

Return of Organization Exempt From Income Tax

2023

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending

B Check if applicable:

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **MUKTI MISSION, INC.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 4912
 City or town, state or province, country, and ZIP or foreign postal code
CLINTON, NJ 08809

D Employer identification number: **23-1409702**

E Telephone number: **908-638-3112**

G Gross receipts \$: **818,980.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

F Name and address of principal officer: **JONATHAN W BOLLBACK**
SAME AS C ABOVE

I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: **WWW.MUKTIMISSION.US**

K Form of organization: Corporation Trust Association Other

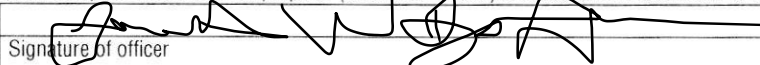
L Year of formation: **1972** **M** State of legal domicile: **NJ**


Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MUKTI MISSION, INC. PROVIDES AVENUES FOR OUR PARTNERS TO BRING HOPE, HEALING, AND LIFE FOR INDIAN			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12	
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	4	
	6 Total number of volunteers (estimate if necessary)	6	18	
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9 Program service revenue (Part VIII, line 2g)	465,945.	476,729.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		32,867.	-2,729.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		498,812.	474,000.	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	167,955.	145,765.
		16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b Total fundraising expenses (Part IX, column (D), line 25)	18,957.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	474,879.	574,745.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	642,834.	720,510.	
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	-144,022.	-246,510.	
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	1,306,165.	1,114,565.	
	22 Net assets or fund balances. Subtract line 21 from line 20	16,863.	20,804.	
		1,289,302.	1,093,761.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer:  Date: **07/29/2024**
 Type or print name and title: **JONATHAN W BOLLBACK, EXECUTIVE DIRECTOR**

Paid Preparer Use Only Print/Type preparer's name: **JASON L SERFASS, CPA** Preparer's signature:  Date: **07/02/24** Check if self-employed: PTIN: **P01230026**
 Firm's name: **CAMPBELL RAPPOLD & YURASITS LLP** Firm's EIN: **23-1386942**
 Firm's address: **1033 S CEDAR CREST BLVD ALLENTOWN, PA 18103-5443** Phone no.: **(610) 435-7489**

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:
MUKTI MISSION, INC. PROVIDES AVENUES FOR OUR PARTNERS TO BRING HOPE, HEALING, AND LIFE FOR INDIAN WOMEN AND CHILDREN!

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 103,780. including grants of \$) (Revenue \$)
EMPOWERING THROUGH EDUCATION FUND:

WING TWO OF THE ENGLISH MEDIUM HIGH SCHOOL (EMS):
THE SECOND WING OF THE EMS BROKE GROUND IN DECEMBER 2020. FUNDING WAS STARTED WITH OVER US\$130,000 ON HAND TOWARD THE OVERALL US\$360,000 FOR LEVEL ONE PLUS THE MULTI-PURPOSE HALL. DURING 2023 ALL FUNDING WAS SECURED FOR WING TWO: LEVEL ONE. DURING 2023 THERE WERE MANY SETBACKS TO CONSTRUCTION DUE TO GOVERNMENT REGULATION, AND TAXATION ISSUES, AND BUILDING DID NOT OCCUR FOR OVER FOUR MONTHS OF THE YEAR. CONSTRUCTION INCLUDES SIX CLASSROOMS, STAFF SPACES, BATHROOMS, TWO STAIRWELLS, AND OF LEVEL ONE IS EXPECTED TO BE COMPLETE BY THE END OF SUMMER 2024 WHICH THE MULTI-PURPOSE HALL. STUDENT ENROLLMENT IS CURRENTLY AT

4b (Code:) (Expenses \$ 188,077. including grants of \$) (Revenue \$) LIFEGIVER FUND:

MONIES GIVEN TO THE LIFEGIVER FUND BY OUR PARTNERS IN 2023 HAVE BEEN USED TO SUPPORT THE ONGOING OPERATIONS WORK OF THE PANDITA RAMABAI MUKTI MISSION IN INDIA. PARTNERS CAN ALSO DIRECTLY CONTRIBUTE TO THE SUPPORT OF INDIVIDUAL RESIDENTS THROUGH LIFEGIVER SPONSORSHIP, PROVIDING A HAVEN, A FAMILY ATMOSPHERE, CLEAN CLOTHES, CLEAN WATER, EDUCATIONAL OPPORTUNITIES THROUGH GRAD LEVEL, MEDICAL CARE, CAREER TRAINING/OPPORTUNITIES, AND SPIRITUAL EMPOWERMENT.

