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H Ectier the number of the organization's unrelated frades or businesses. ▶ 1 Describe the only (or frist) unrelated trade or business here ▶ SER STATEMENT 1 III. If only one, conceptible Parts I.V. III more than one, describe the first in the basin kepoze at the end of the previous sentence, complete Parts I and III, complete a Schedule M for each additional trade or business, then complete Parts III.V. 1 During the tax year, was the copyration a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ▼ Yes ▼ No 1 The books are in care of ▶ 10 TMI JELENTC 2 Telephone number ▶ 216-431-3510 Part F Unrelated Trade or Business Income 1 Telephone number ▶ 216-431-3510 Part F Unrelated Trade or Business Income 1 Telephone number ▶ 216-431-3510 1 Telephone number ▶ 216-431-3510 Part F Unrelated Trade or Business Income 2 Cost of goods sold (Schedule A Ine 2) 3 Gross profit. Subtract the 2 from line to 4 Capital gain net income (statich Schedule D) 4 Det que (loss) (from 4797, Part II, line 17) (lattach Form 4797) 5 Income (loss) (from 4797, Part II, line 17) (lattach Form 4797) 6 Rent income (Schedule C) 7 Unrelated dest-financed income (Schedule E) 8 Interest, unruless, cryalines, and rents from a controlled organization (Schedule G) 9 Interest unruless, cryalines, and rents from a controlled organization (Schedule G) 10 Finded dest-financed income (Schedule E) 11 Advertising income (Schedule E) 12 Other income (Schedule C) 13 Total. Combine lines 3 throught I? 14 Advertising income (Schedule E) 15 Sabares and wages 16 Capital lines 3 through I? 17 Deductions Not Taken Elsewhere (See instructions for immations on deductions) 18 Interest (laters handled) (see instructions) 19 Takes and licenses 20 Charlable contributions, deductions must be directly comected with the unrelated business income) 10 Charlable contributions, deductions for Irmitation rules) 10 Part II Deductions Not Taken Elsewhere on return 22 Contributions (detered compensation plans 23 Employee be		C Bo	ook value of all assets	L		<u> </u>				JET			
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If Yes,' enter the name and identifying number of the parent corporation. ▶ If be books are in care of ▶ JOHN JELENIC Part I Unrelated Trade of business income (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales 2,015,013. b Les returns and allowances 1 c Cost of poods soid (Schedule A, Ine ?) 3 Gross profit. Subtract line 2 from line 1c 3 1,011,442. 1 1,011,442. 1 1,011,442. 1 1,011,442. 1 1,011,442. 1 1,011,442. 1 1,011,442. 1 1,011,442. 1 1,011,442. 1 1,011,442. 1 1,011,442. 1 1,011,442. 1 1,011,442. 1 1,011,442. 1 1,011,442. 1 1,011,442. 1 1,011,442. 1 1,011,442. 1 1,011,442. 1 1,011,442. 2 1,003,571. 3 1,011,442. 1 1,011,442. 1 1,011,442. 1 1,011,442. 2 1,003,571. 3 1,011,442. 4 1,011,442. 4 2 Captal gain et income (Schedule C) 5 Income (Gos) from a partnership or an Scorporation (attach statement) 6 Rent income (Schedule C) 8 Interest, annuties, royalise, and rents from a controlled organization (Schedule C) 8 Interest, annuties, royalise, and rents from a controlled organization (Schedule C) 10 Explorated exempl activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (Schedule J) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trusties (Schedule K) 15 Salares and wages 16 Repairs and maintenance 16 Repairs and maintenance 17 Bad debts 18 Interest (attain schedule) (see instructions) 19 Taxes and loanses 20 Charitable contributions (See instructions) 21 Depreciation (attain Form 4552) 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Excess readership costs (Schedule I) 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt appearse (Schedule I) 27 Total deductions A Male Res Hirough 28 28 Excess exempt appearse (Schedule I) 29 Total deductions A Male Res Hirough 28 20 Unrelated business table income before net operating loss deduction. Subtract line 29 from line 13 20 Unrelated business table income befo		<u>bu</u>	siness, then complete l	Parts III	I-V.							0	
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Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 31 from line 30 31 32 636,442.						. l	0.4 10 40			_			
32 Unrelated business taxable income. Subtract line 31 from line 30					·			tions)			030,442.	l	
000 T			•	-		ıyı, 20	o (see mstruci	uons)		_	636 442	l	
			•	_					\cap	JZ	Form 990-T (2018)	•	

