Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning AUG 1, 2025 and ending JUL 31, 2026

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
NEW MISSION SYSTEMS, INC.
Doing business as NEW INTERNATIONAL

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2701 CLEVELAND AVE, SUITE 200

City or town, state or province, country, and ZIP or foreign postal code
FT. MYERS, FL 33901

F Name and address of principal officer: JEFF METZGER
SAME AS C ABOVE

D Employer identification number
95-4338997

E Telephone number
(239) 337-4336

G Gross receipts $ 11,965,520.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

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

J Website: WWW.NEWINTERNATIONAL.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1989

M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: NEW MISSION SYSTEMS INC EXISTS TO PROCLAIM CHRIST AND MAKE DISCIPLES GLOBALLY; SERVING THROUGH A

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	134
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	231,956.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	11,429,587.	11,653,904.
9	Program service revenue (Part VIII, line 2g)	11,596.	4,716.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	71,594.	74,944.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	230,434.	231,956.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,743,211.	11,965,520.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,072,956.	5,111,272.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 475,084.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,802,544.	6,484,739.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,875,500.	11,596,011.
19	Revenue less expenses. Subtract line 18 from line 12	-132,289.	369,509.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	7,248,427.	7,553,244.
21	Total liabilities (Part X, line 26)	395,310.	330,618.
22	Net assets or fund balances. Subtract line 21 from line 20	6,853,117.	7,222,626.

Part II Signature Block

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

Sign Here

Signature of officer Date

JEFF METZGER, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
THOMAS TSCHOPP			☐	P00836892

Firm's name SCHAFER, TSCHOPP & MITCHELL, LLLP Firm's EIN 39-4468433

Firm's address 341 N. MAITLAND AVENUE, SUITE 115
MAITLAND, FL 32751 Phone no. (407) 875-2760

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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 ☒ No
If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses $ 10,454,703. including grants of $) (Revenue $ 4,716.)
PEOPLE JOIN WITH US: LAST FISCAL YEAR WE HAD 239 DIFFERENT AFFILIATES; 10 BOARD MEMBERS; 17 INTERNS; 1,935 PERSONS IN 189 GROUPS HOSTED ON THE FIELD; 7,287 GIVING PARTNERS (64.36% GIVEN BY INDIVIDUALS, 22.77% CHURCHES, 9.9% BUSINESSES, 2.97% FOUNDATIONS) 19,263 PRAYER PARTNERS.

GLOBAL FOCUS AND REACH: NEW INTERNATIONAL AFFILIATES WORKED SIGNIFICANTLY WITH 899 PEOPLE GROUPS IN 73 NATIONS.

PEOPLE WORSHIP REGULARLY: 112,969 PEOPLE WERE INFLUENCED TO REGULAR WORSHIP.

LIVES ARE TANGIBLY CHANGED SPIRITUALLY, ECONOMICALLY AND SOCIALLY:

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 10,454,703.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	2		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 134			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

Part VI Governance, Management, and Disclosure. *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	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?	2		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?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			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?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		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*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	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*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization	15b	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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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

JAYSON SIMONSON - (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				103,235.	0.	60,000.
(2) SUSAN CAPLE CHIEF ACCOUNTING OFFICER	40.00			X				15,000.	0.	93,168.
(3) JAYSON SIMONSON CHIEF FINANCIAL OFFICER	40.00			X				46,200.	0.	45,535.
(4) MARK MICHAEL CHIEF PEOPLE OFFICER	40.00			X				42,000.	0.	39,215.
(5) JAMES VOGEL CHIEF INTERNATIONAL OFFICE	40.00			X				41,160.	0.	37,048.
(6) LARRY BODEN CHAIRPERSON	1.00	X		X				0.	0.	0.
(7) STEVEN HUTCHINS VICE CHAIRPERSON	1.00	X		X				0.	0.	0.
(8) SCOTT SWELBAR DIRECTOR	1.00	X						0.	0.	0.
(9) HARRISON TRUMBULL SECRETARY	1.00	X		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		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 VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(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			
1b Subtotal								247,595.	0.	274,966.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								247,595.	0.	274,966.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 1

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	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	11,653,904.			
	g	Noncash contributions included in lines 1a-1f	1g	$			
	h	**Total.** Add lines 1a-1f		11,653,904.			
Program Service Revenue			Business Code				
	2a	SALES AND SERVICES	900099	4,716.	4,716.		
	b						
	c						
	d						
	e						
	f	All other program service revenue	900099				
	g	**Total.** Add lines 2a-2f		4,716.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		74,944.			74,944.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents 6a	231,956.				
	b	Less: rental expenses 6b	0.				
	c	Rental income or (loss) 6c	231,956.				
	d	Net rental income or (loss)		231,956.		231,956.	
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory 7a					
	b	Less: cost or other basis and sales expenses 7b					
	c	Gain or (loss) 7c					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances 10a					
	b	Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d					
	12	**Total revenue.** See instructions		11,965,520.	4,716.	231,956.	74,944.

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	327,795.	278,724.	31,501.	17,570.
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	2,752,037.	2,340,057.	264,471.	147,509.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	2,031,440.	1,727,334.	195,221.	108,885.
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.)	82,356.	70,736.	7,074.	4,546.
12 Advertising and promotion				
13 Office expenses	237,970.	163,389.	74,581.	
14 Information technology				
15 Royalties				
16 Occupancy	80,736.	61,342.	19,394.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	166,755.	166,755.		
20 Interest	15,142.	7,571.	7,571.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	326,428.	280,369.	28,040.	18,019.
23 Insurance	91,540.	77,836.	8,797.	4,907.
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	4,680,301.	4,680,301.		
b EDUCATION	472,764.	472,764.		
c SUPPORTER RELATIONSHIPS	173,596.			173,596.
d BUILDING MATERIALS	96,826.	96,826.		
e All other expenses	60,325.	30,699.	29,574.	52.
25 **Total functional expenses.** Add lines 1 through 24e	11,596,011.	10,454,703.	666,224.	475,084.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		247,049.	1	3,175,213.
	2	Savings and temporary cash investments		2,430,044.	2	
	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		166,604.	9	104,907.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,100,410.			
	b	Less: accumulated depreciation	10b 2,827,286.	4,404,730.	10c	4,273,124.
	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)		7,248,427.	16	7,553,244.
Liabilities	17	Accounts payable and accrued expenses		17,594.	17	23,959.
	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		377,716.	23	306,659.
	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		395,310.	26	330,618.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		6,853,117.	27	7,222,626.
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			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		6,853,117.	32	7,222,626.
	33	Total liabilities and net assets/fund balances		7,248,427.	33	7,553,244.

Form **990** (2025)

532011 12-15-25

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	11,965,520.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,596,011.
3	Revenue less expenses. Subtract line 2 from line 1	3	369,509.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,853,117.
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	7,222,626.

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: ☐ Cash ☒ Accrual ☐ 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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	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.	2c	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?	3a		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	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 95-4338997

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

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

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

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

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

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

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
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, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test - 2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10933209.	10288824.	11556375.	11429587.	11653904.	55861899.
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	179,510.	160,840.	171,169.	242,030.	231,956.	985,505.
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	11112719.	10449664.	11727544.	11671617.	11885860.	56847404.
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.)						56847404.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6	11112719.	10449664.	11727544.	11671617.	11885860.	56847404.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,172.	66,029.	85,338.	71,594.	74,944.	301,077.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,172.	66,029.	85,338.	71,594.	74,944.	301,077.
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.)	10,121.	105,388.			4,716.	120,225.
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	11126012.	10621081.	11812882.	11743211.	11965520.	57268706.

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 2025 (line 8, column (f), divided by line 13, column (f))	15	99.26 %
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	99.33 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	.53 %
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	.42 %

19a **33 1/3% support tests - 2025.** 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 - 2024.** 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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

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

		Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its upported organization(s)? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b	
3	Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.**		
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	3a	
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b	
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	3c	

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 (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(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 - *provide details in* **Part VI**)	5	
6 **Total annual distributions.** Add lines 1 through 5.	6	
7 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	7	
8 Distributable amount for 2025 from Section C, line 6	8	
9 Line 7 amount divided by line 8 amount	9	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

NEW MISSION SYSTEMS, INC.

Employer identification number

95-4338997

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 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

[X] 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).

Name of organization

NEW MISSION SYSTEMS, INC.

Employer identification number

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
1	MOLLY WAGNER 339 THORNHILL CIRCLE GULF SHORES, AL 36542-5559	$ 5,003.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	VILLAGE CHRISTIAN CHURCH 7234 NE ARNOLD AVE ADAIR VILLAGE, OR 97330	$ 5,025.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	MARC WOERNLE 877 PORT DR AVON, IN 46123	$ 5,033.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	VICTOR ADELEKE 18 CREFELD CLOSE LONDON, UNITED KINGDOM	$ 5,128.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	THE BENEVITY COMMUNITY IMPACT FUND 1521 GEORGETOWN RD HUDSON, OH 44236-4066	$ 5,129.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	JOHN WILLIAMS 1118 BEDFORD ST CLAYSBURG, PA 16625	$ 5,139.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

NEW MISSION SYSTEMS, INC.

