

Return of Organization Exempt From Income Tax

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

2024

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2024 calendar year, or tax year beginning AUG 1, 2024 and ending JUL 31, 2025

B Check if applicable: C Name of organization NEW MISSION SYSTEMS, INC. D Employer identification number 95-4338997 E Telephone number (239) 337-4336 G Gross receipts \$ 11,743,211. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: WWW.NEWINTERNATIONAL.ORG K Form of organization: L Year of formation: 1989 M State of legal domicile: FL

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Fund Balances.

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 SUSAN CAPLE, CFO Date. Paid Preparer: Preparer's name THOMAS TSCHOPP Preparer's signature Date Check if self-employed PTIN P00836892 Firm's name SCHAFFER, TSCHOPP, WHITCOMB, ET AL Firm's EIN 26-1472386 Firm's address 541 S. ORLANDO AVENUE, SUITE 312 MAITLAND, FL 32751 Phone no. (407) 875-2760

May the IRS discuss this return with the preparer shown above? See instructions [X] 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 [X]

1 Briefly describe the organization's mission: NEW MISSION SYSTEMS EXISTS TO PROCLAIM CHRIST AND MAKE DISCIPLES GLOBALLY. NMSI HAS A VISION OF JOINING GOD TO RESTORE HIS DOMINION ON EARTH, AS EVIDENCED BY PEOPLE OF ALL NATIONS: WORSHIPING GOD, EXPERIENCING CONTINUOUS LIFE TRANSFORMATION, FULFILLING THEIR

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 10,768,850. including grants of \$) (Revenue \$ 11,596.) OUR 229 AFFILIATES, 11 BOARD MEMBERS, 17 INTERNS, AND 1,417 PERSONS IN 217 GROUPS WERE HOSTED ON THE FIELD. 7,167 GIVING PARTNERS (68% INDIVIDUALS/23% CHURCHES/9% OTHERS) MADE DONATIONS; 2,191,110 PRAYER PARTNERS.

NI AFFILIATES WORKED SIGNIFICANTLY WITH MORE THAN 929 DIFFERENT PEOPLE GROUPS IN 68 NATIONS.

111,417 PEOPLE WERE INFLUENCED TO WORSHIP REGULARLY LAST YEAR AS A RESULT OF BEING INFLUENCED BY OUR MINISTRY.

90,921 PEOPLE BECAME CLOSER TO JESUS, 993 PEOPLE WERE BAPTIZED; 37,468

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 10,768,850.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements for various schedules (A through H).

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS requirements like grants, compensation, bond issues, and controlled entities.

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational compliance.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (11); 1b Enter the number of voting members included on line 1a, above, who are independent (11); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of 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 or more members of the governing body? (X); 7b Are any governance decisions of the 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 by the following: a The governing body? (X); b Each committee with authority to act on behalf of the 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 organization's 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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?; 16b

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
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.
[X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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
SUSAN CAPLE - (239) 337-4336
P.O. BOX 547, FORT MYERS, FL 33902

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) JEFF METZGER CEO	40.00			X			93,000.	0.	60,000.	
(2) SUSAN CAPLE CFO	40.00			X			40,000.	0.	56,000.	
(3) MARK MICHAEL CHIEF PEOPLE OFFICER	40.00			X			42,000.	0.	36,000.	
(4) JAMES VOGEL CHIEF INTERNATIONAL OFFICE	40.00			X			41,160.	0.	19,200.	
(5) JAYSON SIMONSON CHIEF RESOURCE OFFICER	40.00			X			46,200.	0.	0.	
(6) LARRY BODEN CHAIRPERSON	1.00	X					0.	0.	0.	
(7) STEVEN HUTCHINS VICE CHAIRPERSON	1.00	X					0.	0.	0.	
(8) SCOTT SWELBAR DIRECTOR	1.00	X					0.	0.	0.	
(9) HARRISON TRUMBULL SECRETARY	1.00	X					0.	0.	0.	
(10) DONNA BUSHNELL DIRECTOR	1.00	X					0.	0.	0.	
(11) TERESA METZGER DIRECTOR	1.00	X					0.	0.	0.	
(12) DREW JOHNSON TREASURER	1.00	X					0.	0.	0.	
(13) ANNETTE HUCHINS DIRECTOR	1.00	X					0.	0.	0.	
(14) JAMIN EASTMAN DIRECTOR	1.00	X					0.	0.	0.	
(15) DARIO MARTINEZ DIRECTOR	1.00	X					0.	0.	0.	
(16) MONT MITCHELL DIRECTOR	1.00	X					0.	0.	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	11,429,587.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f		11,429,587.				
	Program Service Revenue	2 a	SALES AND SERVICES	Business Code				
b			900099	11,596.	11,596.			
c								
d								
e								
f		All other program service revenue		900099				
g		Total. Add lines 2a-2f			11,596.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		71,594.			71,594.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
			6a	230,434.				
			6b	0.				
	c	Rental income or (loss)	6c	230,434.				
	d	Net rental income or (loss)			230,434.	147,634.	82,800.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a					
			7b					
			7c					
	d	Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
			8a					
8b								
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19							
		9a						
		9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances							
		10a						
		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			11,743,211.	11,596.	147,634.	154,394.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	433,560.	372,385.	37,243.	23,932.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,718,167.	2,334,634.	233,490.	150,043.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,921,229.	1,650,145.	165,033.	106,051.
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	84,677.	72,729.	7,274.	4,674.
12 Advertising and promotion				
13 Office expenses	201,871.	133,474.	68,397.	
14 Information technology				
15 Royalties				
16 Occupancy	85,378.	65,074.	20,304.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	92,009.	92,009.		
20 Interest	16,908.	8,454.	8,454.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	361,042.	310,099.	31,014.	19,929.
23 Insurance	82,005.	70,434.	7,044.	4,527.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MISSION PROJECTS	4,513,720.	4,513,720.		
b BUILDING MATERIALS	657,619.	657,619.		
c EDUCATION	457,616.	457,616.		
d SUPPORTER RELATIONSHIPS	189,856.			189,856.
e All other expenses	59,843.	30,458.	29,333.	52.
25 Total functional expenses. Add lines 1 through 24e	11,875,500.	10,768,850.	607,586.	499,064.
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 <input type="checkbox"/> 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) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	698,772.	1	247,049.
	2	Savings and temporary cash investments	2,128,392.	2	2,430,044.
	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	40,311.	9	166,604.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,124,033.		
	10b	Less: accumulated depreciation	10b 2,719,303.	10c	4,404,730.
	11	Investments - publicly traded securities		11	
	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)	7,449,596.	16	7,248,427.	
Liabilities	17	Accounts payable and accrued expenses	17,185.	17	17,594.
	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	447,005.	23	377,716.
	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	464,190.	26	395,310.
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	6,985,406.	27	6,853,117.
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	6,985,406.	32	6,853,117.	
33	Total liabilities and net assets/fund balances	7,449,596.	33	7,248,427.	

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	11,743,211.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,875,500.
3	Revenue less expenses. Subtract line 2 from line 1	3	-132,289.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,985,406.
5	Net unrealized gains (losses) on investments	5	
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,853,117.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c 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 its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a 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?		X
b 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		

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.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2024; 15 Public support percentage from 2023 Schedule A; 16a 33 1/3% support test - 2024; 16b 33 1/3% support test - 2023; 17a 10% -facts-and-circumstances test - 2024; 17b 10% -facts-and-circumstances test - 2023; 18 Private foundation.

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9278874.	10933209.	10288824.	11556375.	11429587.	53486869.
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	148,980.	179,510.	160,840.	171,169.	242,030.	902,529.
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	9427854.	11112719.	10449664.	11727544.	11671617.	54389398.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						54389398.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	9427854.	11112719.	10449664.	11727544.	11671617.	54389398.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,889.	3,172.	66,029.	85,338.	71,594.	228,022.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,889.	3,172.	66,029.	85,338.	71,594.	228,022.
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.)	21,800.	10,121.	105,388.			137,309.
13 Total support. (Add lines 9, 10c, 11, and 12.)	9451543.	11126012.	10621081.	11812882.	11743211.	54754729.

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 2024 (line 8, column (f), divided by line 13, column (f))	15	99.33 %
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	98.76 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	.42 %
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	.31 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not 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 instructions

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

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their designation, IRS status, foreign support, and control.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: 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? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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	<input type="checkbox"/> 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 (continued)

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 (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

NEW MISSION SYSTEMS, INC.

95-4338997

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization NEW MISSION SYSTEMS, INC.	Employer identification number 95-4338997
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>SWIFT RUN FOURSQUARE CHURCH</u> <u>225 NEW CHESTER ROAD</u> <u>NEW OXFORD, PA 17350-8062</u>	\$ <u>5,911.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>COMPASS CHRISTIAN CHURCH</u> <u>1204 RIVER RIDGE RD.</u> <u>ROANOKE, TX 76262</u>	\$ <u>42,959.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>INTERNATIONAL DISASTER EMERGENCY SERVICE</u> <u>PO BOX 379</u> <u>NOBLESVILLE, IN 46061-0379</u>	\$ <u>35,137.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>FIRST CHRISTIAN CHURCH</u> <u>1130 TEMPLE STREET</u> <u>GREENEVILLE, TN 37745</u>	\$ <u>5,778.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<u>SUNNYSIDE CHRISTIAN CENTER</u> <u>PO BOX 360</u> <u>ROSEDALE, LA 70772</u>	\$ <u>6,399.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<u>CU CHRISTIAN CHURCH</u> <u>107 S WEBBER ST</u> <u>URBANA, IL 61802</u>	\$ <u>49,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW MISSION SYSTEMS, INC.	Employer identification number 95-4338997
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FIRST CHRISTIAN CHURCH OF SEMINOLE 13272 PARK BOULEVARD SEMINOLE, FL 33776-3503	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	UNITED STATES TREASURY 4241 NE 34TH ST KANSAS CITY, MO 64117	\$ 13,689.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	HORIZON CHURCH OF ROSEVILLE 628 ROYER STREET ROSEVILLE, CA 95678	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	HICKORY FLAT ANIMAL HOSPITAL 645 FOREST PINE DR BALL GROUND, GA 30107	\$ 10,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	NORTH POINT MINISTRIES INC 4350 N POINT PKWY ALPHARETTA, GA 30022-4101	\$ 7,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	CONNECTION POINTE CHRISTIAN CHURCH 1800 N GREEN ST BROWNSBURG, IN 46112-8188	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW MISSION SYSTEMS, INC.	Employer identification number 95-4338997
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<u>COVENANT LOVE CHURCH</u> <u>420 DUNN RD</u> <u>FAYETTEVILLE, NC 28312</u>	\$ <u>6,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<u>DLD - DRUG & LABORATORY DISPOSAL, INC</u> <u>331 BROAD STREET</u> <u>PLAINWELL, MI 49080</u>	\$ <u>8,756.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<u>COMMUNITY LIFE CHURCH</u> <u>PO BOX 3209</u> <u>FORNEY, TX 75126</u>	\$ <u>9,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<u>AUBURN GRACE COMMUNITY CHURCH</u> <u>PO BOX 6446</u> <u>AUBURN, CA 95604-6446</u>	\$ <u>6,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<u>THRIVENT CHARITABLE IMPACT & INVESTING</u> <u>600 PORTLAND AVE SUITE 4100</u> <u>MINNEAPOLIS, MN 55415</u>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<u>MCCOOK CHRISTIAN CHURCH</u> <u>507 W B ST</u> <u>MCCOOK, NE 69001-3660</u>	\$ <u>6,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

NEW MISSION SYSTEMS, INC.