50K OPPORTUNITY:

FOR THE FOURTH YEAR, WE PROMOTED PROJECTS AT MUKTI MISSION DURING OUR YEAR-END 50K OPPORTUNITY WHERE WE SELECTED PROJECTS TOTALING US\$50,000. 4c (Code:) (Expenses \$ 213,806. including grants of \$) (Revenue \$)

ORCHARD PROJECT FUND: THIS FUND PROVIDES OPERATION COSTS FOR FIFTEEN (15) LOCATIONS ACROSS INDIA CARING FOR 730 CHILDREN IN RESIDENTIAL, DAYCARE, AND COMMUNITY DEVELOPMENT PROJECTS. OPERATION COSTS INCLUDE PROVIDING RESIDENTS WITH CLEAN CLOTHES, CLEAN WATER, EDUCATION CHOICES AND TUTORING, MEDICAL CARE, CAREER TRAINING/OPPORTUNITIES, AND SPIRITUAL EMPOWERMENT.

ORCHARD PROJECT: LANTANA

THE LANTANA HOME WAS FULLY FUNDED AND CONSTRUCTED IN 2023. THIS HOME SUPPLIES A HAVEN FOR 20 BOYS WITH A CAPACITY OF 80. IT IS LOCATED ON AN ACRE OF LAND AND IS FULLY WALLED AND GATED.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 4,402. including grants of \$) (Revenue \$)

4e Total program service expenses 510,065.

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SEE SCHEDULE O FOR CONTINUATION (S) 3

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 12b regarding organizational requirements and financial reporting.

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Schedule D, Parts XI and XII ~~~~~		b Was the organization included in consolidated, independent audited financial statements for the tax year?	13		X
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ~~~~~			14a		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E ~~~~~				
14a	Did the organization maintain an office, employees, or agents outside of the United States? ~~~~~		b 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	X
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
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
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
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II ~~~~~				18
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III ~~~~~				19
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H ~~~~~		b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? ~~~~~	20a	X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ~~~~~				21

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Part IV Checklist of Required Schedules (continued)

		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 ~~~~~		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 ~~~~~		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a ~~~~~	X	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ~~~~~		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? ~~~~~		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ~~~~~		
25a	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 ~~~~~	X	
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I ~~~~~		X
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 ~~~~~		X
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 ~~~~~	X	

- 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):
 - a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV* 28a b A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* 28b c 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
- 29 Did the organization receive more than \$25,000 in noncash contributions? *If "Yes," complete Schedule M* 29
- 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* 30
- 31 Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* 31
- 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* 32
- 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I* 33
- 34 Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* 34
- 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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
- 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
- 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	6		
1b	0		
ble gaming			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and report (gambling) winnings to prize winners?		<input checked="" type="checkbox"/>

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	4		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		<input checked="" type="checkbox"/>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule</i>		<input checked="" type="checkbox"/>
3b			

4a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account) (FBAR)? **4a**

b If "Yes," enter the name of the foreign country _____ **5a**

See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? **5b**

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did it solicit or receive any contributions that were not tax deductible as charitable contributions? **5c**

b If "Yes," did the organization include with every solicitation an express statement that such contributions were not tax deductible? **6a**

7 Organizations that may receive deductible contributions under section 170(c). **6b**

a 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? **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? **c** Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? **7a**

d If "Yes," indicate the number of Forms 8282 filed during the year _____ **7b**

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? **f** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **g** If the organization received a contribution of qualified intellectual property, did the organization file Form 8879? **7c**