Employer identification number

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
7	DAVID SIX 6215 CHESLEY LN DALLAS, TX 75214	$ 5,150.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	DWIGHT BAKER 9717 N COUNTY RD 480 WEST ROSSVILLE, IN 46065-9778	$ 5,150.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	CANYON RIDGE CHRISTIAN CHURCH 6200 W LONE MOUNTAIN RD LAS VEGAS, NV 89130-2118	$ 5,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	CHRISTIAN CHURCH OF CLARENDON HILLS 5750 HOLMES AVE CLARENDON HILLS, IL 60514-1619	$ 5,241.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11	LOREN MURWIN 724 WINFRED DR ORANGE PARK, FL 32073-3900	$ 5,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12	BILL KLEIN 2825 SW 35TH ST. CAPE CORAL, FL 33914	$ 5,280.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
13	CANARY LABS INC 195 BEAN HILL RD MARTINSBURG, PA 16662	$ 5,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14	MATTHEW HANNEKEN 737 LARUE RD MILLERSVILLE, MD 21108	$ 5,303.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15	DEJMAL-BELSHEE FAMILY FARMS LLC 173 JOSHUA STREET GRANTS PASS, OR 97526	$ 5,311.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16	MOLLY YETTER 2639 MANZILLA LANE CAPE CORAL, FL 33909	$ 5,313.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17	THE BLACKBAUD GIVING FUND/YOURCAUSE 2000 DANIEL ISLAND DR STE 100 CHARLESTON, SC 29492	$ 5,339.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18	WENDY REYNOLDSBURG COMMUNITY CHURCH 1636 GRAHAM RD REYNOLDSBURG, OH 43068	$ 5,366.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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	KIM COLE 188 DOLOMITE DR YORK, PA 17408	$ 5,370.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20	CORNERSTONE CHRISTIAN CHURCH 14008 DISTRIBUTION WAY FARMERS BRANCH, TX 75234	$ 5,375.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21	BROADWAY CHRISTIAN CHURCH 187 N BROADWAY LEXINGTON, KY 40507-1271	$ 5,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22	NORTH SYRACUSE CHRISTIAN CHURCH 911 CHURCH ST NORTH SYRACUSE, NY 13212-3235	$ 5,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23	CABOOL CHRISTIAN CHURCH PO BOX 318 CABOOL, MO 65689	$ 5,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24	RUSSELL OSGOOD 1401 WOODRIDGE DR DANVILLE, IL 61832	$ 5,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
25	MICHAEL BAYER 4224 PENNYWOOD DR BEAVERCREEK, OH 45430	$ 5,428.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26	JOANN CHERRINGTON 10755 ESSEX SQUARE BLVD FORT MYERS, FL 33913	$ 5,436.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27	JEFF SEEDS 9805 MEADOW WOOD DR PICKERINGTON, OH 43147	$ 5,444.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28	HARRY GREER 6240 INGALLS STREET MELBOURNE, FL 32940	$ 5,444.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29	R LYLES 2419 E CEDARWOOD DR BLOOMINGTON, IN 47401	$ 5,459.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30	BROADWAY CHRISTIAN CHURCH 187 N BROADWAY LEXINGTON, KY 40507	$ 5,460.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

NEW MISSION SYSTEMS, INC.

Employer identification number

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
31	DAVID BELOTE 12330 WOODLAKE RD ELBERT, CO 80106	$ 5,467.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32	PLEASANT HILL CHRISTIAN CHURCH 19433 W FRONTAGE RD RAYMOND, IL 62560-5056	$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33	MARTINTOWN COMMUNITY CHURCH W8996 LENA ST BROWNTOWN, WI 53522	$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34	HAVANA CHURCH OF CHRIST 350 S BROADWAY ST HAVANA, IL 62644-1420	$ 5,503.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35	JAROLD PICKERING 6495 SE CLEM RD COLUMBUS, KS 66725-2217	$ 5,550.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36	THOMAS HARTLOVE 6614 LANTERN LANE BROWNS SUMMIT, NC 27214	$ 5,550.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
37	LUCY KROPP 5765 NORTH WASHINGTON BOULEVARD INDIANAPOLIS, IN 46220	$ 5,556.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
38	ROBERT GALLO 117 S COOK STREET, STE 284 BARRINGTON, IL 60010	$ 5,556.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
39	CENTRAL CITY CHRISTIAN CHURCH 783 S CENTRAL CITY RD JOPLIN, MO 64801	$ 5,575.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
40	FIRST CHURCH OF CHRIST 422 MENTOR AVE PAINESVILLE, OH 44077-2607	$ 5,597.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
41	UNIVERSITY CHRISTIAN CHURCH 5831 W CENTINELA AVE LOS ANGELES, CA 90045-1503	$ 5,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
42	MOUNT IVY CHRISTIAN MISSIONS 4720 BURNT CHIMNEY RD WIRTZ, VA 24184-2510	$ 5,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

NEW MISSION SYSTEMS, INC.

Employer identification number

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
43	BRENT WALTER 331 BROAD STREET PLAINWELL, MI 49080	$ 5,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
44	DENNY WITTHOFT 2725 180TH ST AINSWORTH, IA 52201-9490	$ 5,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
45	HIGHLAND PARK CHRISTIAN CHURCH 5708 E 31ST ST TULSA, OK 74135-5103	$ 5,632.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
46	HIKES POINT CHRISTIAN CHURCH 2601 HIKES LANE LOUISVILLE, KY 40218	$ 5,650.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
47	NORTHWEST CHRISTIAN CHURCH 2315 VILLA RD NEWBERG, OR 97132	$ 5,700.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
48	WYANDOTTE COUNTY CHRISTIAN CHURCH 13700 LEAVENWORTH RD KANSAS CITY, KS 66109-3345	$ 5,700.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
49	DONNA HONC 10101 MALLORY PKWY E SAINT JAMES CITY, FL 33956	$ 5,722.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
50	TERRANCE LIJEWSKI 24855 NEWPORT AVE PRIOR LAKE, MN 55372	$ 5,722.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
51	THE SIGNATRY 7171 W 95TH ST STE 501 OVERLAND PARK, KS 66212	$ 5,740.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
52	SWIFT RUN FOURSQUARE CHURCH 225 NEW CHESTER ROAD NEW OXFORD, PA 17350-8062	$ 5,744.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
53	TRUE LIFE CHURCH 734 OLD BURNT TAVERN RD BRICK TOWNSHIP, NJ 08724	$ 5,779.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
54	ROSE SCHUENEMAN 2877 MOUNTAIN TOPS RD BLUE RIDGE, GA 30513-7588	$ 5,822.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

NEW MISSION SYSTEMS, INC.

