Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2005

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning 07-01-2005 and ending 06-30-2006

B Check if applicable
- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

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

C Name of organization
UNION RESCUE MISSION

% RICHARD SYKES

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 900132101

D Employer identification number
95-1709293

E Telephone number
(213) 673-4812

F Accounting method ☐ Cash ☑ Accrual ☐ Other (specify) ▶

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) If "Yes" enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☑ No

I Group Exemption Number ▶

M Check ▶ ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Web site: ▶ urm org

J Organization type (check only one) ▶ ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data **Some states require a complete return.**

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 53,343,000

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	48,748,000		
b	Indirect public support	1b	0		
c	Government contributions (grants)	1c	31,000		
d	**Total** (add lines 1a through 1c) (cash $ 15,621,000 noncash $ 33,158,000)			1d	48,779,000
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	15,000
3	Membership dues and assessments			3	0
4	Interest on savings and temporary cash investments			4	0
5	Dividends and interest from securities			5	178,000
6a	Gross rents	6a	0		
b	Less rental expenses	6b	0		
c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	0
7	Other investment income (describe ▶)			7	5,000

		(A) Securities		(B) Other		
8a	Gross amount from sales of assets other than inventory	4,275,000	8a	0		
b	Less cost or other basis and sales expenses	3,946,000	8b	10,000		
c	Gain or (loss) (attach schedule)	329,000	8c	-10,000		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d	319,000

9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☐				
a	Gross revenue (not including $ 0 of contributions reported on line 1a)	9a	0		
b	Less direct expenses other than fundraising expenses	9b	0		
c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	0
10a	Gross sales of inventory, less returns and allowances	10a	0		
b	Less cost of goods sold	10b	0		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	0
11	Other revenue (from Part VII, line 103)			11	91,000
12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	49,387,000

Expenses

13	Program services (from line 44, column (B))	13	40,944,000
14	Management and general (from line 44, column (C))	14	2,283,000
15	Fundraising (from line 44, column (D))	15	5,261,000
16	Payments to affiliates (attach schedule)	16	0
17	**Total expenses** (add lines 16 and 44, column (A))	17	48,488,000

Net Assets

18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	899,000
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	27,494,000
20	Other changes in net assets or fund balances (attach explanation)	20	-1,961,000
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	26,432,000

Part II **Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		**(A) Total**	**(B)** Program services	**(C)** Management and general	**(D)** Fundraising
22 Grants and allocations (attach schedule) (cash $ ______ noncash $ ______) If this amount includes foreign grants, check here ☐	**22**	0	0		
23 Specific assistance to individuals (attach schedule)	**23**	30,642,000	30,642,000		
24 Benefits paid to or for members (attach schedule)	**24**	0	0		
25 Compensation of officers, directors, etc	**25**	440,000	104,000	146,000	190,000
26 Other salaries and wages	**26**	5,463,000	3,718,000	794,000	951,000
27 Pension plan contributions	**27**	94,000	50,000	20,000	24,000
28 Other employee benefits	**28**	948,000	649,000	168,000	131,000
29 Payroll taxes	**29**	372,000	228,000	62,000	82,000
30 Professional fundraising fees	**30**	939,000	4,000	6,000	929,000
31 Accounting fees	**31**	44,000	10,000	30,000	4,000
32 Legal fees	**32**	33,000	10,000	4,000	19,000
33 Supplies	**33**	2,942,000	2,748,000	75,000	119,000
34 Telephone	**34**	125,000	87,000	18,000	20,000
35 Postage and shipping	**35**	0	0	0	0
36 Occupancy	**36**	744,000	637,000	80,000	27,000
37 Equipment rental and maintenance	**37**	603,000	504,000	72,000	27,000
38 Printing and publications	**38**	0	0	0	0
39 Travel	**39**	23,000	7,000	7,000	9,000
40 Conferences, conventions, and meetings	**40**	0	0	0	0
41 Interest	**41**	673,000	0	673,000	0
42 Depreciation, depletion, etc (attach schedule)	**42**	1,262,000	1,096,000	105,000	61,000
43 Other expenses not covered above (itemize)					
a Insurance	**43a**	257,000	230,000	15,000	12,000
b Consultants	**43b**	182,000	172,000	7,000	3,000
c Other	**43c**	73,000	48,000	0	25,000
d Donor Appeals	**43d**	2,629,000	0	1,000	2,628,000
e	**43e**				
f	**43f**				
g	**43g**				
44 **Total functional expenses.** Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	**44**	48,488,000	40,944,000	2,283,000	5,261,000