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? **9 Sponsoring organizations maintaining donor advised funds.** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? **10 Section 501(c)(7) organizations.** Enter: **7e**

a Initiation fees and capital contributions included on Part VIII, line 12 _____ **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities _____ **7f**

a Gross income from members or shareholders _____ **11 Section 501(c)(12) organizations.** Enter: **7g**

b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) _____ **8** _____ **7h**

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 991? **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year _____ **10a** _____ **9a**

13 Section 501(c)(29) qualified nonprofit health insurance issuers. **a** Is the organization licensed to issue qualified health plans in more than one state? **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 state in which the organization is licensed to issue qualified health plans _____ **c** Enter the amount of reserves on hand _____ **9b**

14a Did the organization receive any payments for indoor tanning services during the tax year? **10b**

b If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O* _____ **11a**

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? **11b**

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. **12a**

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? If "Yes," complete Form 6069. **12b**

13a

13b

13c			
		14a	X
		14b	
		15	X
		16	X
		17	

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6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" 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 X

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct su officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one o more members of the governing body?		X
7b	Are any gov organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		
8a	a The governing body?	X	
8b	b Each committee with auth governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the o mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
10b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		

- 12a Did the organization have a written conflict of interest policy? *If "No," go to line 13*
- 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
 - 13 Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*
 - 14 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?
 - 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
 - 16a The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization
 - 16b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.
- 15a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
- 15b 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?
- 16a
- 16b

11a	X	
12a	X	
12b	X	
12c	X	
13	X	
14		X
15a	X	
15b	X	
16a		X
16b		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NJ
- 18 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.
 - Own website
 - Another's website
 - 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, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records

MUKTI MISSION, INC. - 908-638-3112

40 CHURCH STREET, HIGH BRIDGE, NJ 08829

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JONATHAN BOLLBACK EXECUTIVE DIRECTOR	40.00			X				87,626.	0.	0.
(2) CATHERINE SWEETING PRESIDENT	5.00	X	X					0.	0.	0.
(3) BINDU VARUGHESE VICE PRESIDENT	5.00	X	X					0.	0.	0.
(4) JOSEPH SHALHOUB TREASURER	10.00	X	X					0.	0.	0.
(5) PARINITA JOB SECRETARY	2.00	X	X					0.	0.	0.
(6) DEBORAH PRESNELL DIRECTOR	2.00	X						0.	0.	0.
(7) RENUKA RATHNAM DIRECTOR	2.00	X						0.	0.	0.
(8) REV. BILL SWEETING DIRECTOR	2.00	X						0.	0.	0.
(9) MARY-ANN SALVATORE DIRECTOR	2.00	X						0.	0.	0.
(10) DAVID BABU DIRECTOR	2.00	X						0.	0.	0.
(11) ANISH SOURI DIRECTOR	2.00	X						0.	0.	0.
(12) RUBY EVANGEL DIRECTOR	2.00	X						0.	0.	0.
(13) MATTHEW BEVIN DIRECTOR	2.00	X						0.	0.	0.
(14) ADRIENNE L. WILLIAMS DIRECTOR (UNTIL MAY 2023)	2.00	X						0.	0.	0.
(15) STEPHEN K. BROWN DIRECTOR (UNTIL MAY 2023)	2.00	X						0.	0.	0.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	476,729.		
	g	Noncash contributions included in lines 1a-1f	1g	\$		
	h	Total. Add lines 1a-1f		476,729.		
Program Service Revenue	2 a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		43,011.		43,011.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents	(i) Real			
			(ii) Personal			
	6 b	Less: rental expenses	6b			
	6 c	Rental income or (loss)	6c			
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities			
			(ii) Other			
				299,240.		
	7 b	Less: cost or other basis and sales expenses	7b	344,980.		
	7 c	Gain or (loss)	7c	-45,740.		
	d	Net gain or (loss)		-45,740.		-45,740.
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
		8a				
8 b	Less: direct expenses	8b				
c	Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19					
		9a				
9 b	Less: direct expenses	9b				
c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances					
		10a				
10 b	Less: cost of goods sold	10b				
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a		Business Code			
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
12	Total revenue. See instructions		474,000.	0.	0.	-2,729.

