

# Return of Organization Exempt From Income Tax

**2009**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2009 calendar year, or tax year beginning **07/01**, 2009, and ending **06/30**, 20 **10**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization **UNION RESCUE MISSION**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**545 South San Pedro Street**  
 City or town, state or country, and ZIP + 4  
**Los Angeles, CA 90013**

**D** Employer identification number  
**95 : 1709293**

**E** Telephone number  
 ( **213** ) **347-6300**

**G** Gross receipts \$ **45,987,000**

**F** Name and address of principal officer: **Andrew Bales**  
**545 South San Pedro Street, Los Angeles, CA 90013**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

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

**J** Website: ▶ **www.urm.org**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1891** **M** State of legal domicile: **CA**

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>We embrace people experiencing homelessness with the compassion of Christ - giving hope and healing for a changed life - helping them find their way home.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>220</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>15,618</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>48,111,000</b>	Current Year <b>45,578,000</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>41,000</b>	<b>55,000</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>3,297,000</b>	<b>12,000</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>292,000</b>	<b>134,000</b>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>51,741,000</b>	<b>45,779,000</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>28,786,000</b>	<b>27,528,000</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>8,977,000</b>	<b>8,817,000</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>968,000</b>	<b>790,000</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>4,972,000</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<b>10,594,000</b>	<b>11,434,000</b>	
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>49,325,000</b>	<b>48,569,000</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>2,416,000</b>	<b>-2,790,000</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>37,181,000</b>	End of Year <b>36,083,000</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>11,128,000</b>	<b>12,837,000</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>26,053,000</b>	<b>23,246,000</b>

**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: **Linda Wood, CFO** Date: \_\_\_\_\_  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check if self-employed  Preparer's identifying number (see instructions): \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no.: \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission:  
**We embrace people experiencing homelessness with the compassion of Christ - giving hope and healing for a changed life - we assist them in finding permanent housing and provide life-transforming programs designed to help them sustain financial independence.**

**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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 0 including grants of \$ 0) (Revenue \$ 0)  
**See Schedule O**

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

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

**4d** Other program services. (Describe in Schedule O.) **See Schedule O, Statement 1**  
(Expenses \$ **41,641,000** including grants of \$ **1,241,000**) (Revenue \$ **29,165,000**)

**4e Total program service expenses** ▶ **41,641,000**

**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)? <i>If "Yes," complete Schedule A</i>	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		✓
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	✓	
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	✓	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	✓	
	<ul style="list-style-type: none"> <li>• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i></li> <li>• 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? <i>If "Yes," complete Schedule D, Part VII.</i></li> <li>• 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? <i>If "Yes," complete Schedule D, Part VIII.</i></li> <li>• 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? <i>If "Yes," complete Schedule D, Part IX.</i></li> <li>• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i></li> <li>• 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? <i>If "Yes," complete Schedule D, Part X.</i></li> </ul>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	✓	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i>	Yes	No
			✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II.</i>	✓	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		✓
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? <i>If "Yes," complete Schedule G, Part I</i>	✓	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	✓	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		✓
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		✓

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	✓	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .	✓	
<b>23</b> 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? <i>If "Yes," complete Schedule J.</i> . . . . .	✓	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i> . . . . .		✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		✓
<b>b</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? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		✓
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		✓
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		✓
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		✓
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	✓	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .		✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> . . . . .	✓	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		✓
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		✓
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	✓	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . .		
	<b>1a</b>   103		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
	<b>1b</b>   0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	✓	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		
	<b>2a</b>   220		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .		
<b>4a</b>	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)? . . . . .		✓
<b>b</b>	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
<b>6a</b>	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? . . . . .		✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	✓	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	✓	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		✓
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	✓	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	

**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 in Schedule O. See instructions.

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body . . . . .		
<b>1b</b>	Enter the number of voting members that are independent . . . . .		
<b>2</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Does the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	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 in Schedule O . . . . .		<input checked="" type="checkbox"/>

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

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .	<input checked="" type="checkbox"/>	
<b>10b</b>	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<input checked="" type="checkbox"/>	
<b>11</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	
<b>11A</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>12b</b>	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>12c</b>	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<input checked="" type="checkbox"/>	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	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?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>15b</b>	b Other officers or key employees of the organization . . . . . If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	<input checked="" type="checkbox"/>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>16b</b>	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Linda Wood, (213)347-6307  
545 South San Pedro, Los Angeles, CA 90013-2101

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

**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. Use Schedule J-2 if additional space is needed.

- 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. See 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
Jim Birchfield Board Member	0	✓					0	0	0	
John Campa Board Member	0	✓					0	0	0	
David Dow Chairman	0	✓					0	0	0	
Stan Gerlach Board Member	0	✓					0	0	0	
Jeff Hudson Board Member	0	✓					0	0	0	
W Cedric Johnson Board Member	0	✓					0	0	0	
Cyrus S Mavalvala Board Member	0	✓					0	0	0	
David Price Board Member	0	✓					0	0	0	
Stanley A Ratzlaff Board member	0	✓					0	0	0	
Caryn Ryan Board Member	0	✓					0	0	0	
James R Simpson Board Member	0	✓					0	0	0	
Paul Shoop Board Member	0	✓					0	0	0	
Edward Smith Board Member	0	✓					0	0	0	
J Scott Watt Board Member	0	✓					0	0	0	
Margaret Weber Board Member	0	✓					0	0	0	
Kevin Dretzka Board Member	0	✓					0	0	0	





