

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
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNION STATION HOMELESS SERVICES		D Employer identification number 95-3958741
	Doing Business As		E Telephone number (626) 240-4550
	Number and street (or P O box if mail is not delivered to street address) 825 E ORANGE GROVE BLVD	Room/suite	G Gross receipts \$ 16,270,494
	City or town, state or country, and ZIP + 4 PASADENA, CA 91104		
F Name and address of principal officer RABBI MARVIN GROSS 825 E ORANGE GROVE BLVD PASADENA, CA 91104		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW UNIONSTATIONHS ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation 1973
			M State of legal domicile CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities UNION STATION HOMELESS SERVICES PROVIDES HOMELESS ADULTS AND FAMILIES WITH THE SUPPORT AND RESOURCES THEY NEED TO ACHIEVE SELF-SUFFICIENCY SERVICES INCLUDE MEALS, SHELTER, MEDICAL & MENTAL HEALTHCARE, CAREER COUNSELING, BENEFITS ADVOCACY, RENTAL/UTILITY ASSISTANCE AND AFFORDABLE HOUSING RESOURCES			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19	
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	77	
	6 Total number of volunteers (estimate if necessary)	6	192	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)		5,275,433	15,542,980
	9 Program service revenue (Part VIII, line 2g)		0	219,292
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		43,426	249,548
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		58,338	126,059
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,377,197	16,137,879
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		23,126	629,340
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		2,948,540	3,257,161
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>740,091</u>			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		1,722,055	1,976,287
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		4,693,721	5,862,788
	19 Revenue less expenses Subtract line 18 from line 12		683,476	10,275,091
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)		10,589,233	21,045,889
	21 Total liabilities (Part X, line 26)		1,791,118	1,494,311
	22 Net assets or fund balances Subtract line 21 from line 20		8,798,115	19,551,578

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	2012-02-20 Date			
	CYNTHIA FOSTER CHIEF OPERATIONAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KRISTIN CREIGHTON	Preparer's signature KRISTIN CREIGHTON	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name GOEHNER ACCOUNTANCY				Firm's EIN
	Firm's address 251 S LAKE AVENUE SUITE 190 PASADENA, CA 91101				Phone no (626) 449-6321

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

HELPING MEN, WOMEN AND CHILDREN REBUILD THEIR LIVES AND END HOMELESSNESS

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 \$ 541,067 including grants of \$ 1,886) (Revenue \$ 219,292)

SERVICES TO REBUILD LIVES FOR 35 YEARS, UNION STATION HOMELESS SERVICES HAS PROVIDED HOMELESS ADULTS AND FAMILIES WITH SUPPORT & SERVICES TO ACHIEVE SELF-SUFFICIENCY THE PROCESS BEGINS AT PASSAGEWAYS, LOCATED AT 1020 S ARROYO PARKWAY IN PASADENA, CA PASSAGEWAYS IS THE GATEWAY TO PASADENA'S HOMELESS SERVICES NETWORK IT PROVIDES INTAKE, ASSESSMENT, MEDICAL AND MENTAL HEALTH SERVICES, AS WELL AS LINKS TO SHELTER, BENEFITS, COUNSELING, AND REHABILITATION PROGRAMS PASSAGEWAYS IS OPERATED IN PARTNERSHIP WITH PACIFIC CLINICS ONCE SHELTER SERVICES ARE SECURED AND BASIC NEEDS ARE MET, ABLE-BODIED ADULTS PARTICIPATE IN THE SOURCES CAREER DEVELOPMENT PROGRAM LOCATED AT 825 E ORANGE GROVE BLVD IN PASADENA, THE SOURCES PROGRAM IS DESIGNED TO MEET THE NEEDS OF HOMELESS AND VERY LOW INCOME JOB SEEKERS SOURCES OFFERS 10-DAY WORKSHOPS, ONE-ON-ONE CAREER COUNSELING, JOB SEARCH ASSISTANCE, AND ONGOING JOB RETENTION SERVICES