95-4338997

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	MOUNT PLEASANT CHRISTIAN CHURCH 381 N BLUFF RD GREENWOOD, IN 46142-7730	\$ 49,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	NORTHWEST CHRISTIAN CHURCH 2315 VILLA RD NEWBERG, OR 97132	\$ 5,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	NOLL FOUNDATION, INC 106 BROOKFIELD DR MORAGA, CA 94556	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	CHRISTIAN LIFE FELLOWSHIP 1200 SW 20TH AVE CAPE CORAL, FL 33991-2231	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	ANCHOR CHRISTIAN CHURCH 11651 EAST TERRY ST BONITA SPRINGS, FL 34135	\$ 42,111.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	CONVERGENCE CHRISTIAN CHURCH 22414 COVE HOLLOW DR. KATY, TX 77450	\$ 13,733.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW MISSION SYSTEMS, INC.	Employer identification number 95-4338997
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<u>MANOR CHURCH</u> <u>530 CENTRAL MANOR RD</u> <u>LANCASTER, PA 17603-9746</u>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<u>FIRST PRESBYTERIAN CHURCH OF BONITA SPRINGS</u> <u>PO BOX 2168</u> <u>BONITA SPRINGS, FL 34133-2168</u>	\$ <u>27,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<u>CADIZ CHRISTIAN CHURCH</u> <u>4894 W STATE ROAD 38</u> <u>NEW CASTLE, IN 47362-8924</u>	\$ <u>5,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<u>PASCO CHRISTIAN CHURCH</u> <u>1524 W MARIE ST</u> <u>PASCO, WA 99301-4038</u>	\$ <u>10,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<u>NEW HOPE PRESBYTERIAN/JAMES MAYER</u> <u>10051 PLANTATION RD</u> <u>FORT MYERS, FL 33966-1445</u>	\$ <u>51,024.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<u>FIRST CHRISTIAN CHURCH OF MT PULASKI</u> <u>115 N WASHINGTON ST</u> <u>MOUNT PULASKI, IL 62548-1146</u>	\$ <u>8,850.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW MISSION SYSTEMS, INC.	Employer identification number 95-4338997
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<u>ENGLEWOOD CHRISTIAN CHURCH MISSIONS</u> <u>4316 BARNES RD</u> <u>JACKSONVILLE, FL 32207-7019</u>	\$ <u>8,220.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<u>WOODCREEK CHURCH</u> <u>3400 E RENNER RD</u> <u>RICHARDSON, TX 75082</u>	\$ <u>24,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<u>FIRST CHRISTIAN CHURCH</u> <u>6890 HIGHWAY 100</u> <u>WASHINGTON, MO 63090-1121</u>	\$ <u>7,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<u>DODEN LEGACY OFFICE LLC</u> <u>2817 E DUPONT RD</u> <u>FORT WAYNE, IN 46825</u>	\$ <u>6,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<u>VILLAGE CHRISTIAN CHURCH</u> <u>7234 NE ARNOLD AVE</u> <u>ADAIR VILLAGE, OR 97330</u>	\$ <u>5,059.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<u>VENTURE CHRISTIAN CHURCH</u> <u>14501 HAZEL DELL PKWY</u> <u>CARMEL, IN 46033-9401</u>	\$ <u>14,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW MISSION SYSTEMS, INC.	Employer identification number 95-4338997
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<u>ARUNDEL CHRISTIAN CHURCH</u> <u>710 AQUAHART RD</u> <u>GLEN BURNIE, MD 21061</u>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<u>CHRISTIAN ACTION GROUP, INC</u> <u>PO BOX 477</u> <u>UVALDE, TX 78802</u>	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<u>JOHNSON CHARITABLE GIFT FUND</u> <u>3777 WEST FORK RD</u> <u>CINCINNATI, OH 45247</u>	\$ <u>126,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<u>CHURCH ON THE ROCK TEXARKANA</u> <u>2301 UNIVERSITY AVE</u> <u>TEXARKANA, TX 75503-0082</u>	\$ <u>5,320.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<u>NORTHRIDGE CHRISTIAN CHURCH</u> <u>321 LOG CABIN RD</u> <u>MILLEDGEVILLE, GA 31061</u>	\$ <u>18,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<u>DAFGIVING360</u> <u>211 MAIN ST</u> <u>SAN FRANCISCO, CA 94105</u>	\$ <u>22,860.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW MISSION SYSTEMS, INC.	Employer identification number 95-4338997
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<u>PINEDALE CHRISTIAN CHURCH</u> <u>3395 PETERS CREEK PKWY</u> <u>WINSTON-SALEM, NC 27127</u>	\$ <u>29,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<u>CROSSPOINT CHRISTIAN CHURCH</u> <u>204 SW 11TH PLACE</u> <u>CAPE CORAL, FL 33991</u>	\$ <u>82,268.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<u>THE FIRST BAPTIST CHURCH</u> <u>PO BOX 247</u> <u>ELMORE CITY, OK 73433-0247</u>	\$ <u>23,335.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<u>HIGHPOINT FELLOWSHIP</u> <u>600 W NEW HOPE RD</u> <u>CEDAR PARK, TX 78613</u>	\$ <u>6,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<u>MIDLAND NATIONAL</u> <u>ONE SAMMONS PLAZA</u> <u>SIOUX FALLS, SD 57193</u>	\$ <u>11,317.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<u>NEWSRING CHURCH</u> <u>2940 CONCORD RD.</u> <u>ANDERSON, SC 29621</u>	\$ <u>5,722.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW MISSION SYSTEMS, INC.	Employer identification number 95-4338997
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	SHIVER TOTAL AVIATION SOLUTIONS 5879 BUTLER WARREN ROAD MIDDLETOWN, OH 45044	\$ 9,296.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	BROYLES AND ASSOCIATES, PC 1012 WINCHESTER WAY, CHESAPEAKE, VA 23320 CHESAPEAKE, VA 23320	\$ 5,515.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	RIVER HILLS CHRISTIAN CHURCH/MISSIONS 6300 PRICE RD. LOVELAND, OH 45140	\$ 7,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	JACOB'S WELL 2227 US HIGHWAY 1 # 287 NORTH BRUNSWICK, NJ 08902-4402	\$ 13,677.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	GRACE CHURCH 13 SE 21ST PL CAPE CORAL, FL 33990-1437	\$ 61,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	CENTERPOINTE CHURCH INC 891 COPLY ST SE PALM BAY, FL 32909-3874	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW MISSION SYSTEMS, INC.	Employer identification number 95-4338997
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<u>CHRISTIAN CHURCH IN THE WILDWOOD</u> <u>10051 COUNTRY ROAD</u> <u>WEEKI WACHEE, FL 34613</u>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<u>STROH CHURCH OF CHRIST</u> <u>PO BOX 100</u> <u>STROH, IN 46789</u>	\$ <u>7,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<u>LINDERT FAMILY TRUST</u> <u>1617 LIATRIS DR</u> <u>SUN PRAIRIE, WI 53590</u>	\$ <u>50,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<u>THE CROSSING</u> <u>909 MAINE STREET, UNIT #2</u> <u>QUINCY, IL 62301</u>	\$ <u>18,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<u>AUBURN CHRISTIAN CHURCH</u> <u>1100 15TH ST</u> <u>AUBURN, NE 68305</u>	\$ <u>6,675.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<u>RAYMOND JAMES CHARITABLE</u> <u>PO BOX 23559</u> <u>SAINT PETERSBURG, FL 33742-3559</u>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW MISSION SYSTEMS, INC.	Employer identification number 95-4338997
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	<u>BETHEL EVANGELICAL FREE CHURCH</u> <u>2702 30TH AVE S</u> <u>FARGO, ND 58103</u>	\$ <u>6,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<u>CHANGEPOINT MATSU</u> <u>6689 CHANGEPOINT DR</u> <u>ANCHORAGE, AK 99518</u>	\$ <u>21,936.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<u>NATIONAL CHRISTIAN FOUNDATION</u> <u>9953 CROSSPOINT BLVD STE 200</u> <u>INDIANAPOLIS, IN 46256</u>	\$ <u>16,050.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<u>THE FIRST CHRISTIAN CHURCH</u> <u>206 N RANGE ST-PO BOX 129</u> <u>OBLONG, IL 62449</u>	\$ <u>5,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<u>GALLAHER AMERICAN FAMILY FUNERAL HOME</u> <u>2701 CLEVELAND AVE</u> <u>FORT MYERS, FL 33901</u>	\$ <u>49,194.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<u>THE LAUREL FRIESEN REV LIVING TRUST</u> <u>10463 E ACACIA AVE</u> <u>CLOVIS, CA 93619-4634</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

NEW MISSION SYSTEMS, INC.

95-4338997

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	WILDEWOOD CHRISTIAN CHURCH 1255 ROYAL DR PAPILLION, NE 68046-2081	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	GREATER CINCINNATI FOUNDATION 720 EAST PETE ROSE WY STE 120 CINCINNATI, OH 45202	\$ 15,060.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	COMMUNITY CHRISTIAN REFORMED CHURCH 10498 N 450 E DEMOTTE, IN 46310-8920	\$ 9,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	RIDGEVIEW CHRISTIAN CHURCH PO BOX 338 ROLLA, MO 65402	\$ 5,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	ANDERSON HILLS UNITED METHODIST CHURCH 7663 FIVE MILE RD CINCINNATI, OH 45230	\$ 14,159.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	TIMBER LAKE CHRISTIAN CHURCH 1624 GRATZ BROWN MOBERLY, MO 65270	\$ 12,707.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

NEW MISSION SYSTEMS, INC.

95-4338997

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	VALLEY CHURCH 1801 INDUSTRIAL CIR WEST DES MOINES, IA 50265	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	CANYON RIDGE CHRISTIAN CHURCH 6200 W LONE MOUNTAIN RD LAS VEGAS, NV 89130-2118	\$ 7,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	CHRIST'S CHURCH ON THE RIVER 9098 RIVERSIDE DR PARKER, AZ 85344	\$ 8,688.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	MORGAN HILL BIBLE CHURCH 15055 MONTEREY ST MORGAN HILL, CA 95037	\$ 6,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	CHRIST COVENANT PRESBYTERIAN CHURCH 12915 KINGSTON PIKE KNOXVILLE, TN 37934	\$ 6,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	ORRVILLE CHRISTIAN CHURCH 925 N. ELM ST. ORRVILLE, OH 44667	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

NEW MISSION SYSTEMS, INC.