<b>Part VIII Statement of Revenue</b>				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	0					
	<b>b</b> Membership dues . . . . .	<b>1b</b>	0					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	1,178,000					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	0					
	<b>e</b> Government grants (contributions).	<b>1e</b>	1,241,000					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	43,159,000					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		29,165,000					
	<b>h Total.</b> Add lines 1a-1f . . . . .		45,578,000					
<b>Program Service Revenue</b>	<b>2a Participants Fees</b>		<b>Business Code</b>					
			624310	55,000	55,000			
	<b>b</b> . . . . .							
	<b>c</b> . . . . .							
	<b>d</b> . . . . .							
	<b>e</b> . . . . .							
	<b>f</b> All other program service revenue . . . . .							
<b>g Total.</b> Add lines 2a-2f . . . . .			55,000					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			22,000	22,000	0	0	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0	0	0	0	
	<b>5</b> Royalties . . . . .			6,000	6,000	0	0	
	<b>6a</b> Gross Rents . . . . .	(i) Real	(ii) Personal					
		70,000	0					
		<b>b</b> Less: rental expenses . . . . .		0				
		<b>c</b> Rental income or (loss) . . . . .		70,000				
	<b>d</b> Net rental income or (loss) . . . . .			70,000	70,000	0	0	
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other					
		52,000	0					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		62,000				
		<b>c</b> Gain or (loss) . . . . .		-10,000				
	<b>d</b> Net gain or (loss) . . . . .			-10,000	-10,000	0	0	
	<b>8a</b> Gross income from fundraising events (not including \$ 1,178,000 of contributions reported on line 1c). See Part IV, line 18 . . . . .							
		<b>a</b>		78,000				
<b>b</b> Less: direct expenses . . . . .			146,000					
<b>c</b> Net income or (loss) from fundraising events . . . . .			-68,000	-68,000	0	0		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .								
	<b>a</b>							
	<b>b</b> Less: direct expenses. . . . .							
<b>c</b> Net income or (loss) from gaming activities . . . . .								
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .								
	<b>a</b>							
	<b>b</b> Less: cost of goods sold . . . . .							
<b>c</b> Net income or (loss) from sales of inventory . . . . .								
Miscellaneous Revenue			<b>Business Code</b>					
<b>11a</b> <b>Vehicle Donations</b>			480000	36,000	36,000	0	0	
	<b>b</b> <b>Miscellaneous</b>		900099	90,000	90,000	0	0	
<b>c</b> . . . . .								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .				126,000				
<b>12 Total revenue.</b> See instructions. . . . .				45,779,000	201,000	0	0	

**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) but are not required to complete columns (B), (C), and (D).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,301,000	1,301,000		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	343,000	343,000		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	25,884,000	25,884,000		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	274,000	156,000	88,000	30,000
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	6,192,000	4,299,000	763,000	1,130,000
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	0	0	0
9 Other employee benefits	1,865,000	1,331,000	259,000	275,000
10 Payroll taxes	486,000	330,000	68,000	88,000
11 Fees for services (non-employees):				
a Management				
b Legal	41,000	31,000	6,000	4,000
c Accounting	54,000	19,000	35,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	790,000			790,000
f Investment management fees				
g Other	679,000	579,000	100,000	
12 Advertising and promotion	2,678,000	285,000	9,000	2,384,000
13 Office expenses	599,000	437,000	88,000	74,000
14 Information technology	138,000	66,000	17,000	55,000
15 Royalties				
16 Occupancy	1,686,000	1,409,000	271,000	6,000
17 Travel	177,000	152,000	11,000	14,000
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	60,000	23,000	7,000	30,000
20 Interest	363,000		363,000	
21 Payments to affiliates	657,000	657,000		
22 Depreciation, depletion, and amortization	1,853,000	1,628,000	158,000	67,000
23 Insurance	216,000	196,000	11,000	9,000
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>Guest support services</b>	642,000	631,000	10,000	1,000
b <b>Food and kitchen supplies</b>	1,816,000	1,747,000	60,000	9,000
c <b>Miscellaneous</b>	33,000	23,000	4,000	6,000
d <b>Overhead allocation</b>	-396,000	-24,000	-372,000	
e <b>Printing &amp; Publications</b>	138,000	138,000	0	0
f All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	48,569,000	41,641,000	1,956,000	4,972,000
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	<b>515,000</b>	<b>1</b>	<b>1,403,000</b>
	<b>2</b> Savings and temporary cash investments . . . . .	<b>767,000</b>	<b>2</b>	<b>834,000</b>
	<b>3</b> Pledges and grants receivable, net . . . . .	<b>773,000</b>	<b>3</b>	<b>852,000</b>
	<b>4</b> Accounts receivable, net . . . . .	<b>438,000</b>	<b>4</b>	<b>476,000</b>
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	<b>0</b>	<b>5</b>	<b>0</b>
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .	<b>0</b>	<b>6</b>	<b>0</b>
	<b>7</b> Notes and loans receivable, net . . . . .	<b>0</b>	<b>7</b>	<b>0</b>
	<b>8</b> Inventories for sale or use . . . . .	<b>153,000</b>	<b>8</b>	<b>88,000</b>
	<b>9</b> Prepaid expenses and deferred charges . . . . .	<b>296,000</b>	<b>9</b>	<b>180,000</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>48,437,000</b>		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>18,287,000</b>		
	<b>11</b> Investments—publicly traded securities . . . . .	<b>389,000</b>	<b>10c</b>	<b>30,150,000</b>
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>11</b>	<b>315,000</b>
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>14</b> Intangible assets . . . . .		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	<b>2,854,000</b>	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	<b>37,181,000</b>	<b>15</b>	<b>1,785,000</b>	
		<b>16</b>	<b>36,083,000</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	<b>1,802,000</b>	<b>17</b>	<b>3,128,000</b>
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	<b>8,715,000</b>	<b>23</b>	<b>9,152,000</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	<b>611,000</b>	<b>25</b>	<b>557,000</b>
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	<b>11,128,000</b>	<b>26</b>	<b>12,837,000</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	<b>23,819,000</b>	<b>27</b>	<b>21,165,000</b>
	<b>28</b> Temporarily restricted net assets . . . . .	<b>1,933,000</b>	<b>28</b>	<b>1,808,000</b>
	<b>29</b> Permanently restricted net assets . . . . .	<b>301,000</b>	<b>29</b>	<b>273,000</b>
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .	<b>26,053,000</b>	<b>33</b>	<b>23,246,000</b>
<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	<b>37,181,000</b>	<b>34</b>	<b>36,083,000</b>	