Employer identification number

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
55	FIRST CHRISTIAN CHURCH OF HARLINGEN 421 S. 13TH ST. HARLINGEN, TX 78550	$ 5,841.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
56	ANDREW GERBER 420 OAK VALLEY ROAD MEDIA, PA 19063	$ 5,850.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
57	ASAAD FARAJ 29566 NORTHWESTERN HWY STE 150 SOUTHFIELD, MI 48034-1095	$ 5,852.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
58	DAVID MCGREW 4644 KEYSVILLE AVE SPRING HILL, FL 34608	$ 5,869.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
59	ROGER LIGHTCAP SR 12116 SWCR 769 LOT 59 LAKE SUZY, FL 34269	$ 5,883.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
60	MARC WOERNLE 877 PORT DR AVON, IN 46123-1201	$ 5,889.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
61	FIRST CHRISTIAN CHURCH 1130 TEMPLE STREET GREENEVILLE, TN 37745	$ 5,892.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
62	WANDA BROOKS 9090 BONNIE CAP LN FOUNTAIN, CO 80817-2902	$ 5,900.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
63	FIRST CHRISTIAN CHURCH 95 19TH ST. WHEATLAND, WY 82201	$ 5,911.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
64	JORDAN SENA 674 TIMBERSTONE DRIVE ASHLAND, NE 68003	$ 5,911.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
65	OAKWOOD CHRISTIAN CHURCH 401 N OAKWOOD RD ENID, OK 73703	$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
66	ORRVILLE CHRISTIAN CHURCH 925 N. ELM ST. ORRVILLE, OH 44667	$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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	CYPRESS CROSSINGS CHRISTIAN CHURCH 15751 CYPRESS ROSEHILL RD CYPRESS, TX 77429	$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
68	CHRIST CHAPEL 2535 FORT RECOVERY, OH 45846	$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
69	FIRST CHRISTIAN CHURCH OF SEMINOLE 13272 PARK BOULEVARD SEMINOLE, FL 33776-3503	$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
70	AMERICAN ENDOWMENT FOUNDATION 5700 DARROW RD STE 118 HUDSON, OH 44236	$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
71	ZION'S RIVER 4602 S 56TH ST TACOMA, WA 98409	$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
72	ALLEN AND MELODY SHEW TRUST 1364 AIRPORT RD LINCOLN, IL 62656-5420	$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
73	THIRD CITY CHRISTIAN CHURCH 4100 W 13TH ST GRAND ISLAND, NE 68803	$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
74	ANITA SEIP 9342 W FORK ROAD GEORGETOWN , OH 45121	$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
75	FREDERICK WARREN 230 E BROADWAY PORT JEFFERSON, NY 11777-1246	$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
76	GARY MCGLUMPHRY 1709 FLATIRON AVE. IOWA CITY, IA 52240-5963	$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
77	JENNIFER SMITH 2170 CLIFFVALE DRIVE HIGH POINT, NC 27262-7265	$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
78	JOE FOSS 4119 N 37TH ST. TACOM, WA 98407	$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
79	LESLIE LUTTRELL PO BOX 1952 PITTSBURG, KS 66762	$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
80	RYAN COLOSI C/O LAKE WYLIE PEDIATRIC DENTRISTY-534 NAUTICAL DR CLOVER, SC 29170	$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
81	SONJA SMITH 2701 CLEVLAND AVE, SUITE 200 FT. MYERS, FL 33901	$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
82	TONY BENNETT 306 EDNAM DR CHARLOTTESVILLE, VA 22903	$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
83	TROY VACCARO 10967 LONGWING DR FORT MYERS, FL 33912	$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
84	FIRST CHRISTIAN CHURCH 716 N WASHINGTON AVE MURFREESBORO, AR 71958	$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
85	ANTHEM CHURCH 6947 HOHMAN AVE HAMMOND, IN 46324	$ 6,028.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
86	JILL JOHNSTON 2019 PADUA DR ELGIN, IL 60123	$ 6,045.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
87	NANCY MOLESKY 5700 CRYSTAL BAY WEST DRIVE PLAINFIELD, IN 46168-9260	$ 6,050.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
88	B P SHELLY & ASSOCIATES 9100 CENTRE POINTE DR STE 180 WEST CHESTER, OH 45069-4856	$ 6,056.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
89	VILLAS GRACE VILLAS GRACE CHURCH 2141 CRYSTAL DRIVE FORT MYERS, FL 33907	$ 6,125.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
90	JOE NEFF 9572 TARVIE CIRCLE BRISTOW, VA 20136-2116	$ 6,132.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
91	HORIZON CHURCH 628 ROYER ST ROSEVILLE, CA 95678	$ 6,180.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
92	AMANDA SCOTT 9099 TUCKERBROOK LANE JOHNS CREEK, GA 30022	$ 6,180.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
93	MARK JOHNSTON 8103 GRAYHAWK CIR ANCHORAGE, AK 99507	$ 6,180.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
94	CHRIST'S CHURCH ON THE RIVER 9098 RIVERSIDE DR PARKER, AZ 85344	$ 6,198.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
95	RIVER VALLEY CHURCH 405 NE 6TH ST GRANTS PASS, OR 97526	$ 6,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
96	NATIONAL COMMUNITY CHURCH 700 M STREET SE WASHINGTON, DC 20003	$ 6,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
97	LESLIE SMITH 14611 GLEN COVE DR, UNIT 1404 FT MYERS, FL 33919	$ 6,239.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
98	THE SCHREIBER FAMILY LIVING TRUST 122 NE 7TH PL CAPE CORAL, FL 33909-2526	$ 6,242.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
99	KAREN CONAWAY 2701 CLEVLAND AVE, SUITE 200 FT. MYERS, FL 33901	$ 6,360.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
100	PAULO NEUPARTH 13576 JONQUIL PLACE WELLINGTON, FL 33414-8556	$ 6,386.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
101	GERRETT JOHNSTON 8614 CTH W GREENLEAF , WI 54126	$ 6,389.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
102	PANA CHRISTIAN CHURCH 1005 E 6TH ST PANA, IL 62557-1880	$ 6,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
103	DAVID MILLER 401 N MISSION WICHITA, KS 67206	$ 6,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
104	SOUTH DAYTONA CHRISTIAN CHURCH 2121 KENILWORTH AVE SOUTH DAYTONA, FL 32119-2707	$ 6,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
105	GRACE CHURCH ROSEVILLE 1310 W COUNTY RD B2 ROSEVILLE, MN 55113-3206	$ 6,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
106	COMMUNITY LIFE CHURCH PO BOX 3209 FORNEY, TX 75126	$ 6,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
107	MEADOW RIDGE BIBLE CHAPEL 2198 2ND AVE E WEST FARGO, ND 58078	$ 6,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
108	JOSEPH LOHMAN 11300 N WALLACE AVE KANSAS CITY, MO 64157-9779	$ 6,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
109	DEREK MATHIS 89 ASTRO DRIVE SYLVA, NC 28779	$ 6,503.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
110	MARLA MEYER 126 WOODSIDE CT NEENAH, WI 54956	$ 6,537.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
111	JEFFERSON STREET CHRISTIAN CHURCH 1700 N. JEFFERSON ST. LINCOLN, IL 62656	$ 6,542.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
112	SHARON PICKARD 3902 REFLECTION DR ANCHORAGE, AK 99504	$ 6,547.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
113	SCOTT VOGELER 1444 WINYAH BAY ROAD MYRTLE BEACH, SC 29588	$ 6,550.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
114	MERRILL LYNCH PO BOX 43247 JACKSONVILLE, FL 32203-3247	$ 6,575.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
115	FIRST BAPTIST CHURCH 629 EAST CHANNING AVE FERGUS FALLS, MN 56537	$ 6,640.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
116	FRED MOORE 2107 RIDGE CREEK DR BLOOMINGTON, IL 61705	$ 6,667.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
117	MARK HAUN 17628 SQUAW VALLEY DRIVE DALLAS, TX 75252	$ 6,667.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
118	SHERI MCCOY 1215 STIRRUP CT HAMILTON, OH 45013	$ 6,667.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
119	CATALYST CHURCH 636 DEL REY AVENUE CANON CITY, CO 81212	$ 6,672.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
120	ERIN MORRISON 5409 OVERSEAS HIGHWAY #2247 MARATHON, FL 33050	$ 6,682.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
121	RUFUS CROMWELL 3201 W100TH AVE ANCHORAGE, AK 99515-2223	$ 6,700.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
122	AUBURN CHRISTIAN CHURCH 1100 15TH ST AUBURN, NE 68305	$ 6,702.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
123	CROW HILL BIBLE CHURCH 75 BULL DOGGER DR BAILEY, CO 80421-2432	$ 6,706.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
124	PRAIRIE HILL CHRISTIAN CHURCH 218 S BROADWAY SALISBURY, MO 65281	$ 6,720.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
125	CORNERSTONE EVANGELICAL FREE CHURCH 207 W LINCOLN AVE FERGUS FALLS, MN 56537	$ 6,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
126	DAVID ADERHOLDT 200 S YALE ST YORK, PA 17403	$ 6,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
127	FAITH COMMUNITY CHURCH 24620 MEADOWRIDGE DR SANTA CLARITA, CA 91321-4692	$ 6,851.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
128	MARK SCHUIT 2 WAUGH AVENUE REISTERSTOWN, MD 21136	$ 6,867.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
129	FIRST ALLIANCE CHURCH OF ERIE 2939 ZIMMERLY RD ERIE, PA 16506-5024	$ 6,930.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
130	FIRST CHRISTIAN CHURCH 6890 HIGHWAY 100 WASHINGTON, MO 63090-1121	$ 6,960.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
131	LANIER FAMILY FOUNDATION PO BOX 510 WEST POINT, GA 31833-0510	$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
132	CADIZ CHRISTIAN CHURCH 4894 W STATE ROAD 38 NEW CASTLE, IN 47362-8924	$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
133	HYDE PARK COMMUNITY UMC 1345 GRACE AVE CINCINNATI, OH 45208	$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
134	DAVID TOUSSAINT PO BOX 196 FISHERS, IN 46038-0196	$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
135	JUDD LAWRENCE 2625 NEWGATE CT FORT COLLINS, CO 80525	$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
136	STEFFEN HUMBERT 700 M ST SE WASHINGTON, DC 20003	$ 7,004.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
137	GLENDA ROLAND 1727 1300TH ST BEASON, IL 62512	$ 7,032.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
138	ANONYMOUS 2701 CLEVLAND AVE, SUITE 200 FT. MYERS, FL 33901	$ 7,036.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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	MCCOOK CHRISTIAN CHURCH 507 W B ST MCCOOK, NE 69001-3660	$ 7,050.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