Joint Costs. Check ☑ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ☐ **Yes** ☑ **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs $ ______, **(ii)** the amount allocated to Program services $ ______, **(iii)** the amount allocated to Management and general $ ______, and **(iv)** the amount allocated to Fundraising $

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ▶ To serve the homeless All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a Transitional Housing Programs Provided to impoverished men, women and children (719,227 meals served), lodging (232,906 nights of lodging), clinics visits (health 6,569, dental 5,067, legal aid 1,347 and mental health 1,040) (232906 Clients) (Grants and allocations $ 0) If this amount includes foreign grants, check here ▶ ☐	40,944,000
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . ▶	40,944,000

Part IV Balance Sheets (See the instructions.)

Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			(A) Beginning of year		(B) End of year
Assets						
45	Cash—non-interest-bearing			19,000	45	-169,000
46	Savings and temporary cash investments			553,000	46	239,000
47a	Accounts receivable	47a	1,281,000			
b	Less allowance for doubtful accounts	47b	0	3,044,000	47c	1,281,000
48a	Pledges receivable	48a	974,000			
b	Less allowance for doubtful accounts	48b	96,000	0	48c	878,000
49	Grants receivable			0	49	0
50	Receivables from officers, directors, trustees, and key employees (attach schedule)			0	50	0
51a	Other notes and loans receivable (attach schedule)	51a	0			
b	Less allowance for doubtful accounts	51b	0	0	51c	0
52	Inventories for sale or use			144,000	52	640,000
53	Prepaid expenses and deferred charges			179,000	53	194,000
54	Investments—securities (attach schedule) ▶ ☐ Cost ☑ FMV			4,865,000	54	5,236,000
55a	Investments—land, buildings, and equipment basis	55a	0			
b	Less accumulated depreciation (attach schedule)	55b	0	0	55c	0
56	Investments—other (attach schedule)			0	56	0
57a	Land, buildings, and equipment basis	57a	43,264,000			
b	Less accumulated depreciation (attach schedule)	57b	13,106,000	22,369,000	57c	30,158,000
58	Other assets (describe ▶)			0	58	166,000
59	**Total assets** (must equal line 74) Add lines 45 through 58			31,173,000	59	38,623,000
Liabilities						
60	Accounts payable and accrued expenses			901,000	60	1,017,000
61	Grants payable			0	61	0
62	Deferred revenue			0	62	0
63	Loans from officers, directors, trustees, and key employees (attach schedule)			0	63	0
64a	Tax-exempt bond liabilities (attach schedule)			0	64a	0
b	Mortgages and other notes payable (attach schedule)			1,989,000	64b	10,398,000
65	Other liabilities (describe ▶)			789,000	65	776,000
66	**Total liabilities** Add lines 60 through 65			3,679,000	66	12,191,000
Net Assets or Fund Balances						
	Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 67 through 69 and lines 73 and 74					
67	Unrestricted			26,676,000	67	24,801,000
68	Temporarily restricted			797,000	68	1,381,000
69	Permanently restricted			21,000	69	250,000
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
70	Capital stock, trust principal, or current funds				70	
71	Paid-in or capital surplus, or land, building, and equipment fund				71	
72	Retained earnings, endowment, accumulated income, or other funds				72	
73	**Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72, column (A) **must** equal line 19, column (B) **must** equal line 21)			27,494,000	73	26,432,000
74	**Total liabilities and net assets / fund balances** Add lines 66 and 73			31,173,000	74	38,623,000