**Part XI Financial Statements and Reporting**

**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 in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .

**b** Were the organization's financial statements audited by an independent accountant? . . . . .

**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 in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

- Separate basis  Consolidated basis  Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .

**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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		✓
<b>2b</b>	✓	
<b>2c</b>	✓	
<b>3a</b>		✓
<b>3b</b>		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

<b>Name of the organization</b> <b>UNION RESCUE MISSION</b>	<b>Employer identification number</b> <b>95 1709293</b>
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**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 11, 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.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

**h** Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	48,779,000	46,409,000	47,667,000	48,111,000	45,578,000	236,544,000
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 <b>Total.</b> Add lines 1 through 3 . . . . .	48,779,000	46,409,000	47,667,000	48,111,000	45,578,000	236,544,000
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) . . . . .						0
6 <b>Public support.</b> Subtract line 5 from line 4.						236,544,000

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .	48,779,000	46,409,000	47,667,000	48,111,000	45,578,000	236,544,000
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	183,000	186,000	129,000	34,000	98,000	630,000
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 IV.) . . . . .	106,000	205,000	171,000	324,000	113,000	919,000
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						238,093,000
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	0
13 <b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	99.35 %
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	99.28 %
16a <b>33⅓% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33⅓% support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First five 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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3 % support tests—2009.** 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—2008.** 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 ▶





# Political Campaign and Lobbying Activities

2009

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>UNION RESCUE MISSION</b>	Employer identification number <b>95 1709293</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group.

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	1,065													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	1,065													
<b>d</b>	Other exempt purpose expenditures	48,568,000													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	48,569,065													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2a</b> Lobbying nontaxable amount	0	0	0	1,000,000	1,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					1,500,000
<b>c</b> Total lobbying expenditures	0	0	0	1,065	1,065
<b>d</b> Grassroots nontaxable amount	0	0	0	250,000	250,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					375,000
<b>f</b> Grassroots lobbying expenditures	0	0	0	0	0

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities? If "Yes," describe in Part IV			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

**Schedule C, Part II-A, Line 1b - Travel to Washington DC and to Sacramento, California, to meet with members of legislature in order to lobby on behalf of those experiencing homelessness.**

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**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization  
**UNION RESCUE MISSION**

Employer identification number  
**95 : 1709293**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year)		
3 Aggregate 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" to 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 (e.g., recreation or pleasure)     Preservation of an 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 in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	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, and enforcing conservation easements during the year ▶ . . . . .

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ . . . . .

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

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items:

a Revenues included in 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 are a 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 programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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" to 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 XIV and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	123,000	86,000			
<b>b</b> Contributions	17,000	37,000			
<b>c</b> Net investment earnings, gains, and losses	0	0			
<b>d</b> Grants or scholarships	0	0			
<b>e</b> Other expenditures for facilities and programs	0	0			
<b>f</b> Administrative expenses	0	0			
<b>g</b> End of year balance	140,000	123,000			

**2** Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 100 %
- c** Term endowment ▶ 0 %

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
<b>3a(i)</b>		✓
<b>3a(ii)</b>		✓
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  
**4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	0	10,553,000		10,553,000
<b>b</b> Buildings	0	31,243,000	15,750,000	15,493,000
<b>c</b> Leasehold improvements	0	0	0	0
<b>d</b> Equipment	0	3,134,000	2,168,000	966,000
<b>e</b> Other	0	3,507,000	369,000	3,138,000
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				30,150,000



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	45,779,000
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	48,569,000
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-2,790,000
4	Net unrealized gains (losses) on investments	4	-17,000
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV.)	8	0
9	Total adjustments (net). Add lines 4 through 8	9	-17,000
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-2,807,000