95-4338997

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	ACADEMY CHRISTIAN CHURCH 1635 OLD RANCH RD COLORADO SPRINGS, CO 80908-4526	\$ 35,607.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	BRIAN JAMES O'HARA REVOCABLE TRUST 5501 AGERATUM CT HOLLY SPRINGS, NC 27540	\$ 10,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	BE ONE CHURCH 2130 REDWINE RD FAYETTEVILLE, GA 30215-5620	\$ 24,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	RADIANT CHURCH 8157 E DE AVE RICHLAND, MI 49083	\$ 22,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	FIRST CHRISTIAN CHURCH 2272 WALT STEPHENS RD JONESBORO, GA 30236-4028	\$ 12,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	KISSIMMEE CHRISTIAN CHURCH 415 N MAIN ST KISSIMMEE, FL 34744	\$ 11,741.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW MISSION SYSTEMS, INC.	Employer identification number 95-4338997
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	MCDONOUGH CHRISTIAN CHURCH 2000 JONESBORO RD MCDONOUGH, GA 30253-5927	\$ 60,826.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	MANNA CHURCH 5117 CLIFFDALE RD FAYETTEVILLE, NC 28314	\$ 28,797.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	FAITH BAPTIST CHURCH 7378 E FURNACE BRANCH RD GLEN BURNIE, MD 21060	\$ 5,479.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	CAPITAL CITY CHRISTIAN CHURCH 6115 MAHAN DR TALLAHASSEE, FL 32308-1480	\$ 6,335.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	LOWER BURRELL BAPTIST CHURCH 2935 LEECHBURG RD LOWER BURRELL, PA 15068-3237	\$ 9,624.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	THE BLACKBAUD GIVING FUND/YOURCAUSE 2000 DANIEL ISLAND DR STE 100 CHARLESTON, SC 29492	\$ 10,399.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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NEW MISSION SYSTEMS, INC.

95-4338997

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	CLARENCE CHURCH OF CHRIST 5375 OLD GOODRICH RD CLARENCE, NY 14031-1221	\$ 15,405.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	RENAISSANCE CHARITABLE/EDWARD JONES GIFT FUND 8888 KEYSTONE CROSSING STE 1222 INDIANAPOLIS, IN 46240	\$ 26,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	COUNTRYSIDE CHRISTIAN CHURCH 1901 EAST 4TH ST PITTSBURG, KS 66762	\$ 7,860.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	GEORGETOWN CHURCH OF CHRIST 149 HAMER RD GEORGETOWN, OH 45121-9497	\$ 13,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	CYPRESS CROSSINGS CHRISTIAN CHURCH 15751 CYPRESS ROSEHILL RD CYPRESS, TX 77429	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	FIRST CHRISTIAN CHURCH 2061 MCGREGOR BLVD FORT MYERS, FL 33901	\$ 72,419.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

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95-4338997

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	ENCOUNTER CHRISTIAN CHURCH 1140 S LAKEMONT AVE WINTER PARK, FL 32792-5404	\$ 5,305.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	AVALON MISSIONARY FUND 844 WOODSTOCK RD VIRGINIA BEACH, VA 23464	\$ 6,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	THE FIRST CHRISTIAN CHURCH 3638 MIDDLE URBANA RD SPRINGFIELD, OH 45502-9200	\$ 11,848.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	PARKVIEW CHRISTIAN CHURCH 11100 ORLAND PARKWAY ORLAND PARK, IL 60467	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	CATALYST CHURCH 636 DEL REY AVENUE, CANON CITY, CO 81212	\$ 6,672.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	NEW HOPE FELLOWSHIP CHURCH 1019 TANEYTOWN PIKE WESTMINSTER, MD 21158	\$ 6,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW MISSION SYSTEMS, INC.	Employer identification number 95-4338997
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	GENESIS CHURCH 1702 PLEASANT ST NOBLESVILLE, IN 48080	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	LAKE ARROWHEAD CHURCH 1218 LAKE ARROWHEAD DRIVE WALESKA, GA 30183	\$ 13,184.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	VOICE OF THE MARTYRS, INC. P.O. BOX 443 BARTLESVILLE, OK 74005	\$ 35,210.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 45277-0053	\$ 124,058.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	FAITH COMMUNITY CHURCH 24620 MEADOWRIDGE DR SANTA CLARITA, CA 91321-4692	\$ 6,684.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	CHRISTIAN CHURCH OF FELLOWSHIP C/O GEORGE GOODALL, 16 HOWARD AVE BINGHAMTON, NY 13904	\$ 8,535.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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95-4338997

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	CENTRAL CHRISTIAN CHURCH 2555 MERIDIAN AVE SAN JOSE, CA 95124-1746	\$ 13,010.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	SHILOH BAPTIST CHURCH 13457 KINGS HWY KING GEORGE, VA 22485	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	NEWSRING CHURCH PO BOX 1407 ANDERSON, SC 29622	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	FIRST CHRISTIAN CHURCH 2620 COUNTRY CLUB BLVD CAPE CORAL, FL 33904-2863	\$ 43,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	THE SIGNATRY 7171 W 95TH ST STE 501 OVERLAND PARK, KS 66212	\$ 6,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	POST ROAD CHRISTIAN CHURCH 1112 N POST RD INDIANAPOLIS, IN 46219-4216	\$ 12,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	<u>LEHIGH ACRES CC-DBA RISE CC</u> <u>50 BELL BLVD N</u> <u>LEHIGH ACRES, FL 33936-6492</u>	\$ <u>13,597.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	<u>NORTHWEST CHRISTIAN CHURCH, INC. - MISSIONS FUND</u> <u>3737 DALLAS ACWORTH HWY NW</u> <u>ACWORTH, GA 30101</u>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	<u>COMMUNITY REFORMED CHURCH</u> <u>10376 FELCH ST</u> <u>ZEELAND, MI 49464-6839</u>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	<u>WESTBROOK CHRISTIAN CHURCH</u> <u>1175 LILY CACHE LN</u> <u>BOLINGBROOK, IL 60490-3122</u>	\$ <u>12,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	<u>CHRIST COVENANT CHURCH</u> <u>6390 N MAJOR DR</u> <u>BEAUMONT, TX 77713</u>	\$ <u>5,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	<u>NATIONAL PHILANTHROPIC TRUST</u> <u>165 TOWNSHIP LINE RD STE 1200</u> <u>JENKINTOWN, PA 19046-3549</u>	\$ <u>41,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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121	PATHWAY COMMUNITY CHURCH INC 1206 E DUPONT RD FORT WAYNE, IN 46825-1558	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	CHRIST CHAPEL PO BOX 553 FORT RECOVERY, OH 45846	\$ 6,120.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	NEW HOPE CHRISTIAN CHURCH 8310 PLANTATION LANE MANASSAS, VA 20110	\$ 18,925.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	SHERMAN STREET CHRISTIAN REFORMED CHURCH 1000 SHERMAN ST SE GRAND RAPIDS, MI 49506	\$ 7,820.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	ZION'S RIVER 4602 S 56TH ST TACOMA, WA 98409	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	CENTRAL CHRISTIAN CHURCH 6161 22ND AVE N SAINT PETERSBURG, FL 33710-4101	\$ 6,151.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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95-4338997

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	LOVELAND CHRISTIAN CHURCH 7749 HEMPSTON CIR MAINEVILLE, OH 45039	\$ 7,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	WATERSTONE 10807 NEW ALLEGIANCE DR STE 240 COLORADO SPRINGS, CO 80921	\$ 33,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	U.S. CHARITABLE GIFT TRUST 8888 KEYSTONE CROSSING STE 1222 INDIANAPOLIS, IN 46240	\$ 7,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	CABOOL CHRISTIAN CHURCH 620 PINE ST. CABOOL, MO 65689	\$ 5,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	PLEASANT HILL CHRISTIAN CHURCH 19433 W FRONTAGE RD RAYMOND, IL 62560-5056	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	BEAR CREEK CHURCH PO BOX 4732 MEDFORD, OR 97501-0195	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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95-4338997

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	HIGHLAND PARK CHRISTIAN CHURCH 5708 E 31ST ST TULSA, OK 74135-5103	\$ 6,656.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	SCHWAB CHARITABLE FUND 211 MAIN ST SAN FRANCISCO, CA 94105-1905	\$ 27,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	FIRST CHURCH OF CHRIST 422 MENTOR AVE PAINESVILLE, OH 44077-2607	\$ 5,867.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	CROSSROADS CHURCH PO BOX 249 STATE LINE, PA 17263-0249	\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	SOUTH AMERICAN MISSIONARY SOCIETY PO BOX 399 AMBRIDGE, PA 15003	\$ 11,378.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	CALVARY BIBLE CHURCH OF NEENAH WI INC PO BOX 799 NEENAH, WI 54956-0799	\$ 21,781.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

NEW MISSION SYSTEMS, INC.