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	49,773,000
b	Amounts included on line **a** but not on line 12				
1	Net unrealized gains on investments	b1	-338,000		
2	Donated services and use of facilities	b2	0		
3	Recoveries of prior year grants	b3	0		
4	Other (specify)	b4	724,000		
	Add lines **b1** through **b4**			b	386,000
c	Subtract line **b** from line **a**			c	49,387,000
d	Amounts included on line 12, but not on line **a**				
1	Investment expenses not included on line 6b	d1	0		
2	Other (specify)	d2	0		
	Add lines **d1** and **d2**			d	386,000
e	**Total revenue** (line 12) Add lines **c** and **d** ▶			e	49,387,000

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	49,670,000
b	Amounts included on line **a** but not on line 17				
1	Donated services and use of facilities	b1	0		
2	Prior year adjustments reported on line 20	b2	0		
3	Losses reported on line 20	b3	0		
4	Other (specify)	b4	1,182,000		
	Add lines **b1** through **b4**			b	1,182,000
c	Subtract line **b** from line **a**			c	48,488,000
d	Amounts included on line 17, but not on line **a:**				
1	Investment expenses not included on line 6b	d1	0		
2	Other (specify)	d2	0		
	Add lines **d1** and **d2**			d	0
e	**Total expenses** (line 17) Add lines **c** and **d** ▶			e	48,488,000

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	**(B)** Title and average hours per week devoted to position	**(C)** Compensation **(If not paid, enter -0-.)**	**(D)** Contributions to employee benefit plans & deferred compensation plans	**(E)** Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . ▶ 16			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	75b		No
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?	75c		No
	Note. Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization			
d	Does the organization have a written conflict of interest policy? . . .	75d	Yes	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	**(B)** Loans and Advances	**(C)** Compensation	**(D)** Contributions to employee benefit plans and deferred compensation plans	**(E)** Expense account and other allowances

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . .	77		No
	If "Yes," attach a conformed copy of the changes			
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? . . .	78a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? . . .	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . .	79		No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization? . . .	80a	Yes	
b	If "Yes," enter the name of the organization ▶ Eimago Inc and check whether it is ☑ exempt **or** ☐ nonexempt			
81a	Enter direct or indirect political expenditures (See line 81 instructions) . . . **81a** 0			
b	Did the organization file **Form 1120-POL** for this year? . . .	81b		No

Part VI Other Information *(continued)*

			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	Yes	
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b: 0			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		
	If "Yes," was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
c	Dues assessments, and similar amounts from members 85c:			
d	Section 162(e) lobbying and political expenditures 85d:			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e:			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f:			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	*501(c)(7) orgs.* Enter **a** Initiation fees and capital contributions included on line 12 86a:			
b	Gross receipts, included on line 12, for public use of club facilities 86b:			
87	*501(c)(12) orgs.* Enter **a** Gross income from members or shareholders 87a:			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b:			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88		No
89a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		No

c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0

d Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0

90a List the states with which a copy of this return is filed ▶

b Number of employees employed in the pay period that includes March 12, 2005 (See instructions) 90b 117

91a The books are in care of ▶ Richard Sykes Telephone no ▶ (213) 673-4812

Located at ▶ 545 South San Pedro St Los Angeles, CA ZIP + 4 ▶ 900132101

			Yes	No
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)?	91b		No
	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			
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		No
	If "Yes," enter the name of the foreign country ▶			

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041***—Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

Part VII **Analysis of Income-Producing Activities** (See the instructions.)

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies		0		0	15,000
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities		0		0	178,000
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income		0		0	5,000
100 Gain or (loss) from sales of assets other than inventory		0		0	319,000
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a Community Outreach Fees		0		0	45,000
b Rent		0		0	39,000
c Miscellaneous Revenue		0		0	7,000
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	608,000

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 608,000

Note: *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.*

Part VIII **Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	See Additional Data Table

Part IX **Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X **Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☑ No

NOTE: *If "Yes" to **(b)**, file Form 8870 **and** Form 4720 (see instructions).*

Please Sign Here

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

▶ Signature of officer — Date 2006-11-03

▶ Richard Sykes Chief Financial Officer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst W)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶
			Phone no ▶