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	45,908,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-17,000
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV.)	2d	146,000
e	Add lines 2a through 2d	2e	129,000
3	Subtract line 2e from line 1	3	45,779,000
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIV.)	4b	0
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	45,779,000

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	48,715,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIV.)	2d	146,000
e	Add lines 2a through 2d	2e	146,000
3	Subtract line 2e from line 1	3	48,569,000
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	0
b	Other (Describe in Part XIV.)	4b	0
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	48,569,000

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**Schedule D, Part V, Line 4 - The primary long-term financial objective for the Mission's endowments is to preserve the real (inflation-adjusted) purchasing power of the endowment assets and income after accounting for endowment spending, annual growth percentage and costs of portfolio management.**

Schedule D, Part X - N/A

Schedule D, Part XII, Line 2d - Direct expenses from special events netted against contributions.













Grants To Organization Outside US

		Cash Grant	Non-Cash Assistance
<b>Region</b>	Central America and the Caribbean	0	376,710
<b>Grant</b>	Clinical Outreach		
<b>Cash Disbursement</b>	Not Applicable		
<b>Non-Cash Assistance</b>	Medical Supplies		
<b>Valuation</b>	FMV		
<b>Region</b>	Central America and the Caribbean	0	348,490
<b>Grant</b>	Clinical Outreach		
<b>Cash Disbursement</b>	Not Applicable		
<b>Non-Cash Assistance</b>	Medical Supplies		
<b>Valuation</b>	FMV		
<b>Region</b>	Central America and the Caribbean	0	367,129
<b>Grant</b>	Clinical Outreach		
<b>Cash Disbursement</b>	Not Applicable		
<b>Non-Cash Assistance</b>	Exam Gloves, Hospital Beds, Clinical Supplies, etc.		
<b>Valuation</b>	FMV		
<b>Region</b>	Central America and the Caribbean	0	513,374
<b>Grant</b>	Clinical Outreach		
<b>Cash Disbursement</b>	Not Applicable		
<b>Non-Cash Assistance</b>	Prescription Medicines		
<b>Valuation</b>	FMV		
<b>Region</b>	Central America and the Caribbean	0	1,152,634
<b>Grant</b>	Clinical Outreach		
<b>Cash Disbursement</b>	Not Applicable		
<b>Non-Cash Assistance</b>	Prescription Medicines		
<b>Valuation</b>	FMV		
<b>Region</b>	Central America and the Caribbean	0	576,323
<b>Grant</b>	Clinical Outreach		
<b>Cash Disbursement</b>	Not Applicable		
<b>Non-Cash Assistance</b>	Prescription Medicines		
<b>Valuation</b>	FMV		
<b>Region</b>	Central America and the Caribbean	0	1,156,362
<b>Grant</b>	Clinical Outreach		
<b>Cash Disbursement</b>	Not Applicable		
<b>Non-Cash Assistance</b>	Prescription Medicines		
<b>Valuation</b>	FMV		
<b>Region</b>	Central America and the Caribbean	0	1,756,444
<b>Grant</b>	Clinical Outreach		
<b>Cash Disbursement</b>	Not Applicable		
<b>Non-Cash Assistance</b>	Pharmaceutical Products		
<b>Valuation</b>	FMV		
<b>Region</b>	East Asia and the Pacific	0	158,937
<b>Grant</b>	Clinical Outreach		
<b>Cash Disbursement</b>	Not Applicable		
<b>Non-Cash Assistance</b>	Pharmaceutical Products		
<b>Valuation</b>	FMV		
<b>Region</b>	East Asia and the Pacific	0	159,012
<b>Grant</b>	Clinical Outreach		
<b>Cash Disbursement</b>	Not Applicable		
<b>Non-Cash Assistance</b>	Pharmaceutical Products		
<b>Valuation</b>	FMV		