140	BETHEL EVANGELICAL FREE CHURCH 2702 30TH AVE S FARGO, ND 58103	$ 7,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
141	NORTH POINT MINISTRIES INC 4350 N POINT PKWY ALPHARETTA, GA 30022-4101	$ 7,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
142	GREATER HORIZONS 1055 BROADWAY BLVD STE 130 KANSAS CITY, MO 64105-1595	$ 7,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
143	ERIC BLACK 8280 LAKELAND DR GRANITE BAY, CA 95746-6934	$ 7,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
144	JOHN MAIN 2809 CREEKWAY DR CARROLLTON, TX 75032	$ 7,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
145	KELLEY WHITMER 2608 RICHELIEU AVE SW ROANOKE, VA 24014	$ 7,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
146	WOODLAND HILLS CHRISTIAN CHURCH 16173 ELEMENTARY DRIVE ABINGDON, VA 24210-8421	$ 7,331.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
147	MARK PUTMAN 8548 SHENSTONE DR CINCINNATI, OH 45255	$ 7,333.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
148	JERRY GANDY 7504 OVERVIEW ST PAPILLION, NE 68046-4771	$ 7,416.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
149	CHRISTIAN LIFE FELLOWSHIP 366 SE 5TH ST ONTARIO, OR 97914-2921	$ 7,463.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
150	ENCOUNTER CHRISTIAN CHURCH 1140 S LAKEMONT AVE WINTER PARK, FL 32792-5404	$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
151	NEW HOPE CHRISTIAN CHURCH 8310 PLANTATION LANE MANASSAS, VA 20110	$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
152	EASTBROOK CHURCH 5385 N GREEN BAY AVE MILWAUKEE, WI 53209-5005	$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
153	COUNTRYSIDE CHRISTIAN CHURCH 1901 EAST 4TH ST PITTSBURG, KS 66762	$ 7,520.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
154	RICK WILLIS 308 VIA APPIA DR SUNRISE BEACH, MO 65079	$ 7,644.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
155	EBEN CORBIERE 14 BAYVIEW ROAD EAST SANDWICH , MA 02537	$ 7,659.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
156	LOVELAND CHRISTIAN CHURCH 7749 HEMPSTON CIR MAINEVILLE, OH 45039	$ 7,700.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
157	ALEXANDER LISK 1042 SOUTHERN HILLS DRIVE ORANGE PARK, FL 32065	$ 7,705.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
158	WARD KERBY 1321 SADDLE CLUB WAY LEXINGTON, KY 40504	$ 7,838.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
159	SECOND CHURCH OF CHRIST 3350 E VOORHEES ST DANVILLE, IL 61834-5805	$ 7,860.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
160	ANDY SHIVER 5879 BUTLER WARREN ROAD MIDDLETOWN, OH 45044	$ 7,920.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
161	CURTISS STREET BIBLE FELLOWSHIP 10416 CURTISS STREET MAZOMANIE, WI 53560	$ 7,960.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
162	BEAR CREEK COMMUNITY CHURCH 11171 N LOWER SACRAMENTO RD LODI, CA 95242-9669	$ 7,975.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
163	CHRIST COVENANT PRESBYTERIAN CHURCH 12915 KINGSTON PIKE KNOXVILLE, TN 37934	$ 7,985.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
164	KENNETH HETZEL 3424 CHERRY BLOSSOM LANE MCKINNEY, TX 75070	$ 7,992.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
165	NEW HOPE CHRISTIAN CHURCH 5780 S MAIN ST WHITESTOWN, IN 46075-9813	$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
166	CLEAR CREEK CHRISTIAN CHURCH 530 W CHURCH LANE BLOOMINGTON, IN 47403	$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
167	MILLCREEK CHURCH OF CHRIST 24956 LUNDA RD RAYMOND, OH 43067-9781	$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
168	JOHN VANDERVOORT 5012 NE 255TH DR MELROSE, FL 32666-6116	$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
169	STEVE HALLFORD 100 CONLEY RD. CARNESVILLE, GA 30521-2374	$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
170	WARREN COUNTY FOUNDATION DEPOSITORY 118 E MAIN ST LEBANON, OH 45036-2228	$ 8,050.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
171	RIVER HILLS CHRISTIAN CHURCH/MISSIONS 6300 PRICE ROAD LOVELAND, OH 45140	$ 8,211.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
172	RIDGEVIEW CHRISTIAN CHURCH PO BOX 338 ROLLA, MO 65402	$ 8,240.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
173	ARUNDEL CHRISTIAN CHURCH 710 AQUAHART RD GLEN BURNIE, MD 21061	$ 8,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
174	LINCOLN CHRISTIAN CHURCH/FINANCES 204 N MCLEAN ST LINCOLN, IL 62656-2847	$ 8,263.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
175	LIVING OAKS COMMUNITY CHURCH 1033 BUSINESS CENTER CIR NEWBURY PARK, CA 91320-1126	$ 8,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
176	CAPITOL CITY CHRISTIAN CHURCH 7800 HOLDREGE ST LINCOLN, NE 68505-3033	$ 8,395.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
177	GREGORY MILLER 825 VIEW WEST DR WESTMINSTER, MD 21158-2902	$ 8,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
178	RUTH YAO 50 ORANGE ST BROOKLYN, NY 11201	$ 8,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
179	LOWER BURRELL BAPTIST CHURCH 2935 LEECHBURG RD LOWER BURRELL, PA 15068-3237	$ 8,550.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
180	GRACE BIBLE CHURCH OF VIRGINIA BEACH 2958 ANSOL LN VIRGINIA BEACH, VA 23452	$ 8,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
181	ROY MURWIN 10753 LAWSONIA LINKS DR JACKSONVILLE, FL 32222-2302	$ 8,700.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
182	HESSEL CHURCH 5060 HESSEL AVE SEBASTOPOL, CA 95472-6126	$ 8,750.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
183	GOLF ROAD BAPTIST CHURCH 501 W GOLF RD DES PLAINES, IL 60016	$ 8,801.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
184	GO FUND ME 2701 CLEVLAND AVE, SUITE 200 FT. MYERS, FL 33901	$ 8,809.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
185	MICHAEL DUNNING 5424 SINGING HILLS DR LAS VEGAS, NV 89130	$ 8,927.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
186	FURTHERING THE CAUSE 6 EMERSIB RD SEVERNA PARK, MD 21146	$ 9,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
187	SHILOH BAPTIST CHURCH 13457 KINGS HWY KING GEORGE, VA 22485	$ 9,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
188	THE BRIDGE BIBLE CHURCH 701 RIVARD STREET SOMERSET, WI 54025	$ 9,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
189	PHILIP KULP 2373 COVE MOUNTAIN RD MARTINSBURG, PA 16662-7907	$ 9,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
190	PARKSIDE CHRISTIAN CHURCH 6986 SALEM RD CINCINNATI, OH 45230-2959	$ 9,048.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
191	MICHAEL HATHAWAY 1887 SE KIGER ISLAND DR CORVALLIS, OR 97333	$ 9,090.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
192	TODD AND KAREN TUTHILL 15543 E HAT CREEK RANCH PL VAIL, AZ 85641	$ 9,120.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
193	THRIVENT CHARITABLE IMPACT & INVESTING 2701 CLEVLAND AVE, SUITE 200 FT. MYERS, FL 33901	$ 9,150.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
194	NORTHWEST CHRISTIAN CHURCH, INC. - MISSIONS FUND 3737 DALLAS ACWORTH HWY NW ACWORTH, GA 30101	$ 9,150.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
195	CINDY OSGOOD 8727 ARBOR LAKE DR APT 1316 INDIANAPOLIS, IN 46268	$ 9,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
196	ENGLEWOOD CHRISTIAN CHURCH MISSIONS 4316 BARNES RD JACKSONVILLE, FL 32207-7019	$ 9,331.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
197	JAELENE WILLIAMS 3492 MANDARIN DRIVE BEAVERCREEK, OH 45431	$ 9,450.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
198	ROCK FAMILY CHURCH 4005 LEE VANCE DRIVE COLORADO SPRINGS, CO 80918	$ 9,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
199	CROSSROADS CHRISTIAN CHURCH 10800 LINCOLN AVE NEWBURGH, IN 47630	$ 9,540.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
200	MORGAN HILL BIBLE CHURCH 15055 MONTEREY ST MORGAN HILL, CA 95037	$ 9,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
201	JONATHAN GRAHAM 604 SIAM RD JOHNSON CITY, TN 37643	$ 9,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
202	GREGG PEACOCK 12633 TIERRA GRANDE TRAIL AUSTIN, TX 78732	$ 9,613.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
203	FIRST BAPTIST CHURCH DESIGNATED ACCOUNT 401 NE 2ND ST WAGONER, OK 74467	$ 9,709.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
204	FIRST CHRISTIAN CHURCH OF MT PULASKI 115 N WASHINGTON ST MOUNT PULASKI, IL 62548-1146	$ 9,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
205	MORGAN STANLEY GIFT 8888 KEYSTONE CROSSING STE 1200 INDIANAPOLIS, IN 46240	$ 9,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
206	EVERETT PRESSON 1634 MARSH HARBOR LANE MT. PLEASANT, SC 29464	$ 9,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
207	PASCO CHRISTIAN CHURCH 1524 W MARIE ST PASCO, WA 99301-4038	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
208	WYCLIFFE FOUNDATION PO BOX 620486 ORLANDO, FL 32862-0486	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
209	BROYLES AND ASSOCIATES, PC 1012 WINCHESTER WAY CHESAPEAKE, VA 23320	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
210	AMERICAN FUNDS 2701 CLEVLAND AVE, SUITE 200 FT. MYERS, FL 33901	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
211	CLEAR CREEK CHRISTIAN CHURCH 530 W CHURCH LANE BLOOMINGTON, IN 47403	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
212	ANDREW LONG 4651 S CORDOVA PL BLOOMINGTON, IN 47401	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
213	JOSEPH KING 280 N FARMERSVILLE RD EPHRATA, PA 17522-8709	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
214	KAREN VINTON 700 LITTLE BEAR RD. GALLATIN GATEWAY, MT 59730	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
215	LINDA ROEHRENBECK 16785 RAINTREE DR MARYSVILLE , OH 43040	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
216	LORA BATTERSON 504 6TH STREET NE WASHINGTON, DC 20002	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
217	MICHAEL TIMMCKE PO BOX 4569 HOUSTON, TX 77210	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
218	ROBERT MILLIKEN 5400 HUNTS DR LINCOLN, NE 68512-1193	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
219	SHARON PATTERSON 2701 CLEVLAND AVE, SUITE 200 FT. MYERS, FL 33901	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
220	WARREN DYK 5003 BRICKWAY CT. SPRING HILL, TN 37174	$ 10,020.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
221	COVENANT LOVE CHURCH P.O. BOX 53948 FAYETTEVILLE, NC 28305	$ 10,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
222	RAYMOND JAMES CHARITABLE PO BOX 23559 SAINT PETERSBURG, FL 33742-3559	$ 10,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

