

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Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
		(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	erson direct	e than of is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportal compensation related organizat (W-2/1099-	on from d ions	am comp fro orga and	(F) timated ount of other pensation the anization related nizations	ı	
	Ol. 4-4									00 000		NONE		0 5	
С		ar om continuation sheets to Part VII, S dd lines 1b and 1c)	-			 <u></u>			>	90,000. NONE 90,000.		NONE NONE		N	577. IONE 577.
	reportat	mber of individuals (including but not ble compensation from the organization	n ▶				NO	NE						Yes	No
		e organization list any former office se on line 1a? <i>If "Yes," complete Sched</i> e											3		Х
4	organiza	individual listed on line 1a, is the station and related organizations greated	eater than	\$15	0,0	00?	P It	"Yes	5," (complete Schedu	le J for s	such			
	Did any	al	accrue co	mpen	sati	on	fron	n any	uni	related organization	on or indivi	dual	5		X
		Independent Contractors	es, comple	ie sci	ieat	ile J	101	Sucri	per	SOII	<u> </u>	• •	J		X_
1	Comple	te this table for your five highest com sation from the organization. Report of													
		(A) Name and business add	dress							(B) Description of se	rvices	С	(C) ompens	ation	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE

Form **990** (2023)

Part VIII Statement of Revenue

		Check if Schedule O contains a res	ponse or note to ar	ny line in this Part \	/		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts, its	1a	Federated campaigns	a .				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1	o				
Ğ Ü	С	Fundraising events 10	;				
ifts ar /	d	Related organizations 10	t				
nij.	е	Government grants (contributions) 10	•				
Sir	f	All other contributions, gifts, grants,					
utic Je r		and similar amounts not included above . 11	1,427,377.				
흕호	g	Noncash contributions included in					
on Jd		lines 1a-1f	3 \$ 348,377.				
<u>a</u>	h	Total. Add lines 1a-1f		1,427,377.			
4			Business Code				
Program Service Revenue	2a		_				
er ue	b		_				
m en	С		_				
ıraı Re∖	d		_				
roc	е		_				
_	f	All other program service revenue					
_	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividend					22.245
		other similar amounts)		99,246.			99,246
	4	Income from investment of tax-exempt be		NONE			+
	5	Royalties	(ii) Personal	NONE			
	0-		(ii) i cisoriai				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b Rental income or (loss) 6c	IONE NONE				
	C d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities		110112			
	, u	sales of assets	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		other than inventory 7a					
ø	b	Less: cost or other basis					
evenue	_	and sales expenses 7b					
eve	С	Gain or (loss) 7c					
~	d	Net gain or (loss)		NONE			
Other	8a	Gross income from fundraising					
ō	Ju	events (not including \$					
		of contributions reported on line					
		•	3a 267,650.				
	b		3b 106,846.				
	С	Net income or (loss) from fundraising eve	nts	160,804.			160,804
	9a	Gross income from gaming					
		activities. See Part IV, line 19)a NONE				
	b	Less: direct expenses)b NONE				
	С	Net income or (loss) from gaming activiti	es	NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 1	0a NONE				
	b		0b NONE				
	С	Net income or (loss) from sales of inventory		NONE			
ns			Business Code				
Miscellaneous Revenue	11a	MISCELLANEOUS INCOME	900099	11,043.	11,043.		
llar ′en	b		_				+
sce Rev	С		_				
Mis	d	All other revenue					
		Total Add lines 11a-11d		11,043.	2		
JSA	12	Total revenue. See instructions		1,698,470.	11,043.		260,050
	1 2.000			0116240			Form 990 (2023
	Т6	16WX 085M		9116349			12