a	PROGRAMS / PROJECTS	b	3,808.		3,808.	
CHILDREN'S AND WOMEN'S EXPANSION MINISTRIES						
OTHER EXPENSES						
e All other expenses						
25 Total functional expenses. Add lines 1 through 24e						
			404,970.	404,970.		
			92,881.	92,881.		
			12,075.	12,075.		
			9,011.		9,011.	
			10,816.	139.	5,387.	5,290.
			720,510.	510,065.	191,488.	18,957.
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)						

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	225,842.	1	236,847.	
	2 Savings and temporary cash investments	707,721.	2	815,375.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	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		5		
	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)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation	55,465.		5	
		10b 55,465.	0.	10c	0.
	11 Investments - publicly traded securities	372,602.	11	62,343.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)		1,306,165.	16	1,114,565.	
Liabilities	17 Accounts payable and accrued expenses	9,816.	17	14,109.	
	18 Grants payable		18		
	19 Deferred revenue		19		

		20	Tax-exempt bond liabilities		20	
		21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
		22	Loans and other 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		22	
		23	Secured mortgages and notes payable to unrelated third parties		23	
		24	Unsecured notes and loans payable to unrelated third parties		24	
		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		25	
		26	Total liabilities. Add lines 17 through 25	7,047.	26	6,695.
				16,863.		20,804.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		725,083.	27	701,679.
	28	Net assets with donor restrictions		564,219.	28	392,082.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds or capital surplus, or land, building, or equipment fund			29	
		Retained earnings, endowment, accumulated income, or other funds			30	
	31	Total net assets or fund balances			31	
32	Total liabilities and net assets/fund balances		1,289,302.	32	1,093,761.	
			1,306,165.	33	1,114,565.	

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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	474,000.	2	Total expenses (must equal Part IX, column (A), line 25)	2	720,510.	3	Revenue less expenses. Subtract line 2 from line 1		
								3	-246,510.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4								4	1,289,302.
5	Net unrealized gains (losses) on investments	5	50,617.								
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	352.								
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10									1,093,761.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

Accounting method used to prepare the Form 990:	Cash <input checked="" type="checkbox"/> Accrual	Other		Yes	No
---	--	-------	--	-----	----

1 _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? ~~~~~ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

b Separate basis Consolidated basis Both consolidated and separate basis
 Were the organization's financial statements audited by an independent accountant? ~~~~~
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

c Separate basis Consolidated basis Both consolidated and separate basis
 If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ~~~~~ If the organization changed either
3a b its oversight process or selection process during the tax year, explain on Schedule O.
 As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? ~~~~~
3a **3b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

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.

2023

Open to Public
Inspection

Name of the organization **MUKTI MISSION, INC.**

Employer identification number
* * _ * * * * * *

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations ~~~~~ g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Total						

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

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Section A. Public Support

Calendar 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.") ~~~	509,119.	477,734.	585,134.	465,947.	476,729.	2514663.
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 ~~~	509,119.	477,734.	585,134.	465,947.	476,729.	2514663.
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) ~~~~~						279,835.
6 Public support. Subtract line 5 from line 4.						2234828.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4 ~~~~~	509,119.	477,734.	585,134.	465,947.	476,729.	2514663.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~	32,709.	16,934.	30,075.	31,038.	43,011.	153,767.
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						2668430.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14	83.75	%
15	83.61	%

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) ~~~~~ 15 Public support percentage from 2022 Schedule A, Part II, line 14 ~~~~~

X

16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check the stop here. The organization qualifies as a publicly supported organization ~~~~~ b 33 :

organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

and stop here. The organization qualifies as a publicly supported organization ~~~~~

17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, check this box and stop here.

meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

VI how the organization

b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, check this box and stop here. organization meets the facts-and-circumstances test, check this box and stop here.

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization Part VI how the

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box

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.)

Section A. Public Support

Calendar 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 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 ~~~~~						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ~~~~~						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ~						
6 Total. Add lines 1 through 5 ~~~						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year ~~~~~						
c Add lines 7a and 7b ~~~~~						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6 ~~~~~						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 ~~~~~						
c Add lines 10a and 10b ~~~~~						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on ~~~~~						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
Total support. (Add lines 9, 10c, 11, and 12.)						