Schedule F, Part IV, Statement 1

UNION RESCUE MISSION

<b>Region</b>	East Asia and the Pacific	0	159,135
<b>Grant</b>	Clinical Outreach		
<b>Cash Disbursement</b>	Not Applicable		
<b>Non-Cash Assistance</b>	Pharmaceutical Products		
<b>Valuation</b>	FMV		
<b>Region</b>	East Asia and the Pacific	0	176,997
<b>Grant</b>	Humanitarian Aid		
<b>Cash Disbursement</b>	Not Applicable		
<b>Non-Cash Assistance</b>	Walkers, Wheelchairs and Wheelchair Accessories		
<b>Valuation</b>	FMV		
<b>Region</b>	East Asia and the Pacific	0	235,081
<b>Grant</b>	Clinical Outreach		
<b>Cash Disbursement</b>	Not Applicable		
<b>Non-Cash Assistance</b>	Medical Supplies		
<b>Valuation</b>	FMV		
<b>Region</b>	East Asia and the Pacific	0	251,875
<b>Grant</b>	Humanitarian Aid		
<b>Cash Disbursement</b>	Not Applicable		
<b>Non-Cash Assistance</b>	New Clothing, Soccer Supplies, Monitors, Shoes, etc.		
<b>Valuation</b>	FMV		
<b>Region</b>	East Asia and the Pacific	0	1,152,633
<b>Grant</b>	Clinical Outreach		
<b>Cash Disbursement</b>	Not Applicable		
<b>Non-Cash Assistance</b>	Medical Supplies		
<b>Valuation</b>	FMV		
<b>Region</b>	East Asia and the Pacific	0	1,728,808
<b>Grant</b>	Clinical Outreach		
<b>Cash Disbursement</b>	Not Applicable		
<b>Non-Cash Assistance</b>	Pharmaceutical Products		
<b>Valuation</b>	FMV		
<b>Region</b>	Middle East and North Africa	0	189,045
<b>Grant</b>	Clinical Outreach		
<b>Cash Disbursement</b>	Not Applicable		
<b>Non-Cash Assistance</b>	Medical Supplies		
<b>Valuation</b>	FMV		
<b>Region</b>	Middle East and North Africa	0	242,831
<b>Grant</b>	Clinical Outreach		
<b>Cash Disbursement</b>	Not Applicable		
<b>Non-Cash Assistance</b>	Medical Supplies		
<b>Valuation</b>	FMV		
<b>Region</b>	Middle East and North Africa	0	576,317
<b>Grant</b>	Clinical Outreach		
<b>Cash Disbursement</b>	Not Applicable		
<b>Non-Cash Assistance</b>	Prescription Medicines		
<b>Valuation</b>	FMV		
<b>Region</b>	Middle East and North Africa	0	576,323
<b>Grant</b>	Clinical Outreach		
<b>Cash Disbursement</b>	Not Applicable		
<b>Non-Cash Assistance</b>	Medical Supplies		
<b>Valuation</b>	FMV		
<b>Region</b>	South Asia	0	257,180
<b>Grant</b>	Clinical Outreach		
<b>Cash Disbursement</b>	Not Applicable		
<b>Non-Cash Assistance</b>	Prescription Medicines		
<b>Valuation</b>	FMV		
<b>Region</b>	South Asia	0	309,150

Schedule F, Part IV, Statement 1

UNION RESCUE MISSION

<b>Grant</b>	Clinical Outreach		
<b>Cash Disbursement</b>	Not Applicable		
<b>Non-Cash Assistance</b>	Medical Supplies		
<b>Valuation</b>	FMV		
<b>Region</b>	South Asia	0	354,739
<b>Grant</b>	Clinical Outreach		
<b>Cash Disbursement</b>	Not Applicable		
<b>Non-Cash Assistance</b>	Pharmaceutical Products		
<b>Valuation</b>	FMV		
<b>Region</b>	South Asia	0	1,728,950
<b>Grant</b>	Clinical Outreach		
<b>Cash Disbursement</b>	Not Applicable		
<b>Non-Cash Assistance</b>	Syringes, Exam Gloves, Hospital Beds, Medical Supplies, etc.		
<b>Valuation</b>	FMV		
<b>Region</b>	Sub-Saharan Africa	0	206,892
<b>Grant</b>	Clinical Outreach		
<b>Cash Disbursement</b>	Not Applicable		
<b>Non-Cash Assistance</b>	Medical Supplies		
<b>Valuation</b>	FMV		
<b>Region</b>	Sub-Saharan Africa	0	235,895
<b>Grant</b>	Clinical Outreach		
<b>Cash Disbursement</b>	Not Applicable		
<b>Non-Cash Assistance</b>	Medical Supplies		
<b>Valuation</b>	FMV		
<b>Region</b>	Sub-Saharan Africa	0	4,610,536
<b>Grant</b>	Clinical Outreach		
<b>Cash Disbursement</b>	Not Applicable		
<b>Non-Cash Assistance</b>	Prescription Medicines		
<b>Valuation</b>	FMV		
<b>Region</b>	Sub-Saharan Africa	0	1,152,646
<b>Grant</b>	Clinical Outreach		
<b>Cash Disbursement</b>	Not Applicable		
<b>Non-Cash Assistance</b>	Pharmaceutical Products		
<b>Valuation</b>	FMV		
<b>Region</b>	Sub-Saharan Africa	0	1,139,366
<b>Grant</b>	Clinical Outreach		
<b>Cash Disbursement</b>	Not Applicable		
<b>Non-Cash Assistance</b>	Pharmaceutical Products		
<b>Valuation</b>	FMV		
<b>Region</b>	Sub-Saharan Africa	0	2,305,266
<b>Grant</b>	Clinical Outreach		
<b>Cash Disbursement</b>	Not Applicable		
<b>Non-Cash Assistance</b>	Prescription Medicines		
<b>Valuation</b>	FMV		
<b>Region</b>	Sub-Saharan Africa	0	1,728,969
<b>Grant</b>	Clinical Outreach		
<b>Cash Disbursement</b>	Not Applicable		
<b>Non-Cash Assistance</b>	Pharmaceutical Products		
<b>Valuation</b>	FMV		