22-3252651

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a resp	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 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 domestic organizations				
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	648,181.	648,181.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	86,775.	75,494.	8,678.	2,603
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	334,052.	290,625.	33,405.	10,022
8	Pension plan accruals and contributions (include	NONE			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	7,848.	5,337.	1,758.	753
10	Payroll taxes	37,299.	25,363.	8,355.	3,581
11	Fees for services (nonemployees):				
а	Management	NONE			
	Legal	NONE			
c	Accounting	10,936.		10,936.	
d	Lobbying	NONE			
e	Professional fundraising services. See Part IV, line 17.	NONE			
1	f Investment management fees	NONE			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	NONE			
12	Advertising and promotion	NONE			
13	Office expenses	7,145.	6,431.	714.	
14	Information technology	40,615.	36,366.	3,905.	344
15	Royalties	NONE			
16	Occupancy	122,974.	110,677.	12,297.	
17	Travel	580.	580.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
	Interest	NONE			
	Payments to affiliates	NONE			
	Depreciation, depletion, and amortization	28,337.	25,503.	2,834.	
	Insurance	8,961.	8,065.	896.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а		106,295.	106,295.		
b		18,099.	18,099.		
C		27,065.	27,065.		
d		9,877.	9,877.		
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,495,039.	1,393,958.	83,778.	17,303
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2023)

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this I	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	NONE	1	2,004.
	2	Savings and temporary cash investments	939,799.	2	748,313.
	3	Pledges and grants receivable, net	NONE	3	NONE
	4	Accounts receivable, net	NONE	4	NONE
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE		NONE
As	9	Prepaid expenses and deferred charges	NONE		NONE
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 500,754			
	h	Less: accumulated depreciation		100	94,944.
	11	Investments - publicly traded securities		11	1,936,647.
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11	NONE		NONE
	14		NONE		NONE
	15	Intangible assets	285,513.	15	247,714.
	16		2,730,723.		
	—	Total assets. Add lines 1 through 15 (must equal line 33)		16	3,029,622.
	17	Accounts payable and accrued expenses	80,542.	17	16,070.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	NONE		NONE
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
<u>ia</u>		controlled entity or family member of any of these persons	NONE		NONE
_	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	224,189.	25	224,190.
	26	Total liabilities. Add lines 17 through 25	304,731.	26	240,260.
Sec		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
ᆲ	27	Net assets without donor restrictions	1,981,080.	27	2,311,905.
Ä	28	Net assets with donor restrictions	444,912.	28	477,457.
Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or	32	Total net assets or fund balances	2,425,992.	32	2,789,362.
ž	33	Total liabilities and net assets/fund balances		33	3,029,622.
_	1		2,130,123.		Form 990 (2023)

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Form 990 (2023) Page **12**

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		L,6	98,	<u>470</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2		L,4	95,	<u>039</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		2	03,	<u>431</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,4	25,	<u>992</u>
5	Net unrealized gains (losses) on investments	5		1	59,	<u>939</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		2,7	89,	<u> 362</u>
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted or	na			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounts	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits -		3b		

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SCHEDULE A (Form 990)

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

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number
MISSION OF DEEDS, INC. 22-3252651