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490317009026

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2005

Name of the organization
UNION RESCUE MISSION

Employer identification number
95-1709293

Part I **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees** (See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
Jeremiah Kitchell 545 South San Pedro Los Angeles, CA 90013	Director, Special In 40	94,959	5,893	0
La Tanya JusticeBrown 545 South San Pedro Los Angeles, CA 90013	HR Director 40	91,848	10,986	0
George Bell 545 South San Pedro Street Los Angeles, CA 900132101	Vice President 40	95,217	10,060	0
Mike Hiss 545 South San Pedro Los Angeles, CA 90013	IT Director 40	86,414	10,089	0
Tadd Sutton 545 South San Pedro Street Los Angeles, CA 900132101	Vice President 40	124,950	11,957	0
Total number of other employees paid over $50,000 ▶	20			

Part II-A **Compensation of the Five Highest Paid Independent Contractors for Professional Services** (See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	**(b)** Type of service	**(c)** Compensation
Cox Castle & Nicholson LLP 2049 Century Park East Los Angeles, CA 900673284	Legal	87,000
USC School of Dentistry 925 West 34th Street Room 4338 Los Angeles, CA 900890641	Dental Clinic	108,000
Masterworks 19265 Powder Hill Lane NE Poulsbo, WA 98370	Consulting - F R	838,000
MDS Communications Corporation 545 W Juanita Avenue Mesa, AZ 85210	Consulting - F R	176,000
Universal Aide Society P O Box 52 Gabriola, B, B VOR IX0 CA	Consulting	101,800
Total number of others receiving over $50,000 for professional services ▶	2	

Part II-B **Compensation of the Five Highest Paid Independent Contractors for Other Services** (List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page X for instructions.)

(a) Name and address of each independent contractor paid more than $50,000	**(b)** Type of service	**(c)** Compensation
None		
Total number of other contractors receiving over $50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶$ ______ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		No
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing property?	2a		No
b	Lending of money or other extension of credit?	2b		No
c	Furnishing of goods, services, or facilities?	2c		No
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		No
e	Transfer of any part of its income or assets?	2e		No
3a	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a		No
b	Do you have a section 403(b) annuity plan for your employees?	3b	Yes	
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		No
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		No
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	Yes	

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☐ 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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ▶ ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations (see page 5 of the instructions)

(a) Name(s) of supported organization(s)	**(b)** Line number from above

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) ***Use cash method of accounting.***

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

	Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	50,143,000	44,574,000	44,095,000	21,577,000	160,389,000
16	Membership fees received	0	0	0	0	0
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	0	0	0	0	0
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	161,000	53,000	61,000	60,000	335,000
19	Net income from unrelated business activities not included in line 18	0	0	0	0	0
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	0	0
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	255,000	179,000	178,000	64,000	676,000
23	Total of lines 15 through 22	50,559,000	44,806,000	44,334,000	21,701,000	161,400,000
24	Line 23 minus line 17	50,559,000	44,806,000	44,334,000	21,701,000	161,400,000
25	Enter 1% of line 23	505,590	448,060	443,340	217,010	

26 **Organizations described on lines 10 or 11:** **a** Enter 2% of amount in column (e), line 24 ▶ **26a** 3,228,000

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b** 0

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ **26c** 161,400,000

d Add Amounts from column (e) for lines 18 335,000 19 0 22 26b 0 ▶ **26d** 1,011,000

e Public support (line 26c minus line 26d total) ▶ **26e** 160,389,000

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** 99 37 %

27 **Organizations described on line 12:** **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " **Do not file this list with your return.** Enter the sum of such amounts for each year

(2004) ______ (2003) ______ (2002) ______ (2001) ______

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year

(2004) ______ (2003) ______ (2002) ______ (2001) ______

c Add Amounts from column (e) for lines 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ **27c**

d Add Line 27a total ______ and line 27b total ______ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ **27f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g**

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h**

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

Part V **Private School Questionnaire** (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