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Part II	I Total Unrelated Business Taxable Income	,,,,,,,,,	
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	636,442.
34	Amounts paid for disallowed fringes	34	
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 5	35	636,442.
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	- 00	
36	lines 33 and 34	36	
07		37	1,000.
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	31	2/0001
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	0.
Part I		30	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39	0.
	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:	33	
40	Tax rate schedule or Schedule D (Form 1041)	▶ 40	
41	Proxy tax See instructions	► 41	
	Alternative minimum tax (trusts only)	42	·
	Tax on Noncompliant Facility Income. See instructions	43	
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part V		. 1 47 1	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	T	
b	Other credits (see instructions) 45b	_	
C	General business credit. Attach Form 3800	- 1	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	⊣ ′	
	Total credits Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedul		
	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
	Payments: A 2017 overpayment credited to 2018		
	2018 estimated tax payments 50b	\neg	
	Tax deposited with Form 8868		
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		
	Backup withholding (see instructions) 50e		
	Credit for small employer health insurance premiums (attach Form 8941) 50f	3	
	Other credits, adjustments, and payments: Form 2439	- 1	
9	☐ Form 4136 ☐ Other Total ► 50g		
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶ 53	
	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶ 54	
	Enter the amount of line 54 you want: Credited to 2019 estimated tax	▶ 55	
Part V	Statements Regarding Certain Activities and Other Information (see instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	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		1
	here >		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		
Ci	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kno correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	wledge and be	lief, it is true,
Sign	1. 01 40 01	May the IRS	discuss this return with
Here	CFO		shown below (see
	/ Signature of officer / Date / Little		X Yes No
	Print/Type preparer's name Preparer's signature Date Check	lf PTIN	,
Paid	JUDITH A. MONDRY, self-employ		10040005
Prepa	-		0042837
Use C	nly Firm's name ► REA & ASSOCIATES, INC Firm's EIN	► 34	-1310124
	6300 ROCKSIDE ROAD, SUITE 100	216 5	73-2330
	Firm's address ► CLEVELAND, OH 44131-2221 Phone no.	<u> </u>	Form 990-T (2018)
823711 01-	บษาษ		Form 330-1 (2018)

Schedule A - Cost of Good	s Sold. Enter	method of invent	tory v	aluation N/A					
1 Inventory at beginning of year	1	0.	6	Inventory at end of year	г	_	6		0.
2 Purchases	2 1	,003,571.	7	Cost of goods sold. Su	btract	ine 6			
3 Cost of labor	3]	from line 5. Enter here	and in F	Part I,]	
4a Additional section 263A costs				line 2			. 7	1,003,5	<u>71.</u>
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		4	property produced or a	cquired	l for resale) apply to			
5 Total Add lines 1 through 4b		,003,571.	<u> </u>	the organization?					X
Schedule C - Rent Income (see instructions)	(From Real	Property and	Per	sonal Property L	ease	d With Real Prop	erty)	
(occ mondential)									
Description of property									
(1)									
(2)									
(3)								_	
(4)						· · · · · · · · · · · · · · · · · · ·		-	
		ed or accrued				3(a) Deductions directly	connec	ted with the income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for p	ersonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	columns 2(a) a	nd 2(b) (attach schedule)	
(1)									
(2)									
(3)				- 					
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns		ter			_	(b) Total deductions Enter here and on page 1.			_
here and on page 1, Part I, line 6, column		la sama :			0.	Part I, line 6, column (B)			0.
Schedule E - Unrelated Del	ot-rinanced	income (see	ınstru T	ctions)		0. D. d			
			2	. Gross income from		Deductions directly con to debt-finance			
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	s
				, , ,		(attach schedule)		(attach schedule)	
(1)			 				+		
(2)							+-	·-	
(3)		-	1						
(4)									
4 Amount of average acquisition	5 Average	adjusted basis	6	Column 4 divided		7. Gross income		8_ Allocable deducti	ons
debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	allocable to nced property h schedule)	`	by column 5		reportable (column 2 x column 6)		(column 6 x total of col 3(a) and 3(b))	
(1)				%			+	,	
(2)	1			%				- 100	
(3)			1	%				<u> </u>	
(4)				%					
	-					nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (
Totals						0			0.
Total dividends-received deductions	adudad in adumi	. 0					`		<u> </u>

Form **990-T** (2018)

13110203 755878 1102270202

Schedule F - Interest, A	nnuities	s, Royalt	ies, and					tions	(see ins	struction	s)
· ~				Exempt (Controlled O	rganızatı	ons	т		-	
1. Name of controlled organizat	eon	2. Emp identific numb	ation	3 Net unr (loss) (see	related income a instructions)	4. Tot payr	al of specified nents made	includ	t of column 4 t ed in the contr ation's gross i	rolling	6 Deductions directly connected with income in column 5
(1)											
(2)					_						
(3)											
(4)											-
Nonexempt Controlled Organia	zations			l				<u>. </u>			
7. Taxable Income		nrelated income	a (lose)	0 Total	of specified payr	nents	10 Part of colu	mn Q that	t is included	11 De	ductions directly connected
1. Taxable meeting		ee instructions		9. 10.0.	made	iiciii.	in the controlli		ization's	with	n income in column 10
(1)											
(2)											
(3)											
(4)		***									
_(4)				l			Add colun				dd columns 6 and 11 here and on page 1, Part I,
								column (A	l l		line 8, column (B)
Totals									0.		0.
Schedule G - Investme	nt Incon	ne of a S	ection	501(c)(7	7). (9). or (17) Orc	anization				
(see instr		iic oi a o	COLIOII	561(6)(1	7, (0), 01 (, ৩. ૬	jamzation				
•	ription of incor	me			2. Amount of	ıncome	3. Deduction directly connected (attach scheduler)	cted	4. Set-	asıdes chedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)							\				(see a pres see)
(2)					1						
(3)											
· · · · · · · · · · · · · · · · · · ·					•						
(4)					Enter here and	n nage 1					Enter here and on page 1,
					Part I, line 9, co		Ñ.				Part I, line 9, column (B)
Totale					,	0.					0.
Schedule I - Exploited	Exempt	Activity	Income	. Other	Than Adv		a Income				
(see instru	-			,			9				
Description of exploited activity	2 G unrelated income trade or t	business e from	directly c with pro of unr	penses connected oduction elated s income	4. Net incomfrom unrelated business (cominus colum gain, computi	I trade or dumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	that ted	6 Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
					through	<u>'</u>					
(1)					ļ						
(2)											
(3)											
(4)											
	Enter her page 1,		Enter her page 1	re and on , Part I,							Enter here and on page 1,
	line 10,		line 10,								Part II, line 26
Totals -		0.		0.							0.
Schedule J - Advertisir			estruction								
Part I Income From I	Periodic	als Repo	rted or	n a Cons	solidated	Basis 					
1. Name of periodical		2. Gross advertising income		3 Direct ertising costs	or (loss) (c	ain, comput	5 Circulation		6. Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			İ								,
(2)											
(3)											1
(4)					1						1
Totals (carry to Part II, line (5))	•	().	0							0.
											Form 990-T (2018)