		D (D III O	0 / ^ 11			d	1 \ 0		
Pa		Reason for Public Ch					· · · · · · · · · · · · · · · · · · ·	IS.	
	orga	anization is not a private four		•		•	•		
1	\square	A church, convention of chu					70(b)(1)(A)(i).		
2		A school described in section		•					
3		A hospital or a cooperative						=	
4		A medical research organiz	•	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the	
_		hospital's name, city, and st							
5		An organization operated f		a college or universit	y owned	d or ope	erated by a governme	ntal unit described in	
_		section 170(b)(1)(A)(iv). (C	-						
6									
7		-	=	· ·	pport fro	om a go	vernmental unit or fro	om the general public	
_		described in section 170(b)			D(II)				
8		A community trust describe						land one of a disease	
9		An agricultural research org	=			-		-	
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state of	the college or	
		university:	II				. ()	Se feer and among	
10	_X	An organization that norma receipts from activities rela	ily receives (1) mo ted to its exempt f	ore than 331/3 % of its functions, subject to c	support ertain ex	rrom cor ceptions	ntributions, membersh s: and (2) no more thar	ip rees, and gross	
		support from gross investm	ent income and u	nrelated business tax	able inco	mė (les	s section 511 tax) from	businesses	
1.1		acquired by the organization				•	•		
11 12		An organization organized an organization organization	•	•	•			ry out the nurnesse of	
12		one or more publicly support	•	•				• •	
		the box on lines 12a throug	-						
_	Г	¬		* * * * * * * * * * * * * * * * * * * *			·	· · ·	
а	_		•	•	•		• , ,		
		the supported organization.				ajority of	the directors of truste	es of the	
b	Г	Type II. A supporting org	-			with ito	cupported organization	on(a) by baying	
D	_	control or management o	•				· · ·		
		organization(s). You must		=	ille Salli	e persor	is that control of man	age the supported	
С	Г	Type III functionally integ	•	•	ited in co	onnectio	n with and functional	ly integrated with	
·	_	its supported organization						iy integrated with,	
d	Г	Type III non-functionally		· ·				ted organization(s)	
_		that is not functionally inte			-				
		requirement (see instructi	-		-		•	an anominonos	
е		Check this box if the orga	•	-				I. Type III	
	_	functionally integrated, or						7 71 -	
f	En	ter the number of supported							
g	Pro	ovide the following information	on about the suppo	orted organization(s).					
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)	
					Yes	No	,	,	
(A)									
.,,									
(B)									
(C)									
(D)									
(E)									
Tota	al								

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

Schedule A (Form 990) 2023

Page 2 Schedule A (Form 990) 2023

Par	Support Schedule for Orga (Complete only if you checked Part III. If the organization fail	d the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	
Sec	tion A. Public Support	12 23		· · · · · ·		· · · /	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
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).						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		1		'	•	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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 VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u></u>					
	tion C. Computation of Public Supp						
	Public support percentage for 2023 (lin	•					<u>%</u>
15	Public support percentage from 2022						<u>%</u>
16a	331/3% support test - 2023. If the org						
1.	box and stop here. The organization qu						
D	331/3% support test - 2022. If the org this box and stop here. The organization						
172	10%-facts-and-circumstances test - 2			-			
1 <i>1</i> a	10% or more, and if the organization						
	Part VI how the organization meets t						•
	organization			-			Tapportou
b	10%-facts-and-circumstances test - 2						and line
	15 is 10% or more, and if the organiz		•				
	in Part VI how the organization meets					-	•
	organization						
18	Private foundation. If the organization	n did not che	ck a box on lin	e 13, 16a, 16b	o, 17a, or 17b,	check this box	and see
	instructions		<u>.</u>		<u> </u>		

Schedule A (Form 990) 2023

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·		,	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees				. ,		
-	received. (Do not include any "unusual grants.")	1,224,577.	1,435,513.	1,195,373.	1,045,212.	1,427,377.	6,328,052.
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						NONE
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513						NONE
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						NONE
5	The value of services or facilities						
·	furnished by a governmental unit to the						
	organization without charge						NONE
6	Total. Add lines 1 through 5	1,224,577.	1,435,513.	1,195,373.	1,045,212.	1,427,377.	6,328,052.
	Amounts included on lines 1, 2, and 3	, , , ,	,,.	, ,	, , , , ,	, , , ,	
ı a	received from disqualified persons	10,000.	125,000.	10,100.	129,750.	63,186.	338,036.
b	Amounts included on lines 2 and 3		===,			10,200	
	received from other than disqualified						
	persons that exceed the greater of \$5,000						NONE
_	or 1% of the amount on line 13 for the year Add lines 7a and 7b.	10,000.	125,000.	10,100.	129,750.	63,186.	338,036.
8	Public support. (Subtract line 7c from	.,					
•	line 6.)						5,990,016.
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6.	1,224,577.	1,435,513.	1,195,373.	1,045,212.	1,427,377.	6,328,052.
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources	24,483.	73,691.	23,076.	33,097.	99,246.	253,593.
b	Unrelated business taxable income (less			·	-		
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						NONE
С	Add lines 10a and 10b	24,483.	73,691.	23,076.	33,097.	99,246.	253,593.
11	Net income from unrelated business	,	.,				
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						NONE
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						NONE
13	Total support. (Add lines 9, 10c, 11,						
. •	and 12.)	1,249,060.	1,509,204.	1,218,449.	1,078,309.	1,526,623.	6,581,645.
14	First 5 years. If the Form 990 is for					L	
	organization, check this box and stop here .	· ·	*		•		` ` ` ` _
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2023 (line 8,			nn (f))		15	91.01%
16	Public support percentage from 2022 Scheo	, ,	•			16	92.67%
	tion D. Computation of Investment						32.0770
<u> 17</u>	Investment income percentage for 2023 (lin			3. column (f))		17	3.85%
18	Investment income percentage from 2022 S					18	2.75%
	331/3% support tests - 2023. If the org						
. u	17 is not more than 331/3%, check this						
h	331/3% support tests - 2022. If the orga		_			· ·	
J	line 18 is not more than 331/3%, check				•		
20	Private foundation. If the organization d			•			