NEW MISSION SYSTEMS, INC.

Employer identification number

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	COLLIN DAVIS 26961 VILLANOVA CT BONITA SPRINGS, FL 34135-5036	$ 10,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
224	MICHAELE MCNELIS 402 ROCKLEDGE DRIVE SEWICKLEY, PA 15143	$ 10,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
225	GEORGETOWN CHURCH GEORGETOWN CHURCH OF CHRIST 149 HAMER RD GEORGETOWN, OH 45121	$ 10,511.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
226	BRUCE DINGMAN 950 SUNSET GARDEN LANE, #144 SIMI VALLEY, CA 93065	$ 10,529.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
227	BEAR CREEK CHURCH PO BOX 4732 MEDFORD, OR 97501-0195	$ 10,700.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
228	MOUNTAIN CHRISTIAN CHURCH 1824 MOUNTAIN RD JOPPA, MD 21085-1919	$ 10,704.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
229	WHEATON COLLEGE 501 COLLEGE AVE WHEATON, IL 60187-5593	$ 10,794.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
230	COMMUNITY CHRISTIAN REFORMED CHURCH 10498 N 450 E DEMOTTE, IN 46310-8920	$ 10,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
231	ANDREA CROSLYN 7344 TIMBER VIEW DR NEWBURGH, IN 47630-8117	$ 10,804.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
232	CHRISTIAN CHURCH OF FELLOWSHIP C/O GEORGE GOODALL, 16 HOWARD AVE BINGHAMTON, NY 13904	$ 10,885.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
233	KRISTI GARRETT 13822 PINE VILLA LN FORT MYERS, FL 33912	$ 10,989.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
234	BARBARA RIEMER 5254 DOUBLE EAGLE DR. WESTERVILLE, OH 43081	$ 11,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
235	POST ROAD CHRISTIAN CHURCH 1112 N POST RD INDIANAPOLIS, IN 46219-4216	$ 11,025.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
236	MARK WEBER 1015 HAWTHORNE CT MOUNT PULASKI, IL 62548-5801	$ 11,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
237	PRESENCE CHURCH OF MIDLAND PO BOX 50282 MIDLAND, TX 79710	$ 11,365.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
238	BARRY HELMS 685 HILLCREST DR CHRISTIANSBURG, VA 24073-3332	$ 11,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
239	CENTRAL CHRISTIAN CHURCH 2555 MERIDIAN AVE SAN JOSE, CA 95124-1746	$ 11,430.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
240	CHERYL NELSON PO BOX 190 FOX ISLAND, WA 98333	$ 11,493.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
241	GLENN LUTHER 4342 TAMWORTH RD SYLVANIA, OH 43560-3813	$ 11,511.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
242	JAIME TAVERAS 2701 CLEVELAND AVE SUITE 140 FORT MYERS, FL 33901	$ 11,590.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
243	CLARENCE CHURCH OF CHRIST 5375 OLD GOODRICH RD CLARENCE, NY 14031-1221	$ 11,745.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
244	HARRISON TRUMBULL 33 RAINER RD ENFIELD, NH 03748-3563	$ 11,900.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
245	FIRST CHURCH OF CHRIST 3493 EAGLE AVE FERTILE, IA 50434	$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
246	NATIO 509 RIVERVIEW DR GEORGETOWN, TX 78628	$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
247	COMMUNITY BIBLE CHURCH 2477 N LOOP 1604 E SAN ANTONIO, TX 78232-1700	$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
248	BELMONT CHRISTIAN CHURCH 1500 PEPPERS FRY RD NW CHRISTIANSBURG, VA 24073-5702	$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
249	FRANCES KAY PITTS 1213 GORDON RIVER TRAIL NAPLES, FL 34105	$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
250	GILBERT WENTZEL 610 WILLOWHURST PLACE LOUISVILLE, KY 40223-3367	$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
251	JOSEPH KEATING 210 WATERSTONE WY LOUISVILLE, KY 40245	$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
252	JOSHUA BRANHAM 2590 N BOGUS BASIN RD BOISE, ID 83702	$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
253	PAMELA KURTZ 3099 COUNTY ROAD 100 EAST FOOSLAND, IL 62845	$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
254	SHELBY WITHERSPOON 2062 KATHERINE ST FORT MYERS, FL 33901	$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
255	EASTMINSTER PRESBYTERIAN CHURCH 1958 N WEBB RD WICHITA, KS 67206	$ 12,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
256	WESTBROOK CHRISTIAN CHURCH 1175 LILY CACHE LN BOLINGBROOK, IL 60490-3122	$ 12,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
257	KIM PEARSON 1861 INLET DRIVE N. FT. MYERS, FL 33903	$ 12,303.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
258	PIKES PEAK CHRISTIAN CHURCH 4955 BRADLEY RD COLORADO SPRINGS, CO 80911-3265	$ 12,388.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
259	WELLS FARGO CLEARING SERVICES LLC 1 N JEFFERSON AVE SAINT LOUIS, MO 63103-2254	$ 12,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
260	NEW LIFE CHRISTIAN CHURCH 4701 E CR 462 WILDWOOD, FL 34785-8833	$ 12,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
261	WALSH FAMILY FOUNDATION 59 CHILDS DR DOVER, NH 03820	$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
262	CONNIE CORBETT 55 YORKTOWN SHOPPING CENTER UNIT 211 LOMBARD, IL 60148	$ 12,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
263	AVALON MISSIONARY FUND 844 WOODSTOCK RD VIRGINIA BEACH, VA 23464	$ 12,871.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
264	SHEILA BEASLEY 105 KATHERINE ST KINGSPORT, TN 37660	$ 12,897.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
265	LEHIGH ACRES CC-DBA RISE CC 50 BELL BLVD N LEHIGH ACRES, FL 33936-6492	$ 12,977.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
266	WILDEWOOD CHRISTIAN CHURCH 1255 ROYAL DR PAPILLION, NE 68046-2081	$ 13,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
267	CHURCH ON THE ROCK TEXARKANA 2301 UNIVERSITY AVE TEXARKANA, TX 75503-0082	$ 13,016.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
268	BARBARA O'HARA 5501 AGERATUM COURT HOLLY SPRINGS, NC 27540-8631	$ 13,111.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
269	DARWIN TURNER 1580 NATHAN RD NASHVILLE, AR 71852	$ 13,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
270	TIMBER LAKE CHRISTIAN CHURCH 1624 GRATZ BROWN MOBERLY, MO 65270	$ 13,314.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
271	KISSIMMEE CHRISTIAN CHURCH 415 N MAIN ST KISSIMMEE, FL 34744	$ 13,317.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
272	ORCHARD CHURCH 12405 E. 120TH AVENUE HENDERSON, CO 80640	$ 13,333.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
273	JARED SHIELDS 116 TORREY PINE DRIVE BROWNSBURG, IN 46112	$ 13,333.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
274	JACOB'S WELL 2227 US HIGHWAY 1 # 287 NORTH BRUNSWICK, NJ 08902-4402	$ 13,599.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
275	CONVERGENCE CHRISTIAN CHURCH 22414 COVE HOLLOW DR. KATY, TX 77450	$ 13,733.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
276	NORKENZIE CHRISTIAN CHURCH 2530 CRESCENT AVE EUGENE, OR 97408-4710	$ 13,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

NEW MISSION SYSTEMS, INC.