13
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) ~~~~~	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) ~~~~~	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17 ~~~~~	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 16 is more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

~~~~~

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

~~~~~

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see in

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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
	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
1	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a b	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
c 5a	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
b	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)? <i>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.</i>		
c	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
6	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? Substitutions only. Was the substitution the result of an event beyond the organization's control?		
7	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? <i>If "Yes," provide detail in Part VI.</i>		
8	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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
b	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))? <i>If "Yes," provide detail in Part VI.</i>		
c	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? <i>If "Yes," provide detail in Part VI.</i>		
10a	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? <i>If "Yes," provide detail in Part VI.</i> 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)? <i>If "Yes," answer line 10b below.</i>		
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.)

6		
7		
8		
9a		
9b		
9c		
10a		
10b		

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Part IV Supporting Organizations (continued)

	Yes	No
11a		
11b		
11c		

11 Has the organization accepted a gift or contribution from any of the following persons? **a** 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? **b** A family member of a person described on line 11a above?
c 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.

Section B. Type I Supporting Organizations

	Yes	No
1		
2		

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.

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.

Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations	2	
---------------	--	---	--

Section C. Type II Supporting Organizations

	Yes	No
1		
<p>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)? <i>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).</i></p>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1		
2		
3		
<p>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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? 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i></p>	2	
<p>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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i></p>	3	

Section 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 instructions). **a** 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. **c** The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

	Yes	No
2		
<p>a Activities Test. Answer lines 2a and 2b below.</p> <p>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? <i>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.</i></p>		
<p>b</p> <p>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? <i>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.</i></p>	2a	
3		
<p>a</p> <p>Parent of Supported Organizations. Answer lines 3a and 3b below.</p> <p>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? <i>If "Yes" or "No" provide details in Part VI.</i></p>	2b	
<p>b</p> <p>Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i></p>	3a	
3b		

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	
Section 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	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	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-functionally integrated Type III supporting organization (see instructions).			

Part V		Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations <i>(continued)</i>	
Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2023
			(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 - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	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: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		

MUKTI MISSION, INC. Supplemental Financial Statements

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.

2023

Open to Public Inspection

Name of the organization MUKTI MISSION, INC.

Employer identification number
* * _ * * * * *

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

Table with 2 columns and 2 rows for donor advised funds.

- 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? Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. 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).

- Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
Protection of natural habitat Preservation of a certified historic structure
Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included on line 2a d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register

Table with 2 columns: Held at the End of the Tax Year, and rows 2a, 2b, 2c, 2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research 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 assets 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 ~~~~~

\$

b Assets included in Form 990, Part X

\$

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

Schedule D (Form 990) 2023

332051 09-28-23

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition d Loan or exchange program
 - b Scholarly research e Other
 - c Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	d Additions during the year	1c
e Distributions during the year	f Ending balance	1d
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes	No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	1e
		1f

Part V

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%

Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) Unrelated organizations? Yes No
 - (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land b Buildings				
c Leasehold improvements				

d Equipment	e			
Other				
		55,465.	55,465.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				0.

Schedule D (Form 990) 2023

332052 09-28-23

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, 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: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY FOR CHARITABLE GIFT	
(3) ANNUITIES	6,695.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

332053 09-28-23

4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements ~~~~~ 1 524,969.

2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments ~~~~~ 2a 50,617.