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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All	Supporting	Organizations
----------------	------------	----------------------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b Schedule A (Form 990) 2023

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Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI .	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Casti		1		
Section	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
_	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			•
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		
2	Activities Test. Answer lines 2a and 2b below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
h	•			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

JSA 3E1230 1.000 Schedule A (Form 990) 2023

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations	3	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain	in in Part VI) . See
	instructions. All other Type III non-functionally integrated supporting organ	izations n	nust complete Sectio	ns A through E.
Se	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7		7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona		ted Type III supporting	g organization
	(see instructions).	J 3	21	

Schedule A (Form 990) 2023

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Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D. line 7: \$				

Schedule A (Form 990) 2023

5

6

Applied to underdistributions of prior years
Applied to 2023 distributable amount

Part VI. See instructions.

Breakdown of line 7:

Excess from 2019 . . .

Excess from 2020 . . .

Excess from 2021 . . .

Excess from 2022 . . .

Excess from 2023 . . .

and 4c.

Remainder. Subtract lines 4a and 4b from line 4.

Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI*. See instructions.

Remaining underdistributions for 2023. Subtract lines 3h

and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2024. Add lines 3j

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SCHEDULE D (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

IVAIII	e of the organization	Employer identification number
MI	SSION OF DEEDS, INC.	22-3252651
Pa	art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
Đ:	art II Conservation Easements	111111111111111111111111111111111111111
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		f a historically important land area
		a certified historic structure
	Preservation of open space	a certified filstoffe structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the contrib	he form of a conservation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
_		
a		2a
b		2b
C	· · · · · · · · · · · · · · · · · · ·	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and	0.1
•		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	ated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspectio	-
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cor	iservation easements during the year
_		470(h)(4)(D)(i)
8	Does each conservation easement reported on line 2d above satisfy the requirements of section	
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
	sheet, and include, if applicable, the text of the footnote to the organization's financial stateme organization's accounting for conservation easements.	ents that describes the
D	art III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assats
Г	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Sillilai Assets
_		
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, o	statement and balance sheet works or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	ese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	tement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research	arch in furtherance of public service,
	provide the following amounts relating to these items:	•
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	sets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
a	Revenue included on Form 990, Part VIII, line 1	
h	Assets included in Form 990 Part X	