Check ▶ **a** ☐ if the organization belongs to an affiliated group Check ▶ **b** ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	**36**		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	**37**		
38 Total lobbying expenditures (add lines 36 and 37)	**38**		
39 Other exempt purpose expenditures	**39**		
40 Total exempt purpose expenditures (add lines 38 and 39)	**40**		
41 Lobbying nontaxable amount Enter the amount from the following table—	**41**		
42 Grassroots nontaxable amount (enter 25% of line 41)	**42**		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	**43**		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	**44**		

If the amount on line 40 is—	**The lobbying nontaxable amount is—**
Not over $500,000	20% of the amount on line 40
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

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

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 45 through 50 on page 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2005	**(b)** 2004	**(c)** 2003	**(d)** 2002	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		No	
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)		No	
c Media advertisements		No	
d Mailings to members, legislators, or the public		No	
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		No	
i Total lobbying expenditures (Add lines **c** through **h.**)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	**51a(i)**		No
(ii) Other assets	**a(ii)**		No
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	**b(i)**		No
(ii) Purchases of assets from a noncharitable exempt organization	**b(ii)**		No
(iii) Rental of facilities, equipment, or other assets	**b(iii)**		No
(iv) Reimbursement arrangements	**b(iv)**		No
(v) Loans or loan guarantees	**b(v)**		No
(vi) Performance of services or membership or fundraising solicitations	**b(vi)**		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	**c**		No

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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TY 2005 Compensation Explanation

Name: UNION RESCUE MISSION
EIN: 95-1709293
Software ID: 05000240
Software Version: v1.00

Person Name	Explanation
Paul Shoop	
W Cedric Johnson	
Roger K Kemp	
Edward Smith	
J Scott Watt	
Mablean Ephriam Esq	

Person Name	Explanation
Stan Gerlach	
Stanley A Ratzlaff	
David Dow	
Cyrus S Mavalvala	
Margaret Weber	

TY 2005 Depreciation and Depletion Schedule

Name: UNION RESCUE MISSION
EIN: 95-1709293
Software ID: 05000240
Software Version: v1.00

Asset	Amount
Buildings	1,034,000
Furniture & Equ	133,000
Software	45,000
Leasehold Impro	8,000
Vehicles	42,000

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2005 Gain/Loss from Sale of Other Assets Schedule

Name: UNION RESCUE MISSION

EIN: 95-1709293

Software ID: 05000240

Software Version: v1.00

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Sales Expenses	Total (net)	Accumulated Depreciation
Furniture & Equipment	1999-06	Purchase	2006-06	Obsolete	0	183,000	0	-10,000	173,000
1991 Ford L700	1994-09	Purchase	2006-01	Donated	0	17,000	0	0	17,000

TY 2005 Gain/Loss from Sale of Public Securities Schedule

Name:	UNION RESCUE MISSION
EIN:	95-1709293
Software ID:	05000240
Software Version:	v1.00
Gross Sales Price:	4,275,000
Basis:	3,946,000
Sales Expenses:	0
Total (net):	329,000

TY 2005 Individual Assistance Schedule

Name: UNION RESCUE MISSION

EIN: 95-1709293

Software ID: 05000240

Software Version: v1.00

Class of Activity	Amount
Community Outreach Programs	30,642,000

TY 2005 Investments - Securities Schedule

Name: UNION RESCUE MISSION
EIN: 95-1709293
Software ID: 05000240
Software Version: v1.00