Employer identification number

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
277	CHURCH OF CHRIST HIGHLAND AVE 500 WEST HIGHLAND AVE ROBINSON, IL 62454	$ 13,850.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
278	DON SOARD 8198 TOMAHAWK POINT ARCADIA, OK 73007	$ 14,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
279	FIRST CHRISTIAN CHURCH - SUN CITY CENTER P O BOX 5319 SUN CITY CENTER, FL 33571-5319	$ 14,019.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
280	ICOM 95 E COUNTY RD 1000 S CLAYTON, IN 46118-9253	$ 14,128.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
281	U.S. CHARITABLE GIFT TRUST 8888 KEYSTONE CROSSING STE 1222 INDIANAPOLIS, IN 46240	$ 14,150.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
282	MOSAIC CHURCH 3451 23RD AVENUE EVANS, CO 80620	$ 14,267.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
283	FIRST CHRISTIAN CHURCH 2272 WALT STEPHENS RD JONESBORO, GA 30236-4028	$ 14,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
284	DANIEL MILLER 15133 CLOVERDALE DRIVE FORT MYERS, FL 33919	$ 14,660.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
285	FIDELITY BROKERAGE SERVICES 2701 CLEVLAND AVE, SUITE 200 FT. MYERS, FL 33901	$ 14,901.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
286	MORIAH FOUNDATION, INC. 108007 NEW ALLEGIANCE DRIVE, SUITE 240 COLORADO SPRINGS, CO 80921	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
287	NOLL FOUNDATION, INC 2574 MARIANI WAY LINCOLN, CA 95648-7976	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
288	VENTURE CHRISTIAN CHURCH 14501 HAZEL DELL PKWY CARMEL, IN 46033-9401	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
289	MICHAEL DAVIS 13 RIDGESIDE ROAD CHATTANOOGA, TN 37411-1828	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
290	SUZANNE DECKER 811 EASTBROOK LN CALDWELL, ID 83605	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
291	WALLULA CHRISTIAN CHURCH, MISSIONS 23785 139TH ST LEAVENWORTH, KS 66048-7274	$ 15,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
292	RADIANT CHURCH 8157 E DE AVE RICHLAND, MI 49083	$ 16,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
293	LAKE ARROWHEAD CHURCH 1218 LAKE ARROWHEAD DRIVE WALESKA, GA 30183	$ 16,039.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
294	NEW HOPE CHRISTIAN CHURCH 8310 PLANTATION LANE MANASSAS, VA 20110	$ 16,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
295	BE ONE CHURCH 2130 REDWINE RD FAYETTEVILLE, GA 30215-5620	$ 16,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
296	ANDERSON HILLS UNITED METHODIST CHURCH 7663 FIVE MILE RD CINCINNATI, OH 45230	$ 16,816.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
297	SUNCREST CHRISTIAN CHURCH 10009 PARRISH ST SAINT JOHN, IN 46373-8765	$ 17,004.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
298	AVENUE CHRISTIAN CHURCH 5750 HOLMES AVE CLARENDON HILLS, IL 60514	$ 17,085.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
299	GREATER CINCINNATI FOUNDATION 720 EAST PETE ROSE WY STE 120 CINCINNATI, OH 45202	$ 17,253.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
300	GEORGETOWN CHURCH OF CHRIST 149 HAMER RD GEORGETOWN, OH 45121-9497	$ 17,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
301	MANNA CHURCH 5117 CLIFFDALE RD FAYETTEVILLE, NC 28314	$ 17,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
302	RONALD SEIDL 540 KING RICHARD DR VIRGINIA BEACH, VA 23452	$ 17,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
303	CHERRY HILLS BAPTIST CHURCH 2125 WOODSIDE RD SPRINGFIELD, IL 62711-7340	$ 18,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
304	CHRISTIAN LIFE FELLOWSHIP 1200 SW 20TH AVE CAPE CORAL, FL 33991-2231	$ 18,292.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
305	TERESA METZGER 865 TALL TREES DR CINCINNATI, OH 45245	$ 18,578.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
306	VOICE OF THE MARTYRS, INC. P.O. BOX 443 BARTLESVILLE, OK 74005	$ 19,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

NEW MISSION SYSTEMS, INC.