Schedule D (Form 990) 2023

che	dule D (Form 990) 2023 MTSST	ON OF DEEDS,	TNC.				22-3	252651 Page 2
Pa	rt III Organizations Maintaining			rical Tre	asures, o	r Other Simila		
3	Using the organization's acquisition,							
	collection items (check all that apply).							
а	Public exhibition		d	Loan	r exchange	e program		
b	Scholarly research		e	Other				
С	Preservation for future generati	ons						
4	Provide a description of the organiza	ation's collections	and expla	ain how t	hey further	the organization	n's exemp	t purpose in Part
	XIII.							
5	During the year, did the organization s	olicit or receive d	onations o	f art, histo	orical treas	ures, or other sir	nilar	
	assets to be sold to raise funds rather	than to be mainta	ined as pa	rt of the c	rganizatior	n's collection? .	[Yes No
Pa	rt IV Escrow and Custodial Arra	ingements						
	Complete if the organizatio	n answered "Ye	s" on For	m 990, P	art IV, line	9, or reported	an amour	nt on Form
	990, Part X, line 21.							
1 a	Is the organization an agent, trustee	, custodian or ot	her interm	nediary fo	r contribut	ions or other a	ssets not	
	included on Form 990, Part X?						[Yes No
b	If "Yes," explain the arrangement in P							
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amou	nt on Form 990, F	Part X, line	21, for e	scrow or co	ustodial account	liability?	Yes No
b	If "Yes," explain the arrangement in P	art XIII. Check he	re if the e	xplanation	has been p	rovided in Part X	III	
Pa	rt V Endowment Funds							
	Complete if the organization	n answered "Ye	s" on For	m 990, F	Part IV, line	10.		
		(a) Current year	(b) Prio	r year	(c) Two year	rs back (d) Thre	e years back	(e) Four years back
1a	Beginning of year balance	419,982.	50	08,167.	333,	113.	229,438.	184,566.
b	Contributions				150,	000.	100,000.	25,000.
С	Net investment earnings, gains,							
	and losses	75,150.	- 8	88,185.	25,	054.	3,675.	19,872.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	495,132.	4:	19,982.	508,	167.	333,113.	229,438.
2	Provide the estimated percentage of		nd balanc	e (line 1g,	column (a))	held as:		
а	Board designated or quasi-endowmen		0					
	Permanent endowment 86.6600	%						
С	Term endowment13.3400_%							
	The percentages on lines 2a, 2b, and							
3a	Are there endowment funds not in the	possession of th	e organiza	ation that	are held ar	ıd administered f	or the	[V]
	organization by:							Yes No
	(i) Unrelated organizations?							3a(i) X
	(ii) Related organizations?							3a(ii) X
_	If "Yes" on line 3a(ii), are the related	J	•					3b
4	Describe in Part XIII the intended use							
Pa	rt VI Land, Buildings, and Equip Complete if the organization	m ent on answered "Ye	es" on Foi	rm 990. F	Part IV. line	e 11a. See For	m 990. Pa	rt X. line 10.
	Description of property	(a) Cost or	other basis	(b) Cost of	or other basis	(c) Accumulated		Book value
	Land	(invest	ment)	(01	ther)	depreciation		
	Land							
	Buildings			_	98,927.	NOI 313,042		85,885.
	L GGCGDGIG IMPROVOMONTO	1		. 7	u	414 NA'	, ,	0 6 0 0 6

94,944. Schedule D (Form 990) 2023

9,059.

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Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

d Equipment.....

1616WX 085M 9116349 37

101,827.

92,769

Schedule D (Form 990) 2023 MISSION OF DEE	DS, INC.	22	-3252651 Pa	age 🤅
Part VII Investments - Other Securities Complete if the organization answered	d "Yes" on Form 99	0, Part IV, line 11b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on:	
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))				
Part VIII Investments - Program Related Complete if the organization answered	l "Yes" on Form 990	0 Part IV line 11c See Form 990	Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation		
(a) Description of investment	(b) Book value	Cost or end-of-year market		
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
<u>(7)</u>				
(8)				
(9) Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX Other Assets				
Complete if the organization answered	l "Yes" on Form 99	0 Part IV line 11d See Form 990	Part X line 15	
	escription	9,1 9,111, 1110	(b) Book value	
(1)RIGHT-OF-USE ASSET			223,58	
(2)UNCONDITIONAL PROMISES TO GIVE			24,13	
(3)			21,13	<u> </u>
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 15,	col. (B))		247,71	4.
Part X Other Liabilities Complete if the organization answered	l "Voc" on Form 00	0 Part IV line 11e or 11f See Forn	n 000 Part V	
line 25.	i tes on ronn 990	o, Partiv, line Tie of Tii. See Poil	11 990, Part A,	
	otion of liability		(b) Book value	
(1) Federal income taxes				
(2)LEASE LIABILITY LONG-TERM			224,19	0.
(3)				
_(4)				
(5)				
(6)				
(7)				
(8)				
(9)			004.50	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))			224,19	U.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . | X JSA 3E1270 1.000