b Donated services and use of facilities ~~~~~ 2b c Recoveries of prior year grants ~~~~~

~~~~~ 2c d Other (Describe in Part XIII.) ~~~~~ 2d 352.

e Add lines 2a through 2d ~~~~~ 2e 50,969. 3 Subtract line 2e from line 1 ~~~~~ 3 474,000.

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:

a Investment expenses not included on Form 990, Part VIII, line 7b ~~~~~ 4a b Other (Describe in Part XIII.) ~~~~~ 4b c Add lines 4a and 4b ~~~~~ 4c 0.

5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 474,000. **Part XII Reconciliation of Expenses per Audited**

**Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |                                                                                  |           |          |          |
|----------|----------------------------------------------------------------------------------|-----------|----------|----------|
| <b>1</b> | Total expenses and losses per audited financial statements                       |           | <b>1</b> | 720,510. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |           |          |          |
|          | a Donated services and use of facilities ~~~~~ b Prior year adjustments          | <b>2a</b> |          |          |
|          | c Other losses ~~~~~ d                                                           |           |          |          |
|          | Other (Describe in Part XIII.) ~~~~~ e Add lines 2a through 2d                   | <b>2b</b> |          |          |
|          | ~~~~~ 3 Subtract line 2e from line 1                                             | <b>2c</b> |          |          |
|          | ~~~~~                                                                            | <b>2d</b> |          |          |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |           |          |          |
|          | a Investment expenses not included on Form 990, Part VIII, line 7b ~~~~~         | <b>2e</b> |          | 0.       |
|          | ~~~~~ c Add lines 4a and 4b ~~~~~                                                | <b>3</b>  |          | 720,510. |
| <b>5</b> | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | <b>4a</b> |          |          |
|          |                                                                                  | <b>4b</b> |          |          |
|          |                                                                                  | <b>4c</b> |          | 0.       |
|          |                                                                                  | <b>5</b>  |          | 720,510. |

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE MISSION IS EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

THE ACCOUNTING STANDARD FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE

DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN

SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THAT

GUIDANCE, THE MISSION MAY RECOGNIZE THE TAX BENEFITS FROM AN UNCERTAIN TAX

POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON

EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL

MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE MISSION AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT). THE TAX BENEFITS

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MUKTI MISSION, INC.

**Part XIII** Supplemental Information (continued)

RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR FISCAL YEAR 2023 AND

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2022.

THE MISSION HAS FILED INCOME TAX RETURNS IN THE UNITED STATES.

\_\_\_\_\_  
ADDITIONALLY, THE MISSION FILES VARIOUS REPORTS IN MULTIPLE STATES WHERE

\_\_\_\_\_  
CONTRIBUTIONS ARE SOLICITED. THE MISSION IS NO LONGER SUBJECT TO U.S. TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE 2020.

\_\_\_\_\_  
\_\_\_\_\_

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF CHARITABLE GIFT ANNUITIES 352.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

332055 09-28-23

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

MUKTI MISSION, INC.

Employer identification number

\*\*-\*\*\*\*\*

**Part I**

**General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|------------|-------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| SOUTH ASIA | 0                                   | 0                                                                          | PROGRAM SERVICES                                                                                                                                   | CONSTRUCTION PROJECT/SUPPORT CARE                                                                      | 509,926.                                                 |







|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

| Part IV | Foreign Forms                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                     |    |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------|----|
| 1       | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)</i> ~~~~~                                                                                                                                                |     |                                     |    |
| 2       | Did the organization have an interest in a foreign trust during the tax year? <i>If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)</i> ~~~~~ | Yes | <input checked="" type="checkbox"/> | No |
| 3       | Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i> ~~~~~                                                                                                                                  | Yes | <input checked="" type="checkbox"/> | No |