Form 990-T (2018) THE CITY MISSION SUPPORT FOUNDATION 47-10935

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				0.
Schedule K - Compensation	n of Officers, D	Directors, and	Trustees (see in	structions)		

1. Name	2. Title	time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1. Part II, line 14		•	0.

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

MISSION RESOURCE ALLIANCE, LLC EIN#: 46-5708136 PROVIDE DATA SERVICES TO OTHER ORGANIZATIONS NEW HORIZONS PROGRAM LLC EIN# 81-1168321

TO FORM 990-T, PAGE 1

FORM 990-T	CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CITY MISSION SUPPORT FOUNDATION	N/A	129,000
TOTAL TO FORM 990-T, PAGE 1, I	JINE 20	129,000
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
BANK FEES		1,402
TRAVEL		7,519
50% MEALS AND ENTERTAINMENT		829 12,749
INSURANCE WORKERS COMPENSATION		12,749 -484
STAFF DEVELOPMENT-TRAINING		466
MEDIA EXPENSES		4,123
OFFICE SUPPLIES		10,821
PROFESSIONAL FEES		6,173
		1 024
OTHER PROFESSIONAL FEES		
OTHER PROFESSIONAL FEES COMPUTER HARDWARE		5,350
OTHER PROFESSIONAL FEES COMPUTER HARDWARE LICENSE FEES		1,024 5,350 3,765 1,803
OTHER PROFESSIONAL FEES COMPUTER HARDWARE LICENSE FEES MISSION TOUR HEALTH INSURANCE		5,350 3,765

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS TOTAL CONTRIBUTIONS AVAILABLE TOTAL CONTRIBUTIONS AVAILABLE EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS TOTAL CONTRIBUTIONS TOTAL CONTRIBUTIONS TOTAL CONTRIBUTIONS DEDUCTION TOTAL CONTRIBUTION DEDUCTION	FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT 4
FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS ALLOWABLE CONTRIBUTIONS DEDUCTION 0		CONTRIBUTIONS SUBJECT TO 100% LIMIT		
TOTAL CURRENT YEAR 10% CONTRIBUTIONS 129,000 TOTAL CONTRIBUTIONS AVAILABLE 129,000 TAXABLE INCOME LIMITATION AS ADJUSTED 0 EXCESS 10% CONTRIBUTIONS 129,000 EXCESS 100% CONTRIBUTIONS 0 TOTAL EXCESS CONTRIBUTIONS 129,000 ALLOWABLE CONTRIBUTIONS DEDUCTION 0	FOR TAX FOR TAX FOR TAX	YEAR 2013 YEAR 2014 YEAR 2015 YEAR 2016		
TAXABLE INCOME LIMITATION AS ADJUSTED 0 EXCESS 10% CONTRIBUTIONS 129,000 EXCESS 100% CONTRIBUTIONS 0 TOTAL EXCESS CONTRIBUTIONS 129,000 ALLOWABLE CONTRIBUTIONS DEDUCTION 0			. 129,000	
EXCESS 100% CONTRIBUTIONS 0 TOTAL EXCESS CONTRIBUTIONS 129,000 ALLOWABLE CONTRIBUTIONS DEDUCTION 0			129,000	-
	EXCESS 10	% CONTRIBUTIONS	0	_
TOTAL CONTRIBUTION DEDUCTION 0	ALLOWABLE	CONTRIBUTIONS DEDUCTION		0
	TOTAL CON	TRIBUTION DEDUCTION		0

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/14	10,446.	10,446.	0.	0.
12/31/15	889,008.	742,343.	146,665.	146,665.
12/31/16	83,126.	0.	83,126.	83,126.
09/30/18	531,376.	0.	531,376.	531,376.
NOL CARRYO	VER AVAILABLE THIS	YEAR	761,167.	761,167.