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n	
1	Total revenue, gains, and other support per audited financial statements	1	1,965,255.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	1	
C	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII.) 2d 106,846.	1	
e	Add lines 2a through 2d	2e	266,785.
3	Subtract line 2e from line 1	3	1,698,470.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1,000,170:
4			
a	invocation exponess for included of the office of the trial, into the	1	
b		40	
С 5	Add lines 4a and 4b	4c 5	1 600 470
Part			1,698,470.
rarı	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,601,885.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	- 1	
b	Prior year adjustments	- 1	
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	106,846.
3	Subtract line 2e from line 1	3	1,495,039.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	1,495,039.
	XIII Supplemental Information		
Provid 2; Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, nation	line 4; Part X, line
SEE	SUPPLEMENTAL PAGE		
-			

Part XIII Supplemental Information (continued)

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THEREFORE HAS MADE NO PROVISION FOR FEDERAL INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS. AS A NOT-FOR-PROFIT ENTITY EXEMPT FROM INCOME TAXES, THE ORGANIZATION MAY, HOWEVER, BE SUBJECT TO TAX ON UNRELATED BUSINESS INCOME.

GAAP REQUIRES AN ENTITY TO ASSESS THE PROBABILITY THAT A TAX POSITION HAS

A MORE LIKELY THAN NOT ("MLTN") SUSTAINABILITY AFTER REVIEW BY TAX

AUTHORITIES. IF A TAX POSITION IS DEEMED NOT TO MEET THIS THRESHOLD, ANY

UNRECOGNIZED TAX BENEFITS AND COSTS ARE ESTIMATED AND RECOGNIZED. TAX

RETURNS ARE ROUTINELY OPEN FOR REVIEW BY THE TAX AUTHORITIES FOR THREE

YEARS FROM THEIR DUE DATE. IN CERTAIN CIRCUMSTANCES, THE STATUTE OF

LIMITATIONS MAY REMAIN OPEN INDEFINITELY.

AS A NOT-FOR-PROFIT ENTITY EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE ORGANIZATION MAY, HOWEVER, BE SUBJECT TO TAX ON UNRELATED BUSINESS INCOME.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

PART V, LINE 4

INCOME FROM THE ENDOWMENT FUND MAY BE USED TO PAY OPERATIONAL EXPENSES OF THE ORGANIZATION.

1616WX 085M 9116349 **41**

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

n answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Open to Pul

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

OMB No. 1545-0047
2023
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Inspection

value of the organization					Linployer identification	on number
MISSION OF DEEDS, INC.					22-325265	51
Part I Fundraising Activities. Comp	olete if the organ	nization ar	swered "	Yes" on Form 99		
Form 990-EZ filers are not re	equired to comple	ete this pa	rt.			
1 Indicate whether the organization rai				activities. Check	all that apply.	
a Mail solicitations	ee		_	non-government g	* * *	
	f			government grant		
					5	
c Phone solicitations	g	j 🔛 Spe	ciai fundra	ising events		
d In-person solicitations						
 2a Did the organization have a written of key employees listed in Form 990 b If "Yes," list the 10 highest paid indiction compensated at least \$5,000 by the 	, Part VII) or entity viduals or entities	y in connec	tion with p	rofessional fundra	ising services?	Yes No fundraiser is to be
compensated at least \$6,000 by the	organization.					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
•						
5						
6						
7						
8						
9						
9						
10						
3 List all states in which the organiza registration or licensing.	tion is registered	or licensed	d to solicit	contributions or	has been notified	it is exempt from