95-4338997

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	RIVER VALLEY CHURCH 405 NE 6TH ST GRANTS PASS, OR 97526	\$ 6,715.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	SUNCREST CHRISTIAN CHURCH 10009 PARRISH ST SAINT JOHN, IN 46373-8765	\$ 12,996.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	PAUL P TELL FOUNDATION 388 S MAIN ST - SUITE 444 AKRON, OH 44311	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	CROSSROADS CHRISTIAN CHURCH PO BOX 5386 EVANSVILLE, IN 47716	\$ 9,270.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	JEFFERSON STREET CHRISTIAN CHURCH 1700 N JEFFERSON ST LINCOLN, IL 62656-1047	\$ 5,452.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	TOMOKA CHRISTIAN CHURCH 1450 HAND AVE ORMOND BEACH, FL 32174-8193	\$ 86,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW MISSION SYSTEMS, INC.	Employer identification number 95-4338997
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145	<u>YORK ALLIANCE CHURCH</u> <u>501 RATHTON ROAD</u> <u>YORK, PA 17403</u>	\$ <u>22,283.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	<u>LINCOLN CHRISTIAN CHURCH/FINANCES</u> <u>204 N MCLEAN ST</u> <u>LINCOLN, IL 62656-2847</u>	\$ <u>8,555.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	<u>PRAIRIE HILL CHRISTIAN CHURCH</u> <u>218 S BROADWAY</u> <u>SALISBURY, MO 65281</u>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	<u>NATIO</u> <u>509 RIVERVIEW DR</u> <u>GEORGETOWN, TX 78628</u>	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	<u>WALLULA CHRISTIAN CHURCH, MISSIONS</u> <u>23785 139TH ST</u> <u>LEAVENWORTH, KS 66048-7274</u>	\$ <u>15,235.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	<u>HYDE PARK COMMUNITY UMC</u> <u>1345 GRACE AVE</u> <u>CINCINNATI, OH 45208</u>	\$ <u>7,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	SECOND CHURCH OF CHRIST 3350 E VOORHEES ST DANVILLE, IL 61834-5805	\$ 5,540.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	MOSAIC CHURCH 3451 23RD AVENUE EVANS, CO 80620	\$ 5,178.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	THE SCHREIBER FAMILY LIVING TRUST 122 NE 7TH PL CAPE CORAL, FL 33909-2526	\$ 6,320.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154	NORKENZIE CHRISTIAN CHURCH 2530 CRESCENT AVE EUGENE, OR 97408-4710	\$ 15,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	INDIAN CREEK CHRISTIAN CHURCH 6430 S FRANKLIN RD INDIANAPOLIS, IN 46259	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156	MOUNTAIN CHRISTIAN CHURCH 1824 MOUNTAIN RD JOPPA, MD 21085-1919	\$ 10,404.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW MISSION SYSTEMS, INC.	Employer identification number 95-4338997
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	<u>THE BENEVITY COMMUNITY IMPACT FUND</u> <u>1521 GEORGETOWN RD</u> <u>HUDSON, OH 44236-4066</u>	\$ <u>8,039.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158	<u>NEW HOPE CHRISTIAN CHURCH</u> <u>5780 S MAIN ST</u> <u>WHITESTOWN, IN 46075-9813</u>	\$ <u>7,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159	<u>JOHNSON LEASING COMPANY LLC</u> <u>8228 SAHLER CIR</u> <u>OMAHA, NE 68134</u>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160	<u>VINTAGE GRACE</u> <u>931 LASSEN LN</u> <u>EL DORADO HILLS, CA 95762-4512</u>	\$ <u>18,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161	<u>CAPITOL CITY CHRISTIAN CHURCH</u> <u>7800 HOLDREGE ST</u> <u>LINCOLN, NE 68505-3033</u>	\$ <u>9,825.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	<u>BEAR CREEK COMMUNITY CHURCH</u> <u>11171 N LOWER SACRAMENTO RD</u> <u>LODI, CA 95242-9669</u>	\$ <u>6,825.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163	<u>PIKES PEAK CHRISTIAN CHURCH</u> <u>4955 BRADLEY RD</u> <u>COLORADO SPRINGS, CO 80911-3265</u>	\$ <u>12,388.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164	<u>COMMUNITY BIBLE CHURCH</u> <u>2477 N LOOP 1604 EAST</u> <u>SAN ANTONIO, TX 78232</u>	\$ <u>14,030.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165	<u>FIRST CHRISTIAN CHURCH - SUN CITY CENTER</u> <u>1707 33RD ST SE</u> <u>RUSKIN, FL 33570-5896</u>	\$ <u>11,202.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166	<u>HIGHLAND AVENUE CHURCH OF CHRIST</u> <u>500 W HIGHLAND AVE</u> <u>ROBINSON, IL 62454-1018</u>	\$ <u>10,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167	<u>SECOND PRESBYTERIAN CHURCH</u> <u>7305 HAMPTON BOULEVARD</u> <u>NORFOLK, VA 23505-2908</u>	\$ <u>5,655.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168	<u>NEW LIFE CHRISTIAN CHURCH</u> <u>4701 E CR 462</u> <u>WILDWOOD, FL 34785-8833</u>	\$ <u>10,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169	HESSEL CHURCH 5060 HESSEL AVE SEBASTOPOL, CA 95472-6126	\$ 9,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	NATIONAL COMMUNITY CHURCH 700 M STREET SE WASHINGTON, DC 20003	\$ 6,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	UNIVERSITY CHRISTIAN CHURCH 5831 W CENTINELA AVE LOS ANGELES, CA 90045-1503	\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172	CROSS POINT COMMUNITY CHURCH PO BOX 60468 NASHVILLE, TN 37206	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173	CURTISS STREET BIBLE FELLOWSHIP 10416 CURTISS STREET MAZOMANIE, WI 53560	\$ 6,960.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	LIVING OAKS COMMUNITY CHURCH 1033 BUSINESS CENTER CIR NEWBURY PARK, CA 91320-1126	\$ 10,640.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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175	WOODLAND HILLS CHRISTIAN CHURCH 16173 ELEMENTARY DRIVE ABINGDON, VA 24210-8421	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	BOY SCOUTS OF AMERICA 1325 W. WALNUT HILL LANE IRVING, TX 75038	\$ 54,490.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	CROSS ROAD CHRISTIAN CHURCH 3755 FM 1461 MCKINNEY, TX 75071	\$ 37,761.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	ROCKSTAR INVESTMENTS OF SW FL 8110 COLLEGE PKWY FORT MYERS, FL 33919	\$ 41,205.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	CHERRY HILLS BAPTIST CHURCH 2125 WOODSIDE RD SPRINGFIELD, IL 62711-7340	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	FIRST CHRISTIAN CHURCH OF HARLINGEN 421 S. 13TH ST. HARLINGEN, TX 78550	\$ 5,854.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181	<u>FIRST CHURCH OF CHRIST</u> <u>3493 EAGLE AVE</u> <u>FERTILE, IA 50434</u>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182	<u>NORTH SYRACUSE CHRISTIAN CHURCH</u> <u>911 CHURCH ST</u> <u>NORTH SYRACUSE, NY 13212-3235</u>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183	<u>B P SHELLY & ASSOCIATES</u> <u>9100 CENTRE POINTE DR STE 180</u> <u>WEST CHESTER, OH 45069-4856</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184	<u>TATES CREEK CHRISTIAN CHURCH</u> <u>3150 TATES CREEK RD</u> <u>LEXINGTON, KY 40502-2955</u>	\$ <u>43,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185	<u>FIRST ALLIANCE CHURCH OF ERIE</u> <u>2939 ZIMMERLY RD</u> <u>ERIE, PA 16506-5024</u>	\$ <u>8,260.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186	<u>MERRILL LYNCH</u> <u>PO BOX 43247</u> <u>JACKSONVILLE, FL 32203-3247</u>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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187	THE VIRGINIA TAYLOR 1989 TRUST 13700 JOSHUA WAY SONORA, CA 95370-7817	\$ 19,252.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188	SOUTHEAST CHRISTIAN CHURCH 920 BLANKENBAKER PKWY LOUISVILLE, KY 40243-1845	\$ 138,337.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189	J P MORGAN CHARITABLE GIVING FUND 165 TOWNSHIP LINE RD STE 1200 JENKINTOWN, PA 19046-3594	\$ 18,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190	PARKSIDE CHRISTIAN CHURCH 6986 SALEM RD CINCINNATI, OH 45230-2959	\$ 12,008.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191	THIRD CITY CHRISTIAN CHURCH 4100 W 13TH ST GRAND ISLAND, NE 68803	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192	GOLF ROAD BAPTIST CHURCH 501 W GOLF RD DES PLAINES, IL 60016	\$ 7,547.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193	<u>SUMMIT CHURCH</u> <u>19601 BEN HILL GRIFFIN PKWY</u> <u>FORT MYERS, FL 33913</u>	\$ <u>27,455.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194	<u>WARREN COUNTY FOUNDATION DEPOSITORY</u> <u>118 E MAIN ST</u> <u>LEBANON, OH 45036-2228</u>	\$ <u>9,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195	<u>CROSSROADS CHRISTIAN CHURCH, PAT CREECH</u> <u>PO BOX 5386</u> <u>EVANSVILLE, IN 47716-5386</u>	\$ <u>12,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196	<u>ORCHARD CHURCH</u> <u>12405 E. 120TH AVENUE</u> <u>HENDERSON, CO 80640</u>	\$ <u>20,952.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197	<u>HIKES POINT CHRISTIAN CHURCH</u> <u>2601 HIKES LANE</u> <u>LOUISVILLE, KY 40218</u>	\$ <u>9,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198	<u>PLUMBING SOLUTIONS OF SOUTHWEST FLORIDA LLC</u> <u>300 LEONARD BLVD N, UNIT #6</u> <u>LEHIGH ACRES, FL 33971</u>	\$ <u>6,111.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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199	EASTMINSTER PRESBYTERIAN CHURCH 1958 N WEBB RD WICHITA, KS 67206	\$ 6,253.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200	CHRISTIAN FINANCIAL RESOURCES PO BOX 951719 LAKE MARY, FL 32795-1719	\$ 62,879.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
201	MILLCREEK CHURCH OF CHRIST 24956 LUNDA RD RAYMOND, OH 43067-9781	\$ 9,816.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202	MEADOW RIDGE BIBLE CHAPEL 2198 2ND AVE E WEST FARGO, ND 58078	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203	ANDREA CROSLYN 7344 TIMBER VIEW DR NEWBURGH, IN 47630-8117	\$ 8,602.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204	ANDREW BRIDGE 37 MURRAY ROAD CARDIFF, NEW SOUTH WALES, AUSTRALIA 2285	\$ 6,022.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205	<u>ANDREW GERBER</u> <u>420 OAK VALLEY ROAD</u> <u>MEDIA, PA 19063</u>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206	<u>ANGELA SUNCREST CHRISTIAN CHURCH</u> <u>10009 PARRISH STREEG</u> <u>SAINT JOHN, IN 46373</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207	<u>ANITA SEIP</u> <u>9342 W FORK ROAD</u> <u>GEORGETOWN, OH 45121</u>	\$ <u>6,151.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208	<u>BARBARA RIEMER</u> <u>5254 DOUBLE EAGLE DR</u> <u>WESTERVILLE, OH 43081</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209	<u>BARRY HELMS</u> <u>685 HILLCREST DR</u> <u>CHRISTIANSBURG, VA 24073-3332</u>	\$ <u>9,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
210	<u>BENJAMIN MAXEY</u> <u>4050 COLONIAL BLVD.</u> <u>FORT MYERS, FL 33966</u>	\$ <u>5,450.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211	BRAD WARD 7390 E 106TH ST FISHERS, IN 46038-2609	\$ 13,236.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212	BRENT BROWN 18690 ALFARO LOOP SPRING HILL, FL 34610	\$ 10,028.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213	BRIAN STOKES 2701 CLEVELAND AVE #200 FORT MYERS, FL 33901	\$ 5,458.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214	BRIAN VARNEY 6465 ASHTON PARK PLACE COLORADO SPRINGS, CO 80919	\$ 5,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215	BRIAN BOND 3776 GREENFIELD RD VALE, OR 97918	\$ 34,722.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216	BRIDGE BIBLE CHURCH THE 701 RIVARD STREET SOMERSET, WI 54025	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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217	CAREY O'HARA 2701 CLEVELAND AVE STE 160 FORT MYERS, FL 33901	\$ 43,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218	CAROL BERNSTEIN 2025 FREELAND RD FREELAND, MD 21053-9574	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219	CAROL AEBERSOLD 102 OLD OAK DR S PALM COAST, FL 32137-8931	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220	CHRIS MOYER PO BOX 353 PINELAND, FL 33945-0353	\$ 10,273.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
221	CHRISTOPHER BUNN 510 RIVER RD SALINAS, CA 93908-9631	\$ 35,909.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222	CINDY OSGOOD 8727 ARBOR LAKE DR APT 1316 INDIANAPOLIS, IN 46268	\$ 8,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

NEW MISSION SYSTEMS, INC.