| 4       | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)</i> ~~~~~                                                         | Yes | <input checked="" type="checkbox"/> | No |
| 5       | Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)</i> ~~~~~                                                                                                                                              | Yes | <input checked="" type="checkbox"/> | No |
| 6       | Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i> ~~~~~                                                                                                                                      | Yes | <input checked="" type="checkbox"/> | No |

MUKTI MISSION, INC.

\*\*\_\*\*\*\*\*

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3:

AMOUNTS REPORTED AT PART I, LINE 3, COLUMN (F) REPRESENT EXPENDITURES OF THE ORGANIZATION FOR THE CONDUCT OF PROGRAM SERVICES IN THE REGION. THE METHOD USED TO ACCOUNT FOR EXPENDITURES IN THE REGION IS BASED UPON THE

ACTUAL AMOUNT OF FUNDS EXPENDED BY THE ORGANIZATION FOR PROGRAM ACTIVITES IN THAT REGION.

332075 11-29-23

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or  
990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Schedule F (Form 990) 2023

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

MUKTI MISSION, INC.

Employer identification number

\*\*-\*\*\*\*\*

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WOMEN AND CHILDREN!

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

APPROXIMATELY 500. THE SCHOOL OFFERS CO-ED CLASSES FOR STUDENTS IN GRADES 5 - 10. SINCE FUNDING HAS BEEN SECURED FOR LEVEL ONE, WE HAVE BEGUN SEEKING FUNDING FOR LEVEL TWO AT A COST OF APPROXIMATELY

US\$250,000.

MISCELLANEOUS EMS PROJECTS (SMALL):

SEVERAL SMALL PROJECTS RELATED TO THE EMS WERE FULLY FUNDED DURING 2023; THE BASKETBALL COURT WAS FINALLY COMPLETED, AS WAS THE STAGE SHADE CANOPY. THE EMS LIBRARY WAS ALSO FUNDED AND COMPLETED (BOOKS AND FURNISHINGS). A RENOVATION PROJECT OF THE BATHROOMS FOR THE PRIMARY SECTION WAS ALSO INITIATED AND FUNDED, ALTHOUGH COMPLETION WILL OCCUR

IN 2024.

MARATHI HIGH SCHOOL LIBRARY:

THE MARATHI LANGUAGE SCHOOL SAW OUR ATTENTION IN 2023. THE LIBRARY WAS FULLY FUNDED, CONSTRUCTION BEGAN, AND COMPLETION OCCURRED IN JANUARY 2024. THE LIBRARY WAS CONSTRUCTED AS A SECOND-FLOOR ADDITION TO THE COMPUTER ACADEMY. IT HAS TWO LARGE ROOMS WITH AN OFFICE AND STAIRWELL

LEADING UP. DURING 2024 WE WILL FUND BOOKS AND FURNISHINGS.

MARATHI HIGH SCHOOL LABORATORY:

THE MARATHI LANGUAGE SCHOOL ALSO BENEFITTED FROM US DONORS GIVING

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

|                                                 |                                            |
|-------------------------------------------------|--------------------------------------------|
| Name of the organization<br>MUKTI MISSION, INC. | Employer identification number<br>**-***** |
|-------------------------------------------------|--------------------------------------------|

TOWARD A RENOVATED LABORATORY. TWO ROOMS WERE COMBINED INTO ONE LARGE LAB. NEW LAB TABLES WERE CONSTRUCTED, NEW WINDOWS, AND ALL THE PIPING AND SHELVING THAT WERE NECESSARY FOR A LAB. FUNDING WAS COMPLETED IN

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2023 ALONG WITH THE CONSTRUCTION. IT IS IN OPERATION NOW.

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FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

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IN 2023, WE FULLY FUNDED ALL SEVEN PROJECTS. THEY WILL BE

BOUGHT/INSTALLED IN EARLY 2024.

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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

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ORCHARD PROJECT: NIMBOO THE NIMBOO HOME FOR GIRLS WAS FULLY FUNDED AND CONSTRUCTION BEGAN IN 2023. THIS HOME WILL SUPPLY A HAVEN FOR AN INITIAL 20 GIRLS WITH A CAPACITY OF 80. IT IS LOCATED ON AN ACRE OF LAND AND IS FULLY WALLED

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AND GATED. IT IS ADJACENT TO THE LANTANA HOME.

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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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AG FUND:

Name of the organization

MUKTI MISSION, INC.

Employer identification number

\*\*-\*\*\*\*\*

Schedule O (Form 990) 2023

Page 2

THE GOAL OF THE AGRICULTURE DEPARTMENT IS TO INCREASE THE MISSION'S SUSTAINABILITY BY PROVIDING SUFFICIENT QUANTITIES OF MILK, GRAINS, AND VEGETABLES TO FEED OVER 600 INDIVIDUALS DAILY. THERE ARE ALSO CASH CROPS GROWN TO SUPPLEMENT EXPENSES. DURING 2023 OUR PARTNERS INVESTED IN THE PURCHASE OF NEW FARM IMPLEMENTS: A CULTIVATOR, CROP BED MAKER, A GOAT SHED TO HOUSE THE GOAT HERD, AND THE PROPER FLOORING MATERIALS FOR

THE SHED. TO AID IN PLANTING AND HARVESTING OVER 240 ACRES OF CROPLAND.

THREE WATER PUMPS WERE ALSO FUNDED TO ASSIST WITH WATER SUPPLY ISSUES.

EXPENSES \$ 4,402. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.  
FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S TOP MANAGMENT OFFICAL AND TOP FINANCIAL OFFICIAL EACH

REVIEW THE FORM 990 PRIOR TO ITS FILING WITH THE IRS. A COPY OF THE FINAL FORM 990 IS ALSO PROVIDED TO THE VOTING MEMBERS OF THE ORGANIZATION'S

GOVERNING BODY PRIOR TO ITS FILING WITH THE IRS.

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO EACH MEMBER OF THE ORGANIZATION'S GOVERNING BODY, ITS OFFICERS, AND ITS KEY EMPLOYEES ON A PERIODIC BASIS. EACH SUCH INDIVIDUAL PROVIDES AN ACKNOWLEDGMENT INDICATING THAT THEY HAVE RECEIVED, READ, UNDERSTOOD, AND