	(Form 990) 2023	MISSION OF	DEEDS,	INC.				22-	-3252651	Page 2
Part II	Fundraising Events. than \$15,000 of fund gross receipts greater to	draising event co								
		MOD	(a) Event #		(b) Event	IG	(c) Other event		(d) Total eve (add col. (a) th col. (c))	rough

40			MOD FEST (event type)	GOLF OUTING (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	72,960.	71,883.	122,807.	267,650.
ď		Less: Contributions Gross income (line 1				
		minus line 2)	72,960.	71,883.	122,807.	267,650.
	4	Cash prizes				
"	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Exp	7	Food and beverages				
Ωiğ	8	Entertainment				
	9	Other direct expenses	23,006.	22,666.	61,174.	106,846.
	10	Direct expense summary. Add lin	nes 4 through 9 in colu	ımn (d)		106,846.
		Net income summary. Subtract I				
Pa	rt III	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "` ne 6a.	Yes" on Form 990, P	Part IV, line 19, or	reported more than
enue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
Ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes%	
	7	Direct expense summary. Add lin	nes 2 through 5 in colu	ımn (d)		
	8	Net gaming income summary. S	subtract line 7 from line	e 1, column (d)		
9 a	ı I	Enter the state(s) in which the orgsthe the organization licensed to conform f "No," explain:	anization conducts ga duct gaming activities	in each of these state	s?	Yes No
l O a		Nere any of the organization's gaming f "Yes," explain:				Yes No

Schedule G (Form 990) 2023

JSA 3E1282 1.000

Sched	dule G (Form 990 or 990-EZ) 2023 MISSION OF DEEDS, INC.	22-32	252651	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other enti			
	formed to administer charitable gaming?	[Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events book			
	records:			
	Name ▶			
	Address ▶			
15 a	Does the organization have a contract with a third party from whom the organization receives	gaming		
	revenue?	r	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the		
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	in 100, onto hamo and dadiood or ind ama party.			
	Name ▶			
	Address ►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pro			
	retain the state gaming license?		Yes	No
b	3	anizations		
	or spent in the organization's own exempt activities during the tax year 🕨 \$			
Par				
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition	nal inforn	nation	
	(see instructions).			

Schedule G (Form 990 or 990-EZ) 2023

SCHEDULE I (Form 990)

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

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

2023

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service Attach to Form 990.

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

Name of the organization						Employer identificati	on number		
MISSION OF DEEDS, INC.						22-3252651			
Part I General Information on Grants a	ınd Assistanc	е							
Does the organization maintain records to the selection criteria used to award the graDescribe in Part IV the organization's process.	ants or assistan	ce?					X Yes No		
Part II Grants and Other Assistance to Part IV, line 21, for any recipient		-					es" on Form 990,		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
_(1)									
(2)									
(3)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations	•	•							

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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 donation of household goods to needy individuals	2,236	NONE	648,181.	FAIR MARKET VALUE	BEDS, FURNITURE, AND
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION ONLY GIVES ASSISTANCE TO INDIVIDUALS WHO HAVE BEEN

REFERRED BY SOCIAL SERVICE ORGANIZATIONS THAT WORK WITH NEEDY

INDIVIDUALS.

Page 2

SCHEDULE L (Form 990)

Department of the Treasury

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization MISSION OF DEEDS, INC. 22-3252651 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b. 1 (b) Relationship between disqualified person and (a) Name of disqualified person (c) Description of transaction (d) Corrected? organization Yes No (1) (2) (3)(4)(5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (i) Written (b) Relationship (f) Balance due (g) In default? (h) Approved (a) Name of interested person (c) Purpose of (d) Loan to or (e) Original with organization Ioan from the principal amount by board or agreement? organization? committee? From Yes No Yes No Yes No (1) (2) (3)(4)(5)(6)(7) (8)(9)(10)Total Part III **Grants or Assistance Benefiting Interested Persons** Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Type of assistance (e) Purpose of assistance person and the organization assistance (1)(2)(3)(4)(5)(6)(7)

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2023

(8) (9)(10) Schedule L (Form 990 or 990-EZ) 2023

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)ARTHUR TRIGLIONE	TREASURER	65,392.	SEE PART V		х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

- (A) NAME OF PERSON: ARTHUR TRIGLIONE
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ARTHUR TRIGLIONE IS THE TREASURER OF THE BOARD OF DIRECTORS.