Employer identification number

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
307	SAMUEL HIMES 1085 HIGHLAND DR ELM GROVE, WI 53122	$ 19,450.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
308	THOMAS BON 722 8TH AVE. N. APT. 1 FARGO, ND 58102	$ 19,722.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
309	NORTHRIDGE CHRISTIAN CHURCH 321 LOG CABIN RD MILLEDGEVILLE, GA 31061	$ 19,900.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
310	CONNECTION POINTE CHRISTIAN CHURCH 1800 N GREEN ST BROWNSBURG, IN 46112-8188	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
311	COMMUNITY BIBLE CHURCH 2477 N LOOP 1604 E SAN ANTONIO, TX 78232	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
312	AFC TRAVEL 511 E TRAVELERS TRL BURNSVILLE, MN 55337	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
313	CHRISTIAN COMMUNITY FOUNDATION OF MEMPHIS AND THE MID-SOUTH, INC. 6075 POPLAR AVE, SUITE 130 MEMPHIS, TN 38119	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
314	THE BILL AND CAROL LATIMER CHARITABLE FOUNDATION 201 W MAIN ST, SUITE E UNION CITY, TN 38261	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
315	ELIZABETH LANIER PO BOX 686 WEST POINT, GA 31833-0686	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
316	REINHARDT KRUEGER 1702 S IVANHOE ST ANAHEIM, CA 92804-6510	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
317	MANOR CHURCH 530 CENTRAL MANOR RD LANCASTER, PA 17603-9746	$ 20,585.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
318	CHANGEPOINT MATSU 6689 CHANGEPOINT DR ANCHORAGE, AK 99518	$ 20,884.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
319	PAUL P TELL FOUNDATION 388 S MAIN ST - SUITE 444 AKRON, OH 44311	$ 21,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
320	LISA VAN RAVENHORST 12719 DUPONT AVE S BURNSVILLE , MN 55337	$ 21,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
321	FIRST CHRISTIAN CHURCH 3638 MIDDLE URBANA RD SPRINGFIELD, OH 45502	$ 21,322.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
322	VINTAGE GRACE 931 LASSEN WAY EL DORADO HILLS, CA 95762	$ 21,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
323	COMMUNITY REFORMED CHURCH 10376 FELCH ST ZEELAND, MI 49464-6839	$ 21,802.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
324	NATIONAL CHRISTIAN FOUNDATION NW 1700 SEVENTH AVE STE 1820 SEATTLE, WA 98101	$ 22,102.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
325	JOHN MIXON 2213 TROPICAL TERRACE DELAND , FL 32724	$ 22,222.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
326	CALVARY BIBLE CHURCH OF NEENAH WI INC PO BOX 799 NEENAH, WI 54956-0799	$ 22,338.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
327	CROSSROADS CHRISTIAN CHURCH,PAT CREECH PO BOX 5386 EVANSVILLE, IN 47716-5386	$ 22,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
328	YORK ALLIANCE CHURCH 501 RATHTON ROAD YORK, PA 17403	$ 22,557.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
329	KENNEY VINCENT 2705 CLEVELAND AVE UNIT 102 FORT MYERS , FL 33901	$ 22,561.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
330	DAVID ADERHOLDT 2701 CLEVELAND AVE STE 200 FORT MYERS, FL 33901-5800	$ 22,700.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
331	SUMMIT CHURCH 19601 BEN HILL GRIFFIN PKWY FORT MYERS, FL 33913	$ 24,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
332	CHRISTOPHER BUNN 510 RIVER RD SALINAS, CA 93908-9631	$ 24,318.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
333	WATERSTONE 10807 NEW ALLEGIANCE DR STE 240 COLORADO SPRINGS, CO 80921	$ 24,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
334	GENESIS CHURCH 1702 PLEASANT ST NOBLESVILLE, IN 48080	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
335	MARVIN SCHULTZ 23575 N MILLCREEK RD CICERO, IN 46034-9258	$ 25,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
336	CHRISTIAN CHURCH IN THE WILDWOOD 10051 COUNTRY ROAD WEEKI WACHEE, FL 34613	$ 26,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
337	NATHAN STERN 236 MEADOW VIEW LANE SPEEDWELL , TN 37870	$ 26,174.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
338	JAMES BERRY 65979 560TH ST LEWIS, IA 51544-5029	$ 26,425.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
339	FIRST PRESBYTERIAN CHURCH OF BONITA SPRINGS PO BOX 2168 BONITA SPRINGS, FL 34133-2168	$ 28,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
340	THE FIRST BAPTIST CHURCH PO BOX 247 ELMORE CITY, OK 73433-0247	$ 28,900.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
341	COMPASS CHRISTIAN CHURCH 1204 RIVER RIDGE RD. ROANOKE, TX 76262	$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
342	DAN SCRUGGS PO BOX 33063 RENO, NV 89533-3063	$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
343	ANCHOR CHRISTIAN CHURCH 11651 E. TERRY ST BONITA SPRINGS, FL 34135	$ 30,668.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
344	DENISE CALE 1848 COUNTY ROAD 75 N CARLOCK, IL 61725-9015	$ 30,700.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
345	HILFSAKTION MAERTYRERKIRCHE E.V. GERMANY GERMANY, GERMANY	$ 30,739.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
346	CENTERPOINTE CHURCH 891 COPLY STREET SE PALM BAY, FL 32909	$ 30,870.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
347	RENAISSANCE CHARITABLE FOUNDATION 8888 KEYSTONE CROSSING STE 1222 INDIANAPOLIS, IN 46240	$ 30,900.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
348	EDWARD JONES INVESTING 201 PROGRESS PKWY MARYLAND HEIGHTS, MO 63043-3003	$ 31,255.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
349	J P MORGAN CHARITABLE GIVING FUND 165 TOWNSHIP LINE RD STE 1200 JENKINTOWN, PA 19046-3594	$ 32,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
350	THE CROSSING 909 MAINE STREET, UNIT 2 QUINCY, IL 62301	$ 33,556.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
351	PINEDALE CHRISTIAN CHURCH 3395 PETERS CREEK PKWY WINSTON-SALEM, NC 27127	$ 33,900.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
352	WOODCREEK CHURCH 3400 E RENNER RD RICHARDSON, TX 75082	$ 34,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
353	ACADEMY CHRISTIAN CHURCH 1635 OLD RANCH RD COLORADO SPRINGS, CO 80908-4526	$ 35,768.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
354	TATES CREEK CHRISTIAN CHURCH 3150 TATES CREEK RD LEXINGTON, KY 40502-2955	$ 36,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
355	FIRST CHRISTIAN CHURCH 2620 COUNTRY CLUB BLVD CAPE CORAL, FL 33904-2863	$ 38,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
356	FELLOWSHIP OF ASSOCIATES OF MEDICAL EVANGELISM 4545 SOUTHEASTERN AVE INDIANAPOLIS, IN 46203	$ 39,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
357	ROCKSTAR INVESTMENTS OF SW FL 2701 CLEVLAND AVE, SUITE 200 FT. MYERS, FL 33901	$ 42,853.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
358	CHARLES SCHWAB 2701 CLEVLAND AVE, SUITE 200 FT. MYERS, FL 33901	$ 43,149.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
359	CAREY O'HARA 2701, CLEVELAND AVE, SUITE 160 FORT MYERS, FL 33901	$ 44,450.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
360	NEW HOPE PRESBYTERIAN/JAMES MAYER 10051 PLANTATION RD FORT MYERS, FL 33966-1445	$ 45,613.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
361	BOY SCOUTS OF AMERICA 2701 CLEVLAND AVE, SUITE 200 FT. MYERS, FL 33901	$ 47,364.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
362	INCA LINK INTERNATIONAL PO BOX 1321 BOONE, NC 28607	$ 47,803.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
363	MOUNT PLEASANT CHRISTIAN CHURCH 381 N BLUFF RD GREENWOOD, IN 46142-7730	$ 48,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
364	MCDONOUGH CHRISTIAN CHURCH 2000 JONESBORO RD MCDONOUGH, GA 30253-5927	$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
365	DAVID LINDERT 1617 LIARTIS DR SUN PRAIRIE, WI 53590	$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
366	GALLAHER AMERICAN FAMILY FUNERAL HOME 2701 CLEVLAND AVE, SUITE 200 FT. MYERS, FL 33901	$ 50,835.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
367	GRACE CHURCH 13 SE 21ST PL CAPE CORAL, FL 33990-1437	$ 54,123.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
368	WESTMINSTER PRESBYTERIAN CHURCH 2151 OREGON PIKE LANCASTER, PA 17601	$ 55,962.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
369	KARI ANNE SPILLER 2917 NE 4TH PL CAPE CORAL, FL 33909	$ 66,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
370	JEREMY WILLET 2610 BAUMGARDNER RD WESTMINSTER, MD 21158	$ 67,282.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
371	DAFGIVING360 211 MAIN ST SAN FRANCISCO, CA 94105	$ 71,160.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
372	CROSSPOINT CHRISTIAN CHURCH 204 SW 11TH PLACE CAPE CORAL, FL 33991	$ 75,147.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
373	CHRISTIAN FINANCIAL RESOURCES PO BOX 951719 LAKE MARY, FL 32795-1719	$ 76,847.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
374	FIRST CHRISTIAN CHURCH 2061 MCGREGOR BLVD FORT MYERS, FL 33901	$ 89,305.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
375	SOUTHEAST CHRISTIAN CHURCH 920 BLANKENBAKER PKWY LOUISVILLE, KY 40243-1845	$ 105,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
376	TOMOKA CHRISTIAN CHURCH 1450 HAND AVE ORMOND BEACH, FL 32174-8193	$ 151,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
377	FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 45277-0053	$ 235,163.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
378	LPL FINANCIAL SERVICES 4707 EXECUTIVE DR SAN DIEGO, CA 92121-3091	$ 240,887.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

NEW MISSION SYSTEMS, INC.

Employer identification number

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
379	NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE RD STE 1200 JENKINTOWN, PA 19046-3549	$ 258,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: NEW MISSION SYSTEMS, INC.

Employer identification number: 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
		$	

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

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

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

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

(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

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

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

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

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

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

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

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

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?	3b		

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		5,049,427.	1,794,501.	3,254,926.
c Leasehold improvements		27,770.	22,006.	5,764.
d Equipment		684,707.	587,509.	97,198.
e Other		810,139.	423,270.	386,869.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				4,273,124.

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 ... X

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	11,965,520.
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	11,965,520.
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	11,965,520.

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	11,596,011.
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	11,596,011.
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	11,596,011.

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, 2026, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Part XIII Supplemental Information *(continued)*

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

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	5,913,117.
AFRICA	1	28	PROGRAM SERVICES	ESTABLISHING AND MATURING OF CHURCHES	3,130,474.
ASIA	1	25	PROGRAM SERVICES	ESTABLISHING AND MATURING OF CHURCHES	1,275,378.
SOUTH AMERICA	1	21	PROGRAM SERVICES	ESTABLISHING AND MATURING OF CHURCHES	1,043,491.
OCEANA	1	14	PROGRAM SERVICES	ESTABLISHING AND MATURING OF CHURCHES	231,887.
3 a Subtotal	5	125			11,594,347.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	5	125			11,594,347.

Part II **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) IRS code section and EIN (if applicable)	(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 III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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

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.

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
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.		
	☐ First-class or charter travel		
	☐ Travel for companions		
	☐ Tax indemnification and gross-up payments		
	☐ Discretionary spending account		
	☒ Housing allowance or residence for personal use		
	☐ Payments for business use of personal residence		
	☐ Health or social club dues or initiation fees		
	☐ Personal services (such as maid, chauffeur, chef)		
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 1b		X
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? 2		X
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.		
	☐ Compensation committee		
	☐ Independent compensation consultant		
	☐ Form 990 of other organizations		
	☐ Written employment contract		
	☐ Compensation survey or study		
	☐ Approval by the board or compensation committee		
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:		
a	Receive a severance payment or change-of-control payment? 4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan? 4b		X
c	Participate in or receive payment from an equity-based compensation arrangement? 4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
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:		
a	The organization? 5a		X
b	Any related organization? 5b		X
	If "Yes" on line 5a or 5b, describe in Part III.		
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:		
a	The organization? 6a		X
b	Any related organization? 6b		X
	If "Yes" on line 6a or 6b, describe in Part III.		
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 7		X
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 8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JEFF METZGER	(i)	103,235.	0.	0.	0.	60,000.	163,235.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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:
118,507 PEOPLE MOVED CLOSER TO JESUS (DISCIPLED), 1,274 PEOPLE WERE BAPTIZED, 16,008 PEOPLE EXPERIENCED A SIGNIFICANTLY IMPROVED ECONOMIC SITUATION, AND 1,549 BUSINESSES WERE STARTED.