4b (Code) (Expenses \$ 1,834,577 including grants of \$ 621,931) (Revenue \$)

HOUSING FOR FAMILIES UNION STATION HOMELESS SERVICES OFFERS A NUMBER OF PROGRAMS SPECIFICALLY GEARED TOWARDS REBUILDING THE LIVES OF HOMELESS FAMILIES WHO PARTICIPATE IN ITS SHELTER PROGRAMS THE FAMILY CENTER AT 825 E ORANGE GROVE BLVD PROVIDES A NURTURING, HOME-LIKE ENVIRONMENT FOR HOMELESS PARENTS AND CHILDREN THE 14 UNIT EUCLID VILLA APARTMENT COMPLEX AT 154 S EUCLID AVENUE PROVIDES TRANSITIONAL HOUSING FOR HOMELESS AND VERY LOW-INCOME FAMILIES WHO ARE ABLE TO PAY 30% OF THEIR INCOME TOWARDS RENT CASE MANAGEMENT AND SUPPORTIVE SERVICES ARE PROVIDED ONSITE, AND RESIDENTS MAY STAY FOR UP TO TWO YEARS UNION STATION ALSO PROVIDES ARRA FUNDING THROUGH THE HOMELESS PREVENTION AND RAPID REHOUSING (HPRP) INITIATIVES, WHICH ASSISTS FAMILIES WHOSE INCOME EARNERS ARE UNDEREMPLOYED DUE TO THE ECONOMIC DOWNTURN THE HPRP INITIATIVES ALLOWS QUALIFYING FAMILIES TO EITHER KEEP THEIR CURRENT RENTAL UNITS, OR REHOUSE THEM IN SAFE, SUITABLE RENTALS WHILE THEY ENDEAVOUR ON REBUILDING THEIR LIVES AND INCOMES QUALIFIED HPRP CANDIDATES MAY RECEIVE UP TO 18 MONTHS OF FINANCIAL ASSISTANCE

4c (Code) (Expenses \$ 2,252,453 including grants of \$ 5,523) (Revenue \$)

HOUSING FOR ADULTS UNION STATION ADDITIONALLY PROVIDES SHELTER SERVICES FOR SINGLE HOMELESS ADULTS THE ADULT CENTER AT 412 S RAYMOND AVE IS A 56-BED SHELTER FOR HOMELESS MEN AND WOMEN RESIDENTS RECEIVE THE SUPPORTIVE SERVICES THEY NEED TO ACHIEVE SELF-SUFFICIENCY, INCLUDING CASE MANAGEMENT, CAREER COUNSELING, HEALTH AND SUBSTANCE ABUSE RECOVERY SUPPORT THE ADULT CENTER IS ALSO THE SITE OF OUR MEALS AND SHOWER PROGRAMS THE CENTENNIAL PLACE PROGRAM AT 235 E HOLLY ST PROVIDES CASE MANAGEMENT SERVICES TO LOW-INCOME SINGLE ADULTS, FOCUSING EFFORTS ON LIFE SKILLS TRAINING AND SUBSTANCE ABUSE RECOVERY IN AN EFFORT TO ASSIST RESIDENTS ATTAIN INDEPENDENT LIVING

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

4e Total program service expenses \$ 4,628,097

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>	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	Yes	
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>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <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>		No
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>		No
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>		No
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>		No
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>	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>		No
12a	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>	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
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, Parts I and IV.</i>		No
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 U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
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 U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		No
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 (see instructions).</i>	Yes	
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>	Yes	
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>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules *(continued)*