- (C) AMOUNT OF TRANSACTION \$ 65,392.
- (D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION LEASES A BUILDING OWNED
- BY ARTHUR TRIGLIONE, TREASURER OF THE BOARD OF DIRECTORS.
- (E) SHARING OF ORGANIZATION REVENUES? = NO

48

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047

2023

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Department of the Treasury Internal Revenue Service Name of the organization

MISSION OF DEEDS,

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

Employer identification number 22 - 3252651

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures	i			
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household				
	goods	. X		348,377.	FAIR MARKET VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC,				
	or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation				
	contribution - Historic				
	structures				
14	Qualified conservation				
	contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other (
29	Number of Forms 8283 received		•		
	which the organization completed	Form 8283,	Part V, Donee Acknowledge	ement	29
					Yes No
30a	During the year, did the organization	tion receive	by contribution any prope	rty reported in Part I, line	s 1 through

28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be 30a Χ **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 Χ 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a Χ **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2023

SCHEDULE O (Form 990 or 990-EZ)

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

2023

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22-3252651

Department of the Treasury Internal Revenue Service

MISSION OF DEEDS,

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

| Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Con

FORM 990, PART VI, SECTION A, LINE 2:

INC

ARTHUR TRIGLIONE, TREASURER, OWNS A WAREHOUSE THAT THE ORGANIZATION

RENTS. MR. TRIGLIONE AND HIS WIFE JAN TRIGLIONE, A DIRECTOR ON THE BOARD

OF DIRECTORS, ABSTAIN FROM VOTES RELATING TO LEASING ARRANGEMENTS. ARTHUR

AND JAN TRIGLIONE ABSTAIN FROM VOTING ON LEASING ARRANGEMENT.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FOLLOWING DESCRIBES THE PROCESS OF BOARD REVIEW OF THE ORGANIZATION'S FORM 990 PRIOR TO SUBMISSION TO THE IRS: A FULL DRAFT PDF COPY OF THE 990 IS DISTRIBUTED TO ALL BOARD MEMBERS VIA EMAIL. ALL BOARD MEMBERS ARE GIVEN TIME TO REVIEW THE CONTENTS OF THE 990 AND RESPOND BACK WITH ANY QUESTIONS OR COMMENTS WITHIN A REASONABLE PERIOD OF TIME. THE EXECUTIVE DIRECTOR AND THE TREASURER ALSO REVIEW THE 990 FOR CLERICAL ACCURACY AND AGREEMENT TO THE CORPORATION'S BOOKS AND RECORDS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REQUIRES EMPLOYEES TO DISCLOSE ANY CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION REVIEW FOR THE EXECUTIVE DIRECTOR INCLUDES THE FOLLOWING:

REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS. NO MEMBERS OF THE BOARD

HAVE A CONFLICT OF INTEREST WITH THE EXECUTIVE DIRECTOR. A REVIEW OF

COMPENSATION OF OTHERS IN SIMILAR ORGANIZATIONS WITH SIMILAR

RESPONSIBILITIES IS ALSO COMPLETED. DOCUMENTATION OF THE DECISION MAKING

PROCESS IS MAINTAINED.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

SCHEDULE O (Form 990 or 990-EZ)

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

2023

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Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection
Employer identification number

MISSION OF DEEDS, INC. 22-3252651

AVAILABLE TO THE PUBLIC UPON REQUEST. ALL DOCUMENTS ARE LOCATED AT 6 CHAPIN AVENUE, READING, MA 01867.

FORM 990, PART X11, LINE 2C

THERE WAS NO CHANGE IN THE OVERSIGHT OF THE INDEPENDENT ACCOUNTANT DURING THE YEAR.

JSA 3E1227 1.000