95-4338997

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223	CLARA KELLAR 912 LA TERRAZA LANE KISSIMMEE, FL 34744	\$ 6,527.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
224	DAN SCRUGGS PO BOX 33063 RENO, NV 89533-3063	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
225	DANIEL MILLER 15133 CLOVERDALE DR FORT MYERS, FL 33919	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
226	DARWIN TURNER 1580 NATHAN RD NASHVILLE, AR 71852	\$ 7,222.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
227	DAVID DUNN 13905 ROCK BROOK CT CLIFTON, VA 20124	\$ 6,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
228	DAVID WALLING 2701 CLEVELAND AVE, SUITE 200 FORT MYERS, FL 33901	\$ 96,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW MISSION SYSTEMS, INC.	Employer identification number 95-4338997
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229	<u>DAVID MILLER</u> <u>401 N MISSION</u> <u>WICHITA, KS 67206</u>	\$ <u>8,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
230	<u>DAX SULLIVAN</u> <u>1110 BRANNON DR</u> <u>WATKINSVILLE, GA 30677</u>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
231	<u>DIANE COMSTOCK</u> <u>18435 DEL MONTE AVE</u> <u>MORGAN HILL, CA 95037</u>	\$ <u>5,850.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
232	<u>DON HARRIS</u> <u>657 LITTLE RD</u> <u>DOUGLASVILLE, GA 30134</u>	\$ <u>5,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
233	<u>ED ST CLAIR</u> <u>2940 SW LURADEL LN</u> <u>PORTLAND, OR 97219-6380</u>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
234	<u>EDDIE STERN</u> <u>221 CANARY LN</u> <u>MARTINSBURG, PA 16662</u>	\$ <u>5,556.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW MISSION SYSTEMS, INC.	Employer identification number 95-4338997
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
235	<u>ELDON STEINER</u> <u>2540 STRAWBERRY LN, UNIT A</u> <u>CINCINNATI, OH 45231-1378</u>	\$ <u>6,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
236	<u>ELIZABETH LANIER</u> <u>PO BOX 686</u> <u>WEST POINT, GA 31833-0686</u>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
237	<u>ERIC BLACK</u> <u>8280 LAKELAND DR</u> <u>GRANITE BAY, CA 95746-6934</u>	\$ <u>7,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
238	<u>FRANCES KAY PITTS</u> <u>1213 GORDON RIVER TRAIL</u> <u>NAPLES, FL 34105</u>	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
239	<u>FRED MOORE</u> <u>2107 RIDGE CREEK DR</u> <u>BLOOMINGTON, IL 61705</u>	\$ <u>6,667.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
240	<u>FREDERICK WARREN</u> <u>230 E BROADWAY</u> <u>PORT JEFFERSON, NY 11777-1246</u>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW MISSION SYSTEMS, INC.	Employer identification number 95-4338997
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241	GARY MCGLUMPHRY 1709 FLATIRON AVE. IOWA CITY, IA 52240-5963	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
242	GILBERT WENTZEL 610 WILLOWHURST PLACE LOUISVILLE, KY 40223-3367	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
243	GLENDA ROLAND 1727 1300TH ST BEASON, IL 62512	\$ 7,032.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
244	GLENN LUTHER 4342 TAMWORTH RD SYLVANIA, OH 43560-3813	\$ 7,067.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
245	GREGG PEACOCK 12633 TIERRA GRANDE TRAIL AUSTIN, TX 78732	\$ 8,059.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
246	GREGORY MILLER 825 VIEW WEST DR WESTMINSTER, MD 21158-2902	\$ 8,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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95-4338997

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
247	HARRISON TRUMBULL 33 RAINIER RD ENFIELD, NH 03748-3563	\$ 8,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
248	HARVEY NEWMAN 750 PINECONE DR SCOTTS VELLEY, CA 95066	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
249	HEATHER GORNY 1342 PLUMOSA DR FORT MYERS, FL 33901	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
250	HELEN LYONS 6684 BLACKBURN RUN KING GEORGE, VA 22485-3761	\$ 7,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
251	JAELENE WILLIAMS 3492 MANDARIN DRIVE BEAVERCREEK, OH 45431	\$ 8,508.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
252	JAIME TAVERAS 2701 CLEVELAND AVE SUITE 140 FORT MYERS, FL 33901	\$ 14,924.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW MISSION SYSTEMS, INC.	Employer identification number 95-4338997
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
253	JAMES BARFOOT 12911 PARKLINE DR FORT MYERS, FL 33913	\$ 6,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
254	JAMES BERRY 65979 560TH ST LEWIS, IA 51544-5029	\$ 27,740.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
255	JARED SHIELDS 116 TORREY PINE DRIVE BROWNSBURG, IN 46112	\$ 13,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
256	JEANCELE BURGAN 3593 EDGEWOOD AVE FORT MYERS, FL 33916	\$ 11,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
257	JEFF COCHRAN 1882 WILDWOOD PLACE ATLANTA, GA 30324	\$ 7,312.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
258	JEREMY WILLET 2610 BAUMGARDNER RD WESTMINSTER, MD 21158	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
259	<u>JERRY GANDY</u> <u>7504 OVERVIEW ST</u> <u>PAPILLION, NE 68046-4771</u>	\$ <u>7,416.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
260	<u>JILL JOHNSTON</u> <u>2019 PADUA DR</u> <u>ELGIN, IL 60123</u>	\$ <u>6,180.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
261	<u>JOANN CHERRINGTON</u> <u>10755 ESSEX SQUARE BLVD.</u> <u>FORT MYERS, FL 33913</u>	\$ <u>6,444.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
262	<u>JOEL MCNATT</u> <u>4533 SHORELEAF LOOP</u> <u>VALRICO, FL 33606</u>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
263	<u>JOHN VANDERVOORT</u> <u>5012 NE 255TH DR</u> <u>MELROSE, FL 32666-6116</u>	\$ <u>6,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
264	<u>JOHN MAIN</u> <u>2809 CREEKWAY DR</u> <u>CARROLLTON, TX 75032</u>	\$ <u>5,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
265	<u>JONATHAN WHITNEY</u> <u>3433 CASTLEROCK CT</u> <u>SANTA ROSA, CA 95404</u>	\$ <u>7,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
266	<u>JONATHAN GRAHAM</u> <u>604 SIAM RD</u> <u>JOHNSON CITY, TN 37643</u>	\$ <u>9,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
267	<u>JOSEPH KEATING</u> <u>210 WATERSTONE WY</u> <u>LOUISVILLE, KY 40245</u>	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
268	<u>JOSEPH LOHMAN</u> <u>11300 N WALLACE AVE</u> <u>KANSAS CITY, MO 64157-9779</u>	\$ <u>6,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
269	<u>JOSHUA BRANHAM</u> <u>2590 N BOGUS BASIN RD</u> <u>BOISE, ID 83702</u>	\$ <u>9,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
270	<u>JOSHUA GARRETT</u> <u>13822 PINE VILLA LN</u> <u>FORT MYERS, FL 33912</u>	\$ <u>17,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
271	JUDD LAWRENCE 2625 NEWGATE CT FORT COLLINS, CO 80525	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
272	KARI ANNE SPILLER 2917 NE 4TH PLACE CAPE CORAL, FL 33909	\$ 82,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
273	KATHRYN RANSOM 4101 W ILES AVE APT 3314 SPRINGFIELD, IL 62711	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
274	KELLEY WHITMER 2608 RICHELIEU AVE SW ROANOKE, VA 24014	\$ 7,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
275	KENNETH HETZEL 3424 CHERRY BLOSSOM LANE MCKINNEY, TX 75070	\$ 6,630.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
276	KENNEY VINCENT 2701 CLEVELAND AVE FORT MYERS, FL 33901	\$ 22,960.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
277	KERRIE SHANNON 5603 STECHER CT TEMPLE, TX 76502	\$ 6,720.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
278	KEVIN SELLNER 9391 KEYSER RD 9391 KEYSER RD, VA 20181	\$ 6,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
279	KIM PEARSON 1861 INLET DRIVE N. FT. MYERS, FL 33903	\$ 11,158.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
280	LARRY BODEN 14726 BRADDOCK OAK DRIVE ORLANDO, FL 32837	\$ 5,385.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
281	LARRY PENNINGTON 2125 AUTUMN FAITH WY AVON, IN 46123-7292	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
282	LARRY DAWANA PAGE 2700 W. BURMA RD GOSPORT, IN 47433	\$ 5,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
283	LAWRENCE BUREN 3751 COPPER PENNY LANE AUBURN, CA 95602	\$ 7,380.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
284	LINDA DUPRAS HALL 285 TARRAGON DRIVE FAYETTEVILLE, GA 30215	\$ 5,724.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
285	LINDA ROEHRENBECK 16785 RAINTREE DR MARYSVILLE, OH 43040	\$ 11,111.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
286	LOREN MURWIN 724 WINFRED DR ORANGE PARK, FL 32073	\$ 5,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
287	LORRAINE AND JOHN FEMINO 950 FOREST EDGE DRIVE CORALVILLE, IA 52241	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
288	MARC WOERNLE 877 PORT DR AVON, IN 46123-1201	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
289	MARION SMITH 2728 PINWOOD BLVD SEBRING, FL 33870-1884	\$ 6,873.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
290	MARK SCHUIT 2 WAUGH AVENUE REISTERSTOWN, MD 21136	\$ 6,867.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
291	MARK JOHNSTON 8103 GRAYHAWK CIR ANCHORAGE, AK 99507	\$ 5,789.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
292	MARK PUTMAN 8548 SHENSTONE DR CINCINNATI, OH 45255	\$ 7,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
293	MARK HAUN 17628 SQUAW VALLEY DRIVE DALLAS, TX 75252	\$ 6,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
294	MARTHEA JAGER 2422 MADISON AVE SE GRAND RAPIDS, MI 49507-3563	\$ 9,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
295	<u>MARVIN SCHULTZ</u> <u>23575 N MILLCREEK RD</u> <u>CICERO, IN 46034-9258</u>	\$ <u>24,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
296	<u>MATTHEW RENGSTORF</u> <u>2612 2ND AVE W</u> <u>HIBBING, MN 55746</u>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
297	<u>MATTHEW FAUL</u> <u>6766 FAUL DRIVE</u> <u>HORACE, ND 58047</u>	\$ <u>154,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
298	<u>MATTHEW HANNEKEN</u> <u>737 LARUE RD</u> <u>MILLERSVILLE, MD 21108</u>	\$ <u>20,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
299	<u>MAXWELL PENSY</u> <u>1502 SYLVAN LANE</u> <u>CAPE GIRARDEAU, MO 63701</u>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
300	<u>MAYBANK HAGOOD</u> <u>PO BOX 20040</u> <u>CHARLESTON, SC 29413</u>	\$ <u>5,556.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
301	MICHAEL DUNNING 5424 SINGING HILLS DR LAS VEGAS, NV 89130	\$ 8,698.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
302	MICHAEL DAVIS 13 RIDGESIDE ROAD CHATTANOOGA, TN 37411-1828	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
303	MICHAEL HATHAWAY 1887 SE KIGER IS DR CORVALLIS, OR 97333	\$ 10,090.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
304	MICHAEL BAYER 4224 PENNYWOOD DR BEAVERCREEK, OH 45430	\$ 5,275.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
305	MICHAELE MCNELIS 402 ROCKLEDGE DRIVE SEWICKLEY, PA 15143	\$ 11,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
306	MONIQUE GREY 10760 SE JUPITER NARROWS DR HOBE SOUND, FL 33455	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
307	NANCY MOLESKY 5700 CRYSTAL BAY WEST DRIVE PLAINFIELD, IN 46168-9260	\$ 6,103.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
308	NATE ANDERSEN 3750 MORGAN LANE ONTARIO, OR 97914	\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
309	NATHAN STERN 236 MEADOW VIEW LANE SPEEDWELL, TN 37870	\$ 20,733.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
310	PAMELA KURTZ 3099 COUNTY ROAD 100 EAST FOOSLAND, IL 62845	\$ 17,087.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
311	PATRICK CONNELLY W3853 RIDGE POINT RD APPLETON, WI 54913	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
312	PAULO NEUPARTH 13576 JONQUIL PLACE WELLINGTON, FL 33414	\$ 6,180.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW MISSION SYSTEMS, INC.	Employer identification number 95-4338997
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
313	<u>PHILIP KULP</u> <u>2373 COVE MOUNTAIN RD</u> <u>MARTINSBURG, PA 16662-7907</u>	\$ <u>9,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
314	<u>REBECCA RICH</u> <u>10975 CR 3110</u> <u>ROLLA, MO 65401</u>	\$ <u>6,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
315	<u>REBEKAH HAWTHORNE</u> <u>2700 S LEMAY AVE</u> <u>FORT COLLINS, CO 80525</u>	\$ <u>5,974.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
316	<u>REINHARDT KRUEGER</u> <u>1702 S IVANHOE ST</u> <u>ANAHEIM, CA 92804-6510</u>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
317	<u>RHONDA MARTIN</u> <u>11880 ADONCIA WAY UNIT 2102</u> <u>FORT MYERS, FL 33912</u>	\$ <u>8,597.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
318	<u>RICHARD GERNANT</u> <u>1201 S 45TH COURT</u> <u>WEST DES MOINES, IA 50265</u>	\$ <u>5,465.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW MISSION SYSTEMS, INC.	Employer identification number 95-4338997
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
319	<u>RICK HALL</u> <u>44 JACKIE CT</u> <u>BURBANK, WA 99323</u>	\$ <u>17,433.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
320	<u>ROB LYLES</u> <u>2419 E CEDARWOOD DR</u> <u>BLOOMINGTON, IN 47401</u>	\$ <u>5,356.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
321	<u>ROBERT GALLO</u> <u>117 S COOK STREET, STE 284</u> <u>BARRINGTON, IL 60010</u>	\$ <u>5,556.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
322	<u>ROBIN BURRUSS</u> <u>837 LOOKINGGLASS LN</u> <u>MARIETTA, GA 30064</u>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
323	<u>ROGER CURRY</u> <u>14121 S 96TH ST</u> <u>PAPILLION, NE 68046-4526</u>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
324	<u>RONALD SEIDL</u> <u>540 KING RICHARD DR</u> <u>VIRGINIA BEACH, VA 23452</u>	\$ <u>7,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW MISSION SYSTEMS, INC.	Employer identification number 95-4338997
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
325	<u>ROY MURWIN</u> <u>10753 LAWSONIA LINKS DR</u> <u>JACKSONVILLE, FL 32222-2302</u>	\$ <u>8,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
326	<u>RUSSELL OSGOOD</u> <u>1401 WOODRIDGE DR</u> <u>DANVILLE, IL 61832</u>	\$ <u>5,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
327	<u>RUTH YAO</u> <u>50 ORANGE ST</u> <u>BROOKLYN, NY 11201</u>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
328	<u>RYAN COLOSI</u> <u>C/O LAKE WYLIE PEDIATRIC DENTRISTY-534 NAUTICAL DR</u> <u>CLOVER, SC 29170</u>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
329	<u>SAMUEL HIMES</u> <u>1085 HIGHLAND DR</u> <u>ELM GROVE, WI 53122</u>	\$ <u>8,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
330	<u>SCOTT FUSON</u> <u>7456 E RUSH RIDGE RD</u> <u>BLOOMINGTON, IN 47401</u>	\$ <u>5,037.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW MISSION SYSTEMS, INC.	Employer identification number 95-4338997
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
331	SHEILA BEASLEY 105 KATHERINE STREET KINGSPORT, TN 37660	\$ 7,267.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
332	SHELBY WITHERSPOON 2062 KATHERINE ST FORT MYERS, FL 33901	\$ 11,330.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
333	SHERI MCCOY 1215 STIRRUP CT HAMILTON, OH 45013	\$ 6,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
334	STEPHEN UNGER 6895 WINDJAMMER DR BROWNSBURG, IN 46112	\$ 5,974.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
335	STEVE ROSS 918 OAKVIEW DR. BERRYVILLE, AR 72616-4506	\$ 5,444.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
336	STEVE HALLFORD 100 CONLEY RD. CARNESVILLE, GA 30521-2374	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW MISSION SYSTEMS, INC.	Employer identification number 95-4338997
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
337	<u>STEVEN SMITH</u> <u>144 S FOUNTAIN</u> <u>WICHITA, KS 67218</u>	\$ <u>5,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
338	<u>SUZANNE DECKER</u> <u>811 EASTBROOK LANE</u> <u>CALDWELL, ID 83605-4861</u>	\$ <u>11,030.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
339	<u>TANYA VISSER</u> <u>4510 CUMBRIA LANE</u> <u>AUSTIN, TX 78727</u>	\$ <u>5,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
340	<u>TERESA METZGER</u> <u>865 TALL TREES DR</u> <u>CINCINNATI, OH 45245</u>	\$ <u>16,953.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
341	<u>THOMAS BON</u> <u>722 8TH AVE. N. APT. 1</u> <u>FARGO, ND 58102</u>	\$ <u>23,889.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
342	<u>THOMAS HARTLOVE</u> <u>4935 CLEBURNE MEADOWS DR</u> <u>WINSTON SALEM, NC 27101-6445</u>	\$ <u>11,637.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW MISSION SYSTEMS, INC.	Employer identification number 95-4338997
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
343	<u>THOMAS PATTERSON</u> <u>11030 AVOCADO DR.</u> <u>BONITA SPRINGS, FL 34135</u>	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
344	<u>TIM LAWSON</u> <u>5294 CROSSBOW DR</u> <u>PULASKI, VA 24301</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
345	<u>TODD AND KAREN TUTHILL</u> <u>15543 E HAT CREEK RANCH PL</u> <u>VAIL, AZ 85641</u>	\$ <u>11,120.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
346	<u>TONY BENNETT</u> <u>306 EDNAM DR</u> <u>CHARLOTTESVILLE, VA 22903</u>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
347	<u>TONY GAST</u> <u>7698 GREENFARMS DR</u> <u>CINCINNATI, OH 45224</u>	\$ <u>10,333.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
348	<u>TROY RIBBLE</u> <u>9618 LIND LANE</u> <u>NEENAH, WI 54956</u>	\$ <u>12,556.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