**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <b>Heros for Hope</b> (event type)	(b) Event #2 <b>Hearts for Hope</b> (event type)	(c) Other events <b>0</b> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	<b>991,000</b>	<b>265,000</b>		<b>1,256,000</b>
	<b>2</b> Less: Charitable contributions . . . . .	<b>989,000</b>	<b>189,000</b>		<b>1,178,000</b>
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	<b>2,000</b>	<b>76,000</b>		<b>78,000</b>
Direct Expenses	<b>4</b> Cash prizes . . . . .	<b>0</b>	<b>0</b>		<b>0</b>
	<b>5</b> Noncash prizes . . . . .	<b>0</b>	<b>0</b>		<b>0</b>
	<b>6</b> Rent/facility costs . . . . .	<b>50,000</b>	<b>27,000</b>		<b>77,000</b>
	<b>7</b> Food and beverages . . . . .	<b>14,000</b>	<b>0</b>		<b>14,000</b>
	<b>8</b> Entertainment . . . . .	<b>0</b>	<b>0</b>		<b>0</b>
	<b>9</b> Other direct expenses . . . . .	<b>45,000</b>	<b>10,000</b>		<b>55,000</b>
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( <b>146,000</b> )
<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				<b>-68,000</b>	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶					

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities: _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b> If "No," explain: _____ _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	
<b>b</b> If "Yes," explain: _____ _____		
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	<b>12</b>	

			Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in:			
<b>a</b>	The organization's facility . . . . .	<b>13a</b>	%	
<b>b</b>	An outside facility . . . . .	<b>13b</b>	%	
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶ .....			
	Address ▶ .....			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>		
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....			
<b>c</b>	If "Yes," enter name and address of the third party:			
	Name ▶ .....			
	Address ▶ .....			
<b>16</b>	Gaming manager information:			
	Name ▶ .....			
	Gaming manager compensation ▶ \$ .....			
	Description of services provided ▶ .....			
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions:			
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>		
<b>b</b>	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....			





Description of Grants and Other Assistance to Governments and Organizations in the United States

		Amount of cash grant	Amount of non-cash assistance
<b>Name and address</b>	Christ Lutheran Church 95816 NTournament Rd Valencia, CA 91355	0	6,371
<b>EIN</b>	95-2652332		
<b>IRC code section</b>	501 (c)(3)		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>	Candy		
<b>Purpose of grant</b>	GIK distribution		
<b>Name and address</b>	Community Distribution Center 11350 Saticoy St Sun Valley, CA 91352	0	9,335
<b>EIN</b>	27-0907909		
<b>IRC code section</b>	501 (c)(3)		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>	Pepsi Product		
<b>Purpose of grant</b>	GIK distribution		
<b>Name and address</b>	Dream Center 2301 Bellevue Ave Los Angeles, CA 90026	0	13,518
<b>EIN</b>	95-1803686		
<b>IRC code section</b>	501 (c)(3)		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>	Pepsi Product		
<b>Purpose of grant</b>	GIK distribution		
<b>Name and address</b>	Giving Children Hope 8332 Commonwealth Ave Buena Park, CA 90621	0	36,044
<b>EIN</b>	95-3464287		
<b>IRC code section</b>	501 (c)(3)		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>	Clothing		
<b>Purpose of grant</b>	GIK distribution		
<b>Name and address</b>	God Provides Ministry 1926 Doreen Ave South El Monte, CA 91733	0	28,174
<b>EIN</b>	95-4704549		
<b>IRC code section</b>	501 (c)(3)		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>	Bags/Shirts		
<b>Purpose of grant</b>	GIK distribution		
<b>Name and address</b>	GRCN Connecting Communitas 11432 South St Ste 206 Cerritos, CA 90703	0	14,969
<b>EIN</b>	11-3718489		
<b>IRC code section</b>	501 (c)(3)		
<b>Method of valuation</b>	FMV		
<b>Description of non-cash assistance</b>	Pepsi Product		

## cash assistance

**Purpose of grant** GIK distribution

<b>Name and address</b>	Healing & Hope 4 Homeless 6306 S Normandie Ave Los Angeles, CA 90044	0	12,134
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**EIN** 41-2255955

**IRC code section** 501 (c)(3)

**Method of valuation** FMV

**Description of non-**  
**cash assistance** Pepsi/Hygiene

**Purpose of grant** GIK distribution

<b>Name and address</b>	Heart of Compassion 600 S Maple Ave Montebello, CA 90640	0	40,250
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**EIN** 42-1573926

**IRC code section** 501 (c)(3)

**Method of valuation** FMV

**Description of non-**  
**cash assistance** Bags

**Purpose of grant** GIK distribution

<b>Name and address</b>	LA Community Services 12021 Wilshire Blvd Ste 763 Los Angeles, CA 90025	0	58,060
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**EIN** 95-4322165

**IRC code section** 501 (c)(3)

**Method of valuation** FMV

**Description of non-**  
**cash assistance** Pepsi/Household Items

**Purpose of grant** GIK distribution

<b>Name and address</b>	Minister of God & Christ Jesus Foundation PO Box 2617 Gardena, CA 90247	0	255,728
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**EIN** 30-0273785

**IRC code section** 501 (c)(3)

**Method of valuation** FMV

**Description of non-**  
**cash assistance** Pepsi Product

**Purpose of grant** GIK distribution

<b>Name and address</b>	People in Progress 672 S Lafayette Park Pl Los Angeles, CA 90057	0	9,340
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**EIN** 51-0147196