21 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> <input checked="" type="checkbox"/>	21		No
22 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> <input checked="" type="checkbox"/>	22	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, questions 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> <input checked="" type="checkbox"/>	23	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3) and 501(c)(4) organizations. 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>	25a		No
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>	25b		No
26 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>	26		No
27 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>	27		No
28 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)			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	29	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> <input checked="" type="checkbox"/>	31		No
32 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>	32		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> <input checked="" type="checkbox"/>	33		No
34 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> <input checked="" type="checkbox"/>	34	Yes	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	36		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> <input checked="" type="checkbox"/>	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1a	20		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.		
2a	77		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a 19		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
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 <input checked="" type="checkbox"/> CA
18	Section 6104 requires an organization to make its Form 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> THE ORGANIZATION 825 E ORANGE GROVE BLVD PASADENA, CA 91104 (626) 240-4550

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) RANDY A SHULMAN VICE CHAIRMAN	1 00	X		X			0	0	0	
(2) JOHN HORN BOARD MEMBER	1 00	X					0	0	0	
(3) ARNOLD SIEGEL CHAIRMAN	1 00	X		X			0	0	0	
(4) JOEL EDSTROM BOARD MEMBER	1 00	X					0	0	0	
(5) JAMES HART BOARD MEMBER	1 00	X					0	0	0	
(6) ELIZABETH TRUSSELL SECRETARY	1 00	X		X			0	0	0	
(7) LYLA L WHITE BOARD MEMBER	1 00	X					0	0	0	
(8) DIANA PETERSON-MORE BOARD MEMBER	1 00	X					0	0	0	
(9) GREGORY R VANNI BOARD MEMBER	1 00	X					0	0	0	
(10) JILL A FOSSELMAN BOARD MEMBER	1 00	X					0	0	0	
(11) ELLIOT A SAINER BOARD MEMBER	1 00	X					0	0	0	
(12) BRADLEY D SCHWARTZ BOARD MEMBER	1 00	X					0	0	0	
(13) MAXINE HARRIS BOARD MEMBER	1 00	X					0	0	0	
(14) LINDA JAHNKE BOARD MEMBER	1 00	X					0	0	0	
(15) NICOLE KLYCZEK BOARD MEMBER	1 00	X					0	0	0	
(16) TERRY KRUPCZAK BOARD MEMBER	1 00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) VICKIE TAYLOR BOARD MEMBER	1 00	X						0	0	0
(18) CHARLES THUSS TREASURER	1 00	X		X				0	0	0
(19) MARGO KIDISHUM CHAIR UNTIL 1/25/11	1 00	X		X				0	0	0
(20) KEN EDWARDS VICE CHAIRMAN UNTIL 1/25/11	1 00	X		X				0	0	0
(21) JOHN FAIRBANKS BOARD MEMBER UNTIL 1/25/11	1 00	X						0	0	0
(22) NANCY FAIRCHILD BOARD MEMBER UNTIL 1/25/11	1 00	X						0	0	0
(23) MIKE DANNEKER BOARD MEMBER	1 00	X						0	0	0
(24) MARVIN M GROSS CHIEF EXECUTIVE OFFICER	40 00			X				147,300	0	22,246
(25) CYNTHIA FOSTER CHIEF OPERATIONAL OFFICER	40 00			X				98,922	0	3,764
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								246,222	0	26,010

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
SCHULTZ & WILLIAMS 325 CHESTNUT STREET SUITE 700 PHILADELPHIA, PA 19106	DIRECT MAIL & CONSULTING	239,226
JJ PROPERTY MAINTENANCE 289 E ORANGE GROVE BLVD PASADENA, CA 91104	BUILDING MAINTENANCE	104,028