NEW MISSION SYSTEMS, INC.

95-4338997

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization NEW MISSION SYSTEMS, INC.	Employer identification number 95-4338997
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D

(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

NEW MISSION SYSTEMS, INC.

Employer identification number
95-4338997

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the
organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and legal control questions.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, and monitoring expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(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 _____%
- 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:
- | | Yes | No |
|------------------------------|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
- 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		528,367.		528,367.
b Buildings		5,030,656.	1,759,501.	3,271,155.
c Leasehold improvements		27,770.	17,006.	10,764.
d Equipment		741,595.	557,509.	184,086.
e Other		795,645.	385,287.	410,358.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				4,404,730.

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)	
(3)	
(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 ...

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	11,743,211.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3		11,743,211.
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		11,743,211.

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.

1	Total expenses and losses per audited financial statements		1	11,875,500.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3		11,875,500.
4	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	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		11,875,500.

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:

IN ACCORDANCE WITH "INCOME TAXES" FASB ACCOUNTING STANDARDS CODIFICATION TOPIC 740 (TOPIC 740), ALL ENTITIES ARE REQUIRED TO EVALUATE AND DISCLOSE INCOME TAX RISKS. TOPIC 740 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES GUIDANCE RELATED TO THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION IS ONLY RECOGNIZED IN THE STATEMENTS OF FINANCIAL POSITION IF THE TAX POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON AN EXAMINATION, BASED ON THE TECHNICAL MERITS OF THE POSITION. INTEREST AND PENALTIES, IF ANY, ARE INCLUDED IN EXPENSES IN THE STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS. AS OF JULY 31, 2025, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization NEW MISSION SYSTEMS, INC.	Employer identification number 95-4338997
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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
EUROPE	1	37	PROGRAM SERVICES	ESTABLISHING AND MATURING OF CHURCHES	1,965,848.
AFRICA	1	28	PROGRAM SERVICES	ESTABLISHING AND MATURING OF CHURCHES	1,009,702.
ASIA	1	25	PROGRAM SERVICES	ESTABLISHING AND MATURING OF CHURCHES	881,281.
SOUTH AMERICA	1	21	PROGRAM SERVICES	ESTABLISHING AND MATURING OF CHURCHES	349,174.
OCEANA	1	14	PROGRAM SERVICES	ESTABLISHING AND MATURING OF CHURCHES	185,371.
3 a Subtotal	5	125			4,391,376.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	5	125			4,391,376.

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

Schedule F (Form 990) (Rev. 12-2024)

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *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)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *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)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *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)* Yes 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? *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)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *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)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *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)* Yes No

Schedule F (Form 990) (Rev. 12-2024)

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 2:

ALL NEW INTERNATIONAL AFFILIATES (MISSIONARIES) OPERATE UNDER PRE-APPROVED MINISTRY PLANS AND BUDGETS. ALL MONEY RAISED AND SENT OVERSEAS FOR FOREIGN PROJECTS IS APPROVED AND BUDGETED FOR PROJECTS OVERSEEN BY OUR AFFILIATES, OR IN PARTNERSHIP WITH OTHER NON-PROFIT MINISTRIES.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

NEW MISSION SYSTEMS, INC.

Employer identification number

95-4338997

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </p> <p> <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>		X
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>		X
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </p> <p> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p> <p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>		
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>		X
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>		X
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

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

Schedule J (Form 990) (Rev. 12-2024)

SCHEDULE O

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

NEW MISSION SYSTEMS, INC.

Employer identification number

95-4338997

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

HOLISTIC APPROACH TO MINISTRY THAT BRINGS PEOPLE OF ALL NATIONS
WORSHIPING GOD, TRANSFORMING THEIR COMMUNITIES, AND FOSTERING THE
EMERGENCE OF JESUS-FOLLOWING COMMUNITIES OF BELIEVERS.

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

GOD-GIVEN PURPOSE, AND FOSTERING THE EMERGENCE OF JESUS-FOLLOWING
COMMUNITIES.

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

PEOPLE EXPERIENCED A SIGNIFICANTLY IMPROVED ECONOMIC SITUATION AND
5,428 BUSINESSES WERE STARTED.

THROUGH THE REACH OF NEW INTERNATIONAL 64,261 PEOPLE WERE HELPED TO
EXPLORE AND GAIN A BETTER UNDERSTANDING OF THEIR GOD-GIVEN PURPOSE,
36,361 PEOPLE WERE EDUCATED IN LIFE SKILLS AND 34,491 PEOPLE WERE
COACHED, MENTORED AND EQUIPPED.

THROUGH THE MINISTRY OF NEW INTERNATIONAL LAST YEAR 220 CHURCHES WERE
PLANTED, 2,074 EXISTING CHURCHES WERE STRENGTHENED, 4,324 CHURCH
LEADERS AND EMERGING LEADERS WERE TRAINED AND EQUIPPED, 13,922 REGULAR
TEACHING EVENTS WERE LED, 748,128 RECEIVED BIBLICAL TEACHING, AND
14,070 RELATIONSHIPS WERE BUILT WITH NON-BELIEVERS.