Description	Book Value	Cost/FMV
Goldman Sachs Group Inc	109,814	F
Legg Mason Inc	90,364	F
MccGraw-Hill Cos Inc	91,318	F
Monsanto New Co	137,819	F
Sonic Corp	97,817	F
Federal Home Loan Bank	393,048	F
McDonalds Corp Med Term Note	99,387	F
Sector Spdr Amex Energy Select	91,424	F
HSBC Hodge	32,536	F
Adobe Systems Com	91,323	F
Capital One Financial Corp	78,956	F
Comscope Inc	63,563	F
ITT Industries Inc	90,288	F
Yahoo Inc	90,429	F
FNMA Note	247,134	F
Wal-Mart Stores Inc	47,529	F
Morgan Stanley	33,376	F
Applera Corp - Applied Biosys GRP Com	73,758	F
Dahaner Corp	91,656	F
General Dynamics Ccorp	92,430	F
Marathon Oil Corp	39,484	F
Marvel Technology Group LTD	95,664	F
Network Appliance Inc	84,791	F
Banc One Corp Sub Note	81,190	F
Merrill Lynch & Co Med Term Note	48,303	F
Morgan Stanley	96,982	F
Caremark Rx Inc	117,244	F
Cerner Corp	82,087	F
Corning Inc	88,245	F
Costco Wholesale Corp	97,007	F
Electronic Data Systems	85,918	F
Principal Financial Group	109,686	F
United States Treasury Bonds	195,276	F
Manpower Inc Wis	84,238	F
United States Treasury Notes	849,690	F
National Rural Utils Coop	50,403	F
Apache Corp Com	92,820	F
Garmin Ltd Ord	157,316	F
Conoco Phillips Note	95,110	F
Harris Corp Dell	97,756	F
Citi Group Inc	72,163	F
Amdocs LTD ADR	80,703	F
Informatica Corp	106,991	F
M & T Bank Corp	87,025	F
General Electric Corp Med Term Note	46,273	F
Aegon NV	49,666	F

TY 2005 Land etc. Schedule

Name: UNION RESCUE MISSION

EIN: 95-1709293

Software ID: 05000240

Software Version: v1.00

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Land	10,348,000	0	10,348,000
Computer Software	299,000	211,000	88,000
Furniture and Equipment	2,426,000	1,773,000	653,000
Buildings and Leasehold I	29,836,000	10,915,000	18,921,000
Transportation Equipment	355,000	207,000	148,000

TY 2005 Mortgages and Notes Payable Schedule

Name: UNION RESCUE MISSION
EIN: 95-1709293
Software ID: 05000240
Software Version: v1.00
Total Mortgage Amount:

Item No.	1
Lender's Name	City National Bank
Lender's Title	
Relationship to Insider	Business
Original Amount of Loan	3000000
Balance Due	1653000
Date of Note	2005-06
Maturity Date	2007-06
Repayment Terms	Revolving line of credit
Interest Rate	8.25
Security Provided by Borrower	Securities
Purpose of Loan	Operating Line of Credit
Description of Lender Consideration	Government securities, equities, corporate funds
Consideration FMV	4774000

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TY 2005 Other Assets Schedule

Name: UNION RESCUE MISSION

EIN: 95-1709293

Software ID: 05000240

Software Version: v1.00

Description	Beginning of Year Amount	End of Year Amount
Beneficial Interest in Perpetual Trusts	0	166,000

TY 2005 Other Changes in Net Assets Schedule

Name: UNION RESCUE MISSION

EIN: 95-1709293

Software ID: 05000240

Software Version: v1.00

Description	Amount
Net Realized Loss	-338,000
Transfer of Negative Net Assets of Capital Campaign	-1,623,000

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TY 2005 Other Expenses Included Schedule

Name: UNION RESCUE MISSION

EIN: 95-1709293

Software ID: 05000240

Software Version: v1.00

Description	Amount
Eımago, Inc. expenses	1,182,000

TY 2005 Other Investment Income Schedule

Name: UNION RESCUE MISSION

EIN: 95-1709293

Software ID: 05000240

Software Version: v1.00

Description	Amount
Royalty	5,000

TY 2005 Other Liabilities Schedule

Name: UNION RESCUE MISSION

EIN: 95-1709293

Software ID: 05000240

Software Version: v1.00

Description	Beginning of Year Amount	End of Year Amount
Annuities Payable	789,000	776,000

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TY 2005 Other Revenues Included Schedule

Name: UNION RESCUE MISSION

EIN: 95-1709293

Software ID: 05000240

Software Version: v1.00

Description	Amount
Government Grants	711,000
Gifts in Kind	13,000

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TY 2005 Other Income Schedule