PEOPLE EXPLORE AND RECEIVE TRAINING IN GOD'S PURPOSE FOR THEIR LIVES:
47,717 PEOPLE WERE EDUCATED IN LIFE SKILLS, 68,483 EXPLORED AND GAINED A BETTER UNDERSTANDING OF THEIR GOD-GIVEN PURPOSE, AND 10,196 WERE COACHED, MENTORED AND EQUIPPED.

CHURCHES STARTED AND STRENGTHENED: 217 CHURCHES WERE PLANTED, 1,945 EXISTING CHURCHES WERE STRENGTHENED, 6,919 CHURCH LEADERS AND EMERGING LEADERS WERE TRAINED AND EQUIPPED. 13,252 REGULAR TEACHING EVENTS WERE LED. 214,485 PEOPLE RECEIVED BIBLICAL TEACHING AND 13,835 RELATIONSHIPS WITH NONBELIEVERS WERE BUILT.

OTHER OBSERVABLE KINGDOM CONDITIONS: 496 HOURS PER WEEK WERE DEDICATED TO PRAYING FOR 18,105,813 LOST PEOPLE. MORE THAN 4,000 MOBILITY AIDS WERE DISTRIBUTED. 276 MISSIONARY FIELD VISITS WERE MADE BY OUR MISSION STAFF TEAM. 15,404 MISSIONARY REQUESTS WERE SERVICED. 340 PEOPLE WERE REFERRED FOR AFFILIATION, 616 FOR INTERNSHIPS, AND 158 FOR APPRENTICESHIPS. 1,500 BIBLICAL IMAGES WERE SHARED AT OPENBIBLEIMAGES.ORG AND WE LED TRAINING FOR HUNDREDS OF MISSIONARIES AT CIT AND GEM/UK.

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.

Name: NEW MISSION SYSTEMS INC. FEIN: 95-4338997

Type and Entity: RENTAL OF BUILDING SPA POST-2017 NO

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation — Section 382 Carryover

	Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A	2024	415.										
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

	Detail Type	ESBC	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A													
B													
C													
D													
E													
F													
G													
H													
I													
J													
K													
L													
M													
N													
O													
P													
Q													
R													
S													
T													
U													
V													
W													

Name: NEW MISSION SYSTEMS, INC. FEIN: 95-4338997

Type and Entity: PRE-2018 NOL FED

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation | Section 382 Carryover

	Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 07/31/14	Amount Used for 07/31/19	Amount Used for 07/31/20	Amount Used for 07/31/21	Amount Used for 07/31/22	Amount Used for 07/31/23	Amount Used for 07/31/24	Amount Used for 07/31/26	Amount Used for _____
A	2012	17,235.	17,235.	766.	4,225.	12,244.						
B	2014	14,477.	14,477.			1,891.	11,679.	907.				
C	2015	18,485.	18,485.					18,485.				
D	2016	30,584.	30,584.					5,142.	5,455.	12,610.	7,377.	
E	2017	20,498.	17,650.								17,650.	
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

	Detail Type	ESBC	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A													
B													
C													
D													
E													
F													
G													
H													
I													
J													
K													
L													
M													
N													
O													
P													
Q													
R													
S													
T													
U													
V													
W													

Name: NEW MISSION SYSTEMS INC. FEIN: 95-4338997

Type and Entity: NOL FL

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation | Section 382 Carryover

	Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 07/31/26	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A	2016	30,584.	30,584.	23,207.								
B	2017	20,498.	20,498.	20,498.								
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

	Detail Type	ESBC	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A													
B													
C													
D													
E													
F													
G													
H													
I													
J													
K													
L													
M													
N													
O													
P													
Q													
R													
S													
T													
U													
V													
W													

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax-Exempt Entity

For calendar year 2025, or fiscal year beginning AUG 1, 2025, and ending JUL 31, 20 26

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

2025

Name of filer
NEW MISSION SYSTEMS, INC.

EIN or SSN
95-4338997

Name and title of officer or person subject to tax JEFF METZGER
PRESIDENT

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here	☐	b **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	**Form 990-EZ** check here	☐	b **Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here	☐	b **Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here	☐	b **Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here	☐	b **Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here	☒	b **Total tax** (Form 990-T, Part III, line 4)	6b	0.
7a	**Form 4720** check here	☐	b **Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here	☐	b **FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here	☐	b **Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here	☐	b **Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize SCHAFER, TSCHOPP & MITCHELL, LLLP to enter my PIN 32714

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 59452832751

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2025 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature _____ Date _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990-T**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2025 or other tax year beginning AUG 1, 2025 , and ending JUL 31, 2026 .

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

OMB No. 1545-0047

2025

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

A ☐ Check box if address changed.

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Name of organization (☐ Check box if name changed and see instructions.)
NEW MISSION SYSTEMS, INC.

D Employer identification number
95-4338997

Number and street. If a P.O. box, see instructions.
2701 CLEVELAND AVE, SUITE 200

Room or suite no.

E Group exemption number (see instructions)

City or town: FT. MYERS | State or province: FL | Country: | ZIP or foreign postal code: 33901

C Book value of all assets at end of year ..... 7,553,244.

F ☐ Check box if an amended return.

G Check organization type ☒ 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
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of JAYSON SIMONSON Telephone number (239) 337-4336

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	25,027.
2	Reserved for future use	2	
3	Add lines 1 and 2	3	25,027.
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	25,027.
6	Deduction for net operating loss. See instructions STATEMENT 1	6	25,027.
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000.
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000.
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21)	1	0.
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	
3	**Proxy tax.** See instructions	3	
4a	Amount from Form 4255, Part I , line 3, column (q)	4a	
b	Other tax amounts. See instructions	4b	
5	Alternative minimum tax	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	0.
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e			
f	Total amounts due. Add lines 3a through 3e			3f	0.
4	**Total tax.** Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here			4	0.

Part III Tax and Payments *(continued)*

5 a	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5a	0.
b	First installment of section 1062 applicable net tax liability. Enter amount from Form 1062, line 15			5b	
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 ☐	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			
k	Section 1062 applicable net tax liability. Enter amount from 1062, line 14	6k			
7	**Total payments and section 1062 applicable net tax liability.** Add lines 6a through 6k			7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐			8	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5a, 5b, and 8, enter amount owed			9	
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5a, 5b, and 8, enter amount overpaid			10	
11	Enter the amount of line 10 you want: **Credited to 2026 estimated tax** _____ **Refunded** For Refunded amount, also complete and attach Form 8050. See instructions.			11	

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

		Yes	No
1	At any time during the 2025 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 _____		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? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year $ _____		
4	Enter available pre-2018 NOL carryovers here $ 27,875. 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
531120	$ 415.
	$
	$
	$

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 | PRESIDENT Title

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only

Enter preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
THOMAS TSCHOPP				P00836892

Firm's name SCHAFER, TSCHOPP & MITCHELL, LLLP — Firm's EIN 39-4468433

Firm's address 341 N. MAITLAND AVENUE, SUITE 115 MAITLAND, FL 32751 — Phone no. (407) 875-2760

FORM 990-T PRE 2018 NOL SCHEDULE STATEMENT 1

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR	27,875.
PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6	25,027.

SCHEDULE A PORTION OF PRE-2018 NOL

SCHEDULE A ENTITY	SCHEDULE A SHARE
1	0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL	0.
NET OPERATING DEDUCTION	25,027.
BALANCE AFTER PRE-2018 NOL DEDUCTION	0.
EXPIRING NET OPERATING LOSSES	0.
CARRY FORWARD OF NET OPERATING LOSS	2,848.

FORM 990-T PRE-2018 NET OPERATING LOSS DEDUCTION STATEMENT 2

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)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

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).

OMB No. 1545-0047

2025

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
1a	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			
4a	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	165,956.	140,929.	25,027.
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	165,956.	140,929.	25,027.

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	25,027.
17	Deduction for net operating loss. See instructions			17	0.
18	**Unrelated business taxable income.** Subtract line 17 from line 16			18	25,027.

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?	☐ Yes ☐ 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)	165,956.			
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D	165,956.			

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) 165,956.

4	Deductions directly connected with the income in lines 2a and 2b (attach statement) STMT 4	140,929.			

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) 140,929.

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	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income				
a	Add columns A through D. Enter here and on Part I, line 11, column (A)				0.
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part I, line 11, column (B)				0.
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
07/31/25	415.	0.	415.	415.
NOL CARRYOVER AVAILABLE THIS YEAR			415.	415.

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

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INSURANCE		19,200.	
MORTGAGE INTEREST		15,142.	
DEPRECIATION		34,456.	
UTILITIES		13,800.	
REPAIRS AND MAINTENACE		46,000.	
SALARY COSTS		3,000.	
TAXES		9,331.	
- SUBTOTAL -	1		140,929.
TOTAL TO FORM 990-T, SCHEDULE A, PART IV, LINE 4			140,929.