651 HOURS WEEKLY WERE DEDICATED TO PRAYING FOR 88,444,068 LOST PEROPLE.
855 SPONSORS BLESSED 5,985 CHILDREN AND FAMILY MEMBERS WHOLISTICALLY,
276 MISSIONARY FIELD VISITS WERE MADE BY OUR MISSION STAFF TEAM, 18,067
MISSIONARY REQUESTS WERE SERVICED, 351 REFERRED FOR AFFILIATION, 744
REFERRED FOR INTERNSHIPS, AND 54 REFERRED FOR APPRENTICESHIPS

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

JEFF METZGER AND TERESA METZGER ARE HUSBAND AND WIFE. TERESA METZGER
RECUSES HERSELF ON ANY BOARD MATTERS PERTAINING TO JEFF METZGER.

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

DRAFT TAX RETURN IS SENT TO THE BOARD CHAIRMAN FOR COMMENT BEFORE IT IS
FINALIZED.

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

BOARD MEMBERS ANNUALLY REPORT ANY CONFLICTS OF INTEREST.

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

COMPARISONS TO SIMILAR ORGANIZATIONS DONE BY COMMITTEE. RESULTS DISCUSSED
AND APPROVED AT BOARD MEETING.

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

DOCUMENTS ARE AVAILABLE UPON REQUEST.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2024 or other tax year beginning AUG 1, 2024, and ending JUL 31, 2025

2024

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year 7,248,427; D Employer identification number 95-4338997; E Group exemption number; F Check box if an amended return.

G Check organization type: X 501(c) corporation; 501(c) trust; 401(a) trust; Other trust; State college/university; 6417(d)(1)(A) Applicable entity

H Check if filing only to claim: Credit from Form 8941; Refund shown on Form 2439; Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsiary controlled group? Yes No X

L The books are in care of SUSAN CAPLE Telephone number (239) 337-4336

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Line 11: Unrelated business taxable income 0.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Line 7: Total tax 0.

Part III Tax and Payments

Table with 4 rows for Part III: Tax and Payments. Line 4: Total tax 0.

Part III Tax and Payments <i>(continued)</i>			
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6 a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ <u>27,875.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	CFO	Title	
					May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	THOMAS TSCHOPP				P00836892
	Firm's name SCHAFFER, TSCHOPP, WHITCOMB, ET AL			Firm's EIN 26-1472386	
	Firm's address 541 S. ORLANDO AVENUE, SUITE 312				
	Firm's address MAITLAND, FL 32751			Phone no. (407)875-2760	

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
07/31/13	17,235.	17,235.	0.	0.
07/31/15	14,477.	14,477.	0.	0.
07/31/16	18,485.	18,485.	0.	0.
07/31/17	30,584.	23,207.	7,377.	7,377.
07/31/18	20,498.	0.	20,498.	20,498.
NOL CARRYOVER AVAILABLE THIS YEAR			27,875.	27,875.

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

1

2024

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization NEW MISSION SYSTEMS, INC.	B Employer identification number 95-4338997
C Unrelated business activity code (see instructions) 531120	D Sequence: 1 of 1

E Describe the unrelated trade or business **RENTAL OF BUILDING SPACE**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances				
c Balance	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6	147,634.	148,049.	-415.
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	147,634.	148,049.	-415.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages				
3 Repairs and maintenance				
4 Bad debts				
5 Interest (attach statement). See instructions				
6 Taxes and licenses				
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			
9 Depletion				
10 Contributions to deferred compensation plans				
11 Employee benefit programs				
12 Excess exempt expenses (Part VIII)				
13 Excess readership costs (Part IX)				
14 Other deductions (attach statement)				
15 Total deductions. Add lines 1 through 14	15			0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			-415.
17 Deduction for net operating loss. See instructions	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			-415.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.
 A BUILDING SPACE 2705 CLEVELAND AVENUE, FORT MYERS, FL 33901
 B
 C
 D

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	0.			
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	147,634.			
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D	147,634.			
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				147,634.
4 Deductions directly connected with the income in lines 2a and 2b (attach statement) STMT 2	148,049.			
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				148,049.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.
 A
 B
 C
 D

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

FORM 990-T (A) DEDUCTIONS CONNECTED WITH RENTAL INCOME

STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INSURANCE		19,200.	
MORTGAGE INTEREST		16,908.	
DEPRECIATION		34,810.	
UTILITIES		13,800.	
REPAIRS AND MAINTENANCE		46,000.	
SALARY COSTS		8,000.	
TAXES		9,331.	
- SUBTOTAL -	1		148,049.
TOTAL TO FORM 990-T, SCHEDULE A, PART IV, LINE 4			148,049.



Florida Corporate Income/Franchise Tax Return

FEIN 95-4338997 For calendar year 2024 or tax year beginning AUG 1, 2024 ending JUL 31, 2025

1019 F-1120, R. 01/25 Rule 12C-1.051 Florida Administrative Code Effective 01/25 Page 1 of 6

853302025073100020050378395433899700004

Name NEW MISSION SYSTEMS, INC. Address 2701 CLEVELAND AVE, SUITE 200 City/State/ZIP FT. MYERS, FL 33901

Check here if any changes have been made to name or address

Computation of Florida Net Income Tax

Table with 3 columns: Description, Check here if negative, and Amount. Rows include Federal taxable income, State income taxes, Additions to federal taxable income, Total of Lines 1, 2 and 3, Subtractions from federal taxable income, Adjusted federal income, Florida portion of adjusted federal income, Nonbusiness income allocated to Florida, Florida exemption, Florida net income, Tax due: 5.5% of Line 10, Credits against the tax, Total corporate income/franchise tax due, Penalties, Interest, Total of Lines 13 and 14, Payment credits, Total amount due, Credit, and Refund.

444081 10-28-24

Payment Coupon for Florida Corporate Income Tax Return

1019 F-1120 R. 01/25

Do Not Detach

YEAR ENDING 07/31/25

To ensure proper credit to your account, enclose your check with tax return when mailing.

Name NEW MISSION SYSTEMS, INC. Address 2701 CLEVELAND AVE, SUITE 200 City/State/ZIP FT. MYERS, FL 33901

If 6/30 year end, return is due 1st day of the 4th month after the close of the taxable year, otherwise return is due 1st day of the 5th month after the close of the taxable year.

Table with 4 columns: Identification numbers (954338997, 20240801, 20250731, 00000000, 012, 202, 0, 0) and corresponding zeros.

0

8533 0 20250731 0002005037 8 3954338997 0000 4



NEW MISSION SYSTEMS, INC.

FEIN 95-4338997

1019 F-1120 R. 01/25 Page 2 of 6 07/31/25

This return is considered incomplete unless a copy of the federal return is attached.

If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign here	Signature of officer	Date	Title	CFO
Paid preparers only	Preparer's signature	Date	Preparer check if self-employed <input type="checkbox"/>	Preparer's PTIN P00836892
	Firm's name (or yours if self-employed) and address	SCHAFFER, TSCHOPP, WHITCOMB, ET AL 541 S. ORLANDO AVENUE, SUITE 312 MAITLAND, FL		FEIN 26-1472386 ZIP 32751

All Taxpayers Must Answer Questions A through L Below - See Instructions

- A. State of incorporation: _____
- B. Florida Secretary of State document number: _____
- C. Florida consolidated return? YES NO
- D. Initial return Final return (final federal return filed)
- E. Principal Business Activity Code (as pertains to Florida)
531120
- F. A Florida extension of time was timely filed? YES NO
- G-1. Corporation is a member of a controlled group? YES NO If yes, attach list.
- G-2. Part of a federal consolidated return? YES NO If yes, provide:
FEIN from federal consolidated return: _____
Name of corporation: _____
- G-3. The federal common parent has sales, property, or payroll in Florida? YES NO
- H. Location of corporate books:
P.O. BOX 547
City, State, ZIP: FORT MYERS, FL 33902
- I. Taxpayer is a member of a Florida partnership or joint venture? YES NO
- J. Enter date of latest IRS audit: _____
a) List years examined: _____
- K. Contact person concerning this return: SUSAN CAPLE
a) Contact person telephone number: (239) 337-4336
b) Contact person e-mail address: SCAPLE@NEWINTERNATIO
- L. Type of federal return filed 1120 1120S or 990-T

Save Time and Paperwork with Electronic Filing

You can file and pay your Florida corporate income tax return (Florida Form F-1120) electronically through the Internal Revenue Service's (IRS) Modernized e-File (MeF) Program using electronic transmitters approved by the IRS and the Florida Department of Revenue. The Department also has an online application for corporate income tax payments and filing Florida forms F-1120ES (Declaration/Installment of Florida Estimated Income/Franchise Tax), and F-7004 (Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return).

**If Filing Paper Return
Where to Send Payments and Returns**

Make check payable to and mail with return to:

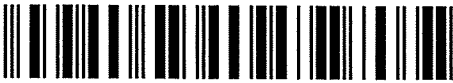
Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135

If you are requesting a refund (Line 19), send your return to:

Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440

Remember:

- ✓ **Make your check payable to the Florida Department of Revenue.**
- ✓ **Write your FEIN on your check.**
- ✓ **Sign your check and return.**
- ✓ **Attach a copy of your federal return.**
- ✓ **Attach a copy of your Florida Form F-7004 (extension of time) if applicable.**



NAME NEW MISSION SYSTEMS, INC. FEIN 95-4338997 TAXABLE YEAR ENDING 07/31/25

Schedule I - Additions and/or Adjustments to Federal Taxable Income	
1. Interest excluded from federal taxable income (see instructions)	1.
2. Undistributed net long-term capital gains (see instructions)	2.
3. Net operating loss deduction (attach schedule)	3.
4. Net capital loss carryover (attach schedule)	4.
5. Excess charitable contribution carryover (attach schedule)	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.
8. Ad valorem taxes allowable as an enterprise zone property tax credit (Florida Form F-1158Z)	8.
9. Guaranty association assessment(s) credit	9.
10. Rural and/or urban high-crime area job tax credits	10.
11. State housing tax credit	11.
12. Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations)	12.
13. New worlds reading initiative credit	13.
14. Strong families tax credit (credit for contributions to eligible charitable organizations)	14.
15. Live local program credit	15.
16. New markets tax credit	16.
17. Research and development tax credit	17.
18. Experiential learning tax credit program	18.
19. Credit for qualified railroad reconstruction or replacement expenditures	19.
20. Residential graywater system tax credit	20.
21. Credit for manufacturing of human breast milk derived human milk fortifiers	21.
22. s. 168(k), IRC, special bonus depreciation	22.
23. Depreciation of qualified improvement property (see instructions)	23.
24. Expenses for business meals provided by a restaurant (see instructions)	24.
25. Film, television, and live theatrical production expenses (see instructions)	25.
26. Other additions (attach schedule)	26.
27. Total Lines 1 through 26. Enter total on this line and on Page 1, Line 3.	27.