**IRC code section** 501 (c)(3)

**Method of valuation** FMV

**Description of non-**  
**cash assistance** Pepsi Product

**Purpose of grant** GIK distribution

<b>Name and address</b>	Salvation Army 180 E Ocean Blvd 9th Floor Long Beach, CA 90802	0	52,393
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**EIN** 33-0399466

**IRC code section** 501 (c)(3)

**Method of valuation** FMV

**Description of non-**  
**cash assistance** Pepsi/Clothing/Household/Toys

**Purpose of grant** GIK distribution

<b>Name and address</b>	Substance Abuse Foundation	0	5,770
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**Schedule I, Part IV, Statement 1**

**UNION RESCUE MISSION**

1041 Redondo Ave  
Long Beach, CA 90813

**EIN** 33-0355130

**IRC code section** 501 (c)(3)

**Method of valuation** FMV

**Description of non-cash assistance** Pepsi Product

**Purpose of grant** GIK distribution

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**Name and address** Other Charities

758,915

**EIN** 00-0000000

**IRC code section**

**Method of valuation** FMV

**Description of non-cash assistance** Food, Clothing, etc.

**Purpose of grant** GIK Distribution

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**Description of Grants and Other Assistance to Individuals in the United States**

		Number of recipients	Amount of cash grant	Amount of non-cash assistance
<b>Type of grant</b>	Christmas Store for the poor and homeless families	3850	0	343,000
<b>Method of valuation</b>	FMV			
<b>Description of non-cash assistance</b>	Toys, Clothing, etc.			



**SCHEDULE J  
(Form 990)**

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" to Form 990,  
Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

<b>Name of the organization</b> <b>UNION RESCUE MISSION</b>	<b>Employer identification number</b> <b>95 1709293</b>
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**Part I Questions Regarding Compensation**

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

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Andrew Bales	(i)	0	0	66,055	0	102,646	168,701	0
	(ii)	0	0	0	0	0	0	0
Timothy Campbell	(i)	155,428	0	0	0	13,204	168,632	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

**Schedule J, Part I, Line 1a - Union Rescuc Mission pays housing allowance to its President/CEO as part of his minister salary (\$89,442). This compensation is reviewed and approved by the Board of Directors as part of their duties.**

**Schedule J, Part I, Line 4 - Timothy Campbell, Chief Development Officer, received \$39,850 severance payment.**

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No. 1545-0047

**2009**

**Open To Public  
Inspection**

Name of the organization <b>UNION RESCUE MISSION</b>	Employer identification number <b>95 : 1709293</b>
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**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	✓		1,218,000	FMV
6 Cars and other vehicles . . . . .	✓	1	8,000	FMV
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	✓	527	1,985,000	FMV
20 Drugs and medical supplies . . . . .	✓	131	25,633,000	FMV
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( Sch M, Stmt 1 ) . . . . .				
26 Other ▶ ( . . . . . ) . . . . .				
27 Other ▶ ( . . . . . ) . . . . .				
28 Other ▶ ( . . . . . ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .	29	0
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	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	✓	
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		



Description of Other Types of Property

		lines on Part I	Contributions	Revenues
<b>Description</b>	Toys, Office & Youth Supplies	Yes	444	174,000
<b>Method of determining revenues</b>	FMV			
<b>Description</b>	Miscellaneous	Yes	221	147,000
<b>Method of determining revenues</b>	FMV			

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**UNION RESCUE MISSION**

Employer identification number

**95 | 1709293**

Form 990, Part VI, Section B, Line 11 - The Mission's Board of Directors designates the members of the Audit & Finance Committee (A&FC) to review the Form 990 before filing with the Internal Revenue Service. The A&FC is provided the Form for review and then meets to discuss any questions or changes. The A&FC reports to the URM Board of Directors that they reviewed the Form and recommends that it be approved for filing by the full Board of Directors.

Form 990, Part VI, Section B, Line 12c - Signed compliance statements are submitted annually by the members of the Board of Directors and all employees of URM attesting to full compliance with the Mission's written policy, and to disclose any or potential conflicts of interest on a timely basis. All exceptions are reviewed by the CEO and Human Resources, for employees, and the Board Chair, for Officers and Board members, to determine if any actual conflict of interest exists. Violations of the policy are grounds for disciplinary action up to and including discharge of staff or dismissal of a Director.

Form 990, Part VI, Section B, Line 15 - The CEO's compensation is set by a vote of the independent Board of Directors on which the CEO does not sit. The compensation is reviewed, annually, by the Board's Executive Committee in comparison to salary and benefit data for CEO's of non-profit organizations of similar size and complexity. Any adjustment deemed necessary is recommended to the full Board for action. The total compensation package of the CFO and other key employees may be adjusted by the CEO with input from the Vice President of Human Resources. For comparable market data, the Mission uses published salary guides for similar positions in similar organizations in conjunction with budgets approved by the Board of Directors.

Form 990, Part VI, Section C, Line 19 - All governing documents, conflict of interest policy, the Form 990 and financial statements are available to the public by requesting a copy via mail, e-mail or by phone. The contact person is Shelia Young at 545 South San Pedro Street, Los Angeles, CA 90013 or syoung@urm.org or (213) 347-6300. Within 72 hours, all requests will be fulfilled.