AGREED TO COMPLY WITH THE POLICY.

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

THE ORGANIZATION'S BOARD OF DIRECTORS ANNUALLY REVIEWS AND APPROVES THE COMPENSATION LEVELS OF THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES. THE DELIBERATIONS AND DECISIONS OF THE COMMITTEE ARE CONTEMPORANEOUSLY

SUBSTANTIATED.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE AVAILABLE IN THE OFFICES OF THE ORGANIZATION UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF CHARITABLE GIFT ANNUITIES 352.

PART XII, LINE 2C THE ORGANIZATION'S BOARD OF DIRECTORS, OR A COMMITTEE THEREOF, ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL

STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT.





Form **8868**  
(Rev. January 2024)

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

**File a separate application for each return. Go to  
[www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870

~~must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form~~

**FOR YOUR**

**RECORDS**

8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

~~All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts~~

**DO**

**NOT FILE**

must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

|                                                                                                           |                                                                                                               |                                                      |
|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <b>Type or Print</b><br><br><small>File by the due date for filing your return. See instructions.</small> | Name of exempt organization, employer, or other filer, see instructions.<br><br>MUKTI MISSION, INC.           | Taxpayer identification number (TIN)<br><br>**_***** |
|                                                                                                           | Number, street, and room or suite no. If a P.O. box, see instructions. P . O . BOX<br>4912                    |                                                      |
|                                                                                                           | City, town or post office, state, and ZIP code. For a foreign address, see instructions. CLINTON, NJ<br>08809 |                                                      |

|                                                                                                                 |    |
|-----------------------------------------------------------------------------------------------------------------|----|
| Enter the Return Code for the return that this application is for (file a separate application for each return) | 01 |
|-----------------------------------------------------------------------------------------------------------------|----|

| Application Is For                       | Return Code | Application Is For                | Return Code |
|------------------------------------------|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 4720 (other than individual) | 09          |
| Form 4720 (individual)                   | 03          | Form 5227                         | 10          |
| Form 990-PF                              | 04          | Form 6069                         | 11          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 8870                         | 12          |
| Form 990-T (trust other than above)      | 06          | Form 5330 (individual)            | 13          |
| Form 990-T (corporation)                 | 07          | Form 5330 (other than individual) | 14          |
| Form 1041-A                              | 08          |                                   |             |

¥ After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

¥ If this application is for an extension of time to file Form 5330, you must enter the following information.

- Plan Name
- Plan Number
- Plan Year Ending (MM/DD/YYYY)

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

~~The books are in the care of MUKTI MISSION, INC.~~

~~40 CHURCH STREET HIGH BRIDGE, NJ 08829 Telephone No. 908~~

638-3112 Fax No.

¥ If the organization does not have an office or place of business in the United States, check this box

¥ If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2024, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

X calendar year 2023 or

tax year beginning FOR YOUR RECORDS, 2023, and ending

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

|                                                                                                                                                                                                          |           |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>3a</b><br>If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less <b>DO</b><br><b>b</b><br><b>c</b> <b>NOT FILE</b> any nonrefundable credits. See instructions. |           |       |
| If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.                     | <b>3a</b> | \$ 0. |
| <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.                           | <b>3b</b> | \$ 0. |
|                                                                                                                                                                                                          | <b>3c</b> | \$ 0. |

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2024)