Schedule II - Subtractions from Federal Taxable Income	
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC, income \$ _____ (b) plus s. 862, IRC, dividends \$ _____ (c) plus s. 951A, IRC, income \$ _____ (d) less direct and indirect expenses and related amounts deducted under s. 250, IRC \$ _____ Total ►	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC, subpart F income \$ _____ (b) less direct and indirect expenses \$ _____ Total ►	2.
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV. STMT 2	
3. Florida net operating loss carryover deduction (see instructions) STATEMENT 1	3.
4. Florida net capital loss carryover deduction (see instructions)	4.
5. Florida excess charitable contribution carryover (see instructions)	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6.
7. Nonbusiness income (from Schedule R, Line 3)	7.
8. Eligible net income of an international banking facility (see instructions)	8.
9. s. 168(k), IRC, special bonus depreciation (see instructions)	9.
10. Depreciation of qualified improvement property (see instructions)	10.
11. Film, television, and live theatrical production expenses (see instructions)	11.
12. Other subtractions (attach schedule)	12.
13. Total Lines 1 through 12. Enter total on this line and on Page 1, Line 5.	13.



NAME NEW MISSION SYSTEMS, INC. FEIN 95-4338997 TAXABLE YEAR ENDING 07/31/25

Schedule III - Apportionment of Adjusted Federal Income					
III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.					
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Pg 9 of the instructions.	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)				X 25% or	
2. Payroll				X 25% or	
3. Sales (Schedule III-C below)				X 50% or	
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column (e)). Enter here and on Schedule IV, Line 2.					1.000000
III-B For use in computing average value of property (use original cost).		WITHIN FLORIDA		TOTAL EVERYWHERE	
		a. Beginning of year	b. End of year	c. Beginning of year	d. End of year
1. Inventories of raw material, work in process, finished goods					
2. Buildings and other depreciable assets					
3. Land owned					
4. Other tangible and intangible (financial org. only) assets (attach schedule)					
5. Total (Lines 1 through 4)					
6. Average value of property					
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida)	6a. _____				
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere)			6b. _____		
7. Rented property (8 times net annual rent)					
a. Rented property in Florida	7a. _____				
b. Rented property Everywhere			7b. _____		
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).					
a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida	8a. _____				
b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere			8b. _____		
III-C Sales Factor			(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	
1. Sales (gross receipts)			N/A		
2. Sales delivered or shipped to Florida purchasers				N/A	
3. Other gross receipts (rents, royalties, interest, etc. when applicable)					
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns (a) and (b))					
III-D Special Apportionment Fractions (see instructions)		(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction [(a) ÷ (b)] Rounded to Six Decimal Places	
1. Insurance companies (attach copy of Schedule T - Annual Report)					
2. Transportation services					

Schedule IV - Computation of Florida Portion of Adjusted Federal Income	
1. Apportionable adjusted federal income from Page 1, Line 6	1.
2. Florida apportionment fraction (Schedule III-A, Line 4)	2.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.



NAME NEW MISSION SYSTEMS, INC. FEIN 95-4338997 TAXABLE YEAR ENDING 07/31/25

Schedule V - Credits Against the Corporate Income/Franchise Tax	
1. Florida health maintenance organization consumer assistance assessment credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high-crime area job tax credit (attach certification letter)	7.
8. Hazardous waste facility tax credit	8.
9. Florida alternative minimum tax (AMT) credit	9.
10. Contaminated site rehabilitation tax credit (voluntary cleanup tax credit) (attach tax credit certificate)	10.
11. Child care tax credits	11.
12. State housing tax credit (attach certification letter)	12.
13. Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations) (attach certificate)	13.
14. New worlds reading initiative credit (attach certificate)	14.
15. Strong families tax credit (credit for contributions to eligible charitable organizations) (attach certificate)	15.
16. Live local program credit (attach certificate)	16.
17. New markets tax credit	17.
18. Research and development tax credit	18.
19. Experiential learning tax credit	19.
20. Credit for qualified railroad reconstruction or replacement expenditures	20.
21. Residential graywater system tax credit	21.
22. Credit for manufacturing of human breast milk derived human milk fortifiers	22.
23. Individuals with unique abilities tax credit program	23.
24. Other credits (attach schedule)	24.
25. Total credits against the tax (sum of Lines 1 through 24 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	25.

Schedule R - Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

<u>Type</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
Total allocated to Florida 1.	_____
(Enter here and on Page 1, Line 8)	

Line 2. Nonbusiness income (loss) allocated elsewhere

<u>Type</u>	<u>State/country allocated to</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total allocated elsewhere 2.		_____

Line 3. Total nonbusiness income

Grand total. Total of Lines 1 and 2 3.	_____
(Enter here and on Schedule II, Line 7)	



NAME NEW MISSION SYSTEMS, INC. FEIN 95-4338997 TAXABLE YEAR ENDING 07/31/25

**Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1,**

- | | | | |
|--|----|----|-------|
| 1. Florida income expected in taxable year | 1. | \$ | _____ |
| 2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 15 of Florida Form F-1120N) | 2. | \$ | _____ |
| 3. Estimated Florida net income (Line 1 less Line 2) | 3. | \$ | _____ |
| 4. Total Estimated Florida tax (5.5% of Line 3) | | \$ | _____ |
| Less: Credits against the tax | 4. | \$ | _____ |

5. Computation of installments:

- | | | | |
|-----------------------|--|-----|-------|
| Payment due dates and | If 6/30 year end, last day of 4th month, | | |
| payment amounts: | otherwise last day of 5th month - Enter 0.25 of Line 4 | 5a. | _____ |
| | Last day of 6th month - Enter 0.25 of Line 4 | 5b. | _____ |
| | Last day of 9th month - Enter 0.25 of Line 4 | 5c. | _____ |
| | Last day of fiscal year - Enter 0.25 of Line 4 | 5d. | _____ |

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

- | | | | |
|--|-----|----|-------|
| 1. Amended estimated tax | 1. | \$ | _____ |
| 2. Less: | | | |
| (a) Amount of overpayment from last year elected for credit to estimated tax and applied to date | 2a. | \$ | _____ |
| (b) Payments made on estimated tax declaration (Florida Form F-1120ES) | 2b. | \$ | _____ |
| (c) Total of Lines 2(a) and 2(b) | 2c. | \$ | _____ |
| 3. Unpaid balance (Line 1 less Line 2(c)) | 3. | \$ | _____ |
| 4. Amount to be paid (Line 3 divided by number of remaining installments) | 4. | \$ | _____ |

References

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below. The forms are available online at floridarevenue.com/forms.

Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated Income/Franchise Tax	Rule 12C-1.051, F.A.C.

FL F-1120

NET OPERATING LOSS CARRYOVERS

STATEMENT 1

YEAR	APPORTION FACTOR	CURRENT YR NOL/ SECTION 382 LIMIT	NET OPERATING LOSS CARRYOVER	LOSS PREVIOUSLY DEDUCTED	NET LOSS REMAINING
2016	0%	0.	30,584.	7,377.	23,207.00
2017	0%	0.	20,498.	0.	20,498.00
TOTAL NET OPERATING LOSS CARRYOVER AVAILABLE					43,705.00

FL F-1120	NET OPERATING LOSS DEDUCTION	STATEMENT 2
1. FLORIDA TAXABLE INCOME BEFORE NOL		0.
2. PRE-2018 NOL AVAILABLE	43,705.	
100% OF PRE-2018 NOL DEDUCTION		0.
3. POST-2017 NOL AVAILABLE	0.	
80% OF LINE 1	0.	
POST-2017 NOL DEDUCTION (LESSER OF POST-2017 AVAILABLE OR 80% OF TAXABLE INCOME)		0.
4. NOL DEDUCTION (LINE 2 PLUS LINE 3)		0.



NEW MISSION SYSTEMS, INC.

1019
F-1120
R. 01/25

FEIN 95-4338997
DATA Page 1 of 2

954338997	0	0	0
0	0	0	0
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2	0	0	0
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0	0	0	1.000000

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2024 or other tax year beginning AUG 1, 2024, and ending JUL 31, 2025

2024

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed, B Exempt under section, C Book value of all assets at end of year, D Employer identification number, E Group exemption number, F Check box if an amended return.

G Check organization type: X 501(c) corporation, 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity

H Check if filing only to claim: Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T): 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No X No

L The books are in care of SUSAN CAPLE Telephone number (239) 337-4336

Table for Part I Total Unrelated Business Taxable Income with 11 rows and 3 columns (line number, description, amount).

Table for Part II Tax Computation with 7 rows and 3 columns (line number, description, amount).

Table for Part III Tax and Payments with 4 main rows and sub-rows (1a-1d, 3a-3e) and 3 columns (line number, description, amount).

Part III Tax and Payments (continued)

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6 a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ <u>27,875.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	CFO Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	THOMAS TSCHOPP				P00836892
	Firm's name	Firm's address		Firm's EIN	Phone no.
SCHAFFER, TSCHOPP, WHITCOMB, ET AL	541 S. ORLANDO AVENUE, SUITE 312 MAITLAND, FL 32751		26-1472386	(407) 875-2760	

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

1
OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization NEW MISSION SYSTEMS, INC.	B Employer identification number 95-4338997
C Unrelated business activity code (see instructions) 531120	D Sequence: 1 of 1

E Describe the unrelated trade or business **RENTAL OF BUILDING SPACE**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____			
b Less returns and allowances _____ c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6 147,634.	148,049.	-415.
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 147,634.	148,049.	-415.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement). See instructions	5		
6 Taxes and licenses	6		
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement)	14		
15 Total deductions. Add lines 1 through 14	15		0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		-415.
17 Deduction for net operating loss. See instructions	17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18		-415.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold		Enter method of inventory valuation	
1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)					
1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A	<input type="checkbox"/> BUILDING SPACE 2705 CLEVELAND AVENUE, FORT MYERS, FL 33901				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
		A	B	C	D
2	Rent received or accrued				
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	0.			
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	147,634.			
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D	147,634.			
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				147,634.
4	Deductions directly connected with the income in lines 2a and 2b (attach statement) <u>STMT 4</u>	148,049.			
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				148,049.

Part V Unrelated Debt-Financed Income (see instructions)					
1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
		A	B	C	D
2	Gross income from or allocable to debt-financed property				
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11	Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on Part I, line 8, column (A). **0.**

Add columns 6 and 11. Enter here and on Part I, line 8, column (B). **0.**

Totals **0.** **0.**

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A). 0.			Add amounts in column 5. Enter here and on Part I, line 9, column (B). 0.

Totals **0.** **0.**

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

FORM 990-T PRE-2018 NET OPERATING LOSS DEDUCTION STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
07/31/13	17,235.	17,235.	0.	0.
07/31/15	14,477.	14,477.	0.	0.
07/31/16	18,485.	18,485.	0.	0.
07/31/17	30,584.	23,207.	7,377.	7,377.
07/31/18	20,498.	0.	20,498.	20,498.
NOL CARRYOVER AVAILABLE THIS YEAR			27,875.	27,875.

FORM 990-T (A) DEDUCTIONS CONNECTED WITH RENTAL INCOME STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INSURANCE		19,200.	
MORTGAGE INTEREST		16,908.	
DEPRECIATION		34,810.	
UTILITIES		13,800.	
REPAIRS AND MAINTENACE		46,000.	
SALARY COSTS		8,000.	
TAXES		9,331.	
- SUBTOTAL -	1		148,049.
TOTAL TO FORM 990-T, SCHEDULE A, PART IV, LINE 4			148,049.