Name: UNION RESCUE MISSION

EIN: 95-1709293

Software ID: 05000240

Software Version: v1.00

Description	2003	2002	2001	2000	Total
Miscellaneous	37,000	14,000	106,000	12,000	169,000
Community Outreach Fees	117,000	126,000	42,000	12,000	297,000
Income from litigation	85,000	0	0	0	85,000
Thrift Store Income		0	7,000	9,000	
Rent	16,000	39,000	23,000	31,000	109,000

990 Online Filers: Please fax completed and signed form to 866-699-3916

Form **8453-EO**

Department of the Treasury
Internal Revenue Service

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2005, or tax year beginning 7/1/2005 and ending 6/30/2006

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ **See instructions on back.**

OMB No 1545-1879

2005

Name of exempt organization	Employer identification number
UNION RESCUE MISSION	95 : 1709293

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a, or 5a** below and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b** whichever is applicable, blank (i.e do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ ☑	**b Total revenue,** if any (Form 990, line 12)	**1b**	$49,387,000
2a Form 990-EZ check here ▶ ☐	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶ ☐	**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ▶ ☐	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ▶ ☐	**b Balance Due** (Form 8868, line 3c)	**5b**	

Part II Declaration of Officer

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment

☐ If a copy of this return is being filed with a state agency(s) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(s)

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2005 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** an indication of any refund offset, **(c)** the reason for any delay in processing the return or refund, and **(d)** the date of any refund.

Sign Here ▶ Signature of officer — Date 11/13/06 ▶ Richard Sykes, Chief Financial Officer — Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in **Publication 4206**, Information for Authorized IRS *e-file* Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only				
ERO's signature ▶	Date	Check if also paid preparer ☐	Check if self-employed ☐	ERO's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code ▶				EIN : Phone no ( )

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete Declaration of preparer is based on all information of which the preparer has any knowledge

Paid Preparer's Use Only			
Preparer's signature ▶	Date	Check if self-employed ☐	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code ▶			EIN : Phone no. ( )

Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
103 a	Received as fees to reimburse expenses
103 b	Rent income from facilities
93 g	Received from program participants
100	Gain on sale of assets
103 c	Other revenue
99	Received from donated assets
96	Dividends and interest received from investment

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
David Dow 545 South San Pedro Los Angeles, CA 90013	Chairman 0	0	0	0
Cyrus S Mavalvala 545 South San Pedro Los Angeles, CA 90013	Board Member 0	0	0	0
Margaret Weber 545 South San Pedro Los Angeles, CA 90013	Board Member 0	0	0	0
Andrew Bales 545 South San Pedro Los Angeles, CA 90013	President 40	146,514	11,653	0
Warren Currie 545 South San Pedro Los Angeles, CA 90013	Exec Director/CEO 40	145,590	8,614	7,200
John Campa 545 South San Pedro Street Los Angeles, CA 900132101	Board Member 0	0	0	0

Additional Data

Software ID: 05000240
Software Version: v1.00
EIN: 95-1709293
Name: UNION RESCUE MISSION

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Richard Sykes 545 South San Pedro Los Angeles, CA 90013	V P /CFO 40	147,637	13,386	0
Paul Shoop 545 South San Pedro Los Angeles, CA 90013	Board Member 0	0	0	0
W Cedric Johnson 545 South San Pedro Los Angeles, CA 90013	Board Member 0	0	0	0
Roger K Kemp 545 South San Pedro Los Angeles, CA 90013	Board Member 0	0	0	0
Edward Smith 545 South San Pedro Los Angeles, CA 90013	Board Member 0	0	0	0
J Scott Watt 545 South San Pedro Los Angeles, CA 90013	Board Member 0	0	0	0
Mablean Ephriam Esq 545 South San Pedro Los Angeles, CA 90013	Board Member 0	0	0	0
Stan Gerlach 545 South San Pedro Los Angeles, CA 90013	Board Member 0	0	0	0
Stanley A Ratzlaff 545 South San Pedro Los Angeles, CA 90013	Board Member 0	0	0	0
James Simpson 545 South San Pedro Los Angeles, CA 90013	Board Member 0	0	0	0