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Community Outreach Programs - The Missions utilizes donated goods to supplement purchased goods associated with providing services to guests. The Mission further distributes excess donated goods both domestically and internationally through the Gifts-In-Kind program. Internationally, the Mission served 19 foreign countries with a total of 113 shipments. Domestically, 10 shipments were made for hurricane relief and numerous distributions were made to other non-profit organizations throughout Southern California.	28,428,000	0	29,165,000
	Shelter Services - Union Rescue Mission is one of the largest Rescue Missions in the United States. The main facility is located on Skid Row in downtown Los Angeles, commonly known as the "homeless capitol" of the nation. During the fiscal year, 1,141,623 meals and 298,760 nights of shelter were provided to individuals experiencing homelessness. In addition to providing meals and emergency shelter, the Mission provides case management; onsite health, dental, mental health, and legal clinics; a learning center; two internet centers; job skills training and vocational preparation at no cost to those in need. The Mission is the only shelter in the area that will take single mothers, two-parent families, and single dads with sons over the age of eight so that the family can stay together during their transition to a permanent home. Far away from the harsh realities and dangers of Skid Row, the second location, Hope Gardens, houses single mothers with their children in a safe, nurturing environment with beautiful lawns, shaded by tall trees, and well-equipped playgrounds. This amazing facility offers single mothers a chance to start over in a wrap-around program intended to help them succeed emotionally, physically, educationally and financially while stabilizing an income to sustain their financial independence. In addition, Hope Gardens offers permanent supportive housing to elderly women experiencing homelessness providing an enriched lifestyle filled with educational and social activities. As part of the shelter services, the programs are designed to empower people with the tools they need to sustain healthy, productive lives free of substance abuse and to fortify them with skills that they need to achieve financial independence. As a Christian organization, Biblical principles and values are incorporated into the programs.	5,640,000	1,241,000	0
	Recovery - The Mission offers a transformational discipleship program with the intent of helping people leave skid row, reunite with their families, and go on to be productive members of society. Depending on the needs of an individual, the Mission offers a 12-month, intensive program that includes 2000 hours of a Biblical 12-Step study, Bible study, recovery classes, work therapy, individual counseling, learning center classes, and physical fitness classes. In addition, participants attend classes in addiction education, anger management, relapse prevention, financial stewardship, vocational preparation and leadership training. This intense program is followed by a transitional/apprenticeship phase for up to 6 to 24 months, to assist graduates in landing a job, developing a savings program, and securing housing.	7,573,000	0	0
<b>Total:</b>		<b>41,641,000</b>	<b>1,241,000</b>	<b>29,165,000</b>



Fundraiser Activity Information

Name	Activity	C1	Gross Receipts	Amount Or Retained By Contractor	Net To Organization
Grizzard	Direct mail services and newsletters	No	5,633,000	324,240	5,308,760
Echo Marketing Solutions Inc	Telemarketing	No	20,373	205,000	-184,627
The Processors	Provide donor receipts-direct mail solicitations	No	895,000	113,000	782,000
Portnoy Media	Social Media and online giving	No	630,220	70,000	560,220
I58 10 MEDIA	Radiothon (Funds were collected in prior fiscal year.)	No	0	52,000	-52,000
Gateway Communications	Telemarketing (Contributions from this campaign did not come in until the following fiscal year.)	No	0	25,000	-25,000
KKLA	Radiothon	No	85,744	8,000	77,744
<b>Total:</b>			<b>7,264,337</b>	<b>797,240</b>	<b>6,467,097</b>

C1 = Fundraiser control of funds?

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
- ▶ Attach to Form 990.
- ▶ See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**UNION RESCUE MISSION**

Employer identification number

**95 1709293**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
<b>EIMAGO Inc (95-4058375) 545 South San Pedro Street, Los Angeles, CA 90013</b>	<b>Provides job training, job placement and</b>	<b>CA</b>	<b>501 (c)(3)</b>	<b>7</b>	<b>N/A</b>

**Part III**

**Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

**Part IV**

**Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity . . . . .		✓
<b>b</b> Gift, grant, or capital contribution to other organization(s) . . . . .	✓	
<b>c</b> Gift, grant, or capital contribution from other organization(s) . . . . .		✓
<b>d</b> Loans or loan guarantees to or for other organization(s) . . . . .		✓
<b>e</b> Loans or loan guarantees by other organization(s) . . . . .		✓
<b>f</b> Sale of assets to other organization(s) . . . . .		✓
<b>g</b> Purchase of assets from other organization(s) . . . . .		✓
<b>h</b> Exchange of assets . . . . .		✓
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) . . . . .		✓
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) . . . . .	✓	
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) . . . . .	✓	
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets . . . . .	✓	
<b>n</b> Sharing of paid employees . . . . .	✓	
<b>o</b> Reimbursement paid to other organization for expenses . . . . .		✓
<b>p</b> Reimbursement paid by other organization for expenses . . . . .		✓
<b>q</b> Other transfer of cash or property to other organization(s) . . . . .		✓
<b>r</b> Other transfer of cash or property from other organization(s) . . . . .		✓

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)	EIMAGO Inc	b	657,000
(2)	EIMAGO Inc	k	396,000
(3)	EIMAGO Inc	l	2,144,774
(4)	EIMAGO Inc	m	4,569,000
(5)	EIMAGO Inc	n	6,832,000
(6)			

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No