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

Part VIII Statement of Revenue

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c	278,948				
	d Related organizations 1d					
	e Government grants (contributions) 1e	1,507,653				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	13,756,379				
	g Noncash contributions included in lines 1a-1f \$	279,483				
	h Total. Add lines 1a-1f	15,542,980				
	Program Service Revenue	2a PACIFIC CLINICS	624200	219,292	219,292	
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f		219,292				
Other Revenue		3 Investment income (including dividends, interest and other similar amounts)		249,244		249,244
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	7,401			
		(ii) Other		2,500		
		b Less cost or other basis and sales expenses	7,466		2,131	
		c Gain or (loss)	-65		369	
	d Net gain or (loss)		304	304		
	8a Gross income from fundraising events (not including \$ 278,948 of contributions reported on line 1c) See Part IV, line 18	a		206,291		
b Less direct expenses b			123,018			
c Net income or (loss) from fundraising events			83,273		83,273	
9a Gross income from gaming activities See Part IV, line 19 a	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a					
b Less cost of goods sold b						
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	900099	42,786	42,786			
11a OTHER INCOME	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d		42,786			
12 Total revenue. See Instructions		16,137,879	262,382	0	332,517	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	629,340	629,340		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	278,997	97,170	97,170	84,657
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,433,174	1,931,646	221,185	280,343
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,455	7,339	224	892
9	Other employee benefits	326,140	272,217	31,129	22,794
10	Payroll taxes	210,395	158,070	24,364	27,961
a	Fees for services (non-employees)				
	Management				
b	Legal	32	32		
c	Accounting	31,399	7,850	23,549	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	308,299	12,647	12,647	283,005
13	Office expenses	93,432	58,214	22,775	12,443
14	Information technology				
15	Royalties				
16	Occupancy	368,406	344,286	15,826	8,294
17	Travel	21,451	19,602	972	877
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	61,477	59,977	1,500	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	537,294	494,310	26,865	16,119
23	Insurance	33,590	26,167	5,878	1,545
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PATRON AID AND OTHER PR	227,677	227,677		
b	FOOD AND KITCHEN EXPENS	194,355	194,355		
c	RAPID RE-HOUSING PROGRA	43,314	43,314		
d	VOLUNTEER PROGRAM	33,067	33,067		
e	STAFF TRAINING AND MEET	22,494	10,817	10,516	1,161
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	5,862,788	4,628,097	494,600	740,091
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	330,788	1	375,617
	2 Savings and temporary cash investments	748,439	2	5,297,882
	3 Pledges and grants receivable, net	406,644	3	201,961
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	42,434	9	144,718
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10,200,280		
	b Less accumulated depreciation	3,814,859	6,890,341	10c 6,385,421
	11 Investments—publicly traded securities	2,056,917	11	8,496,810
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	113,670	15	143,480
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,589,233	16	21,045,889	
Liabilities	17 Accounts payable and accrued expenses	198,452	17	356,974
	18 Grants payable		18	
	19 Deferred revenue	22,574	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,570,092	23	1,137,337
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,791,118	26	1,494,311
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,840,112	27	6,909,457
	28 Temporarily restricted net assets	330,998	28	10,980,616
	29 Permanently restricted net assets	1,627,005	29	1,661,505
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	8,798,115	33	19,551,578	
34 Total liabilities and net assets/fund balances	10,589,233	34	21,045,889	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,137,879
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,862,788
3	Revenue less expenses Subtract line 2 from line 1	3	10,275,091
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,798,115
5	Other changes in net assets or fund balances (explain in Schedule O)	5	478,372
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	19,551,578

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
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 separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?	Yes	
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	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
UNION STATION HOMELESS SERVICES

Employer identification number

95-3958741

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 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?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,407,004	3,776,686	3,982,864	4,592,032	4,074,936	19,833,522
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,407,004	3,776,686	3,982,864	4,592,032	4,074,936	19,833,522
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)						647,356
6 Public Support. Subtract line 5 from line 4						19,186,166

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	3,407,004	3,776,686	3,982,864	4,592,032	4,074,936	19,833,522
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	75,165	69,334	44,206	43,426	249,244	481,375
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)					42,786	42,786
11 Total support (Add lines 7 through 10)						20,357,683
12 Gross receipts from related activities, etc (See instructions)					12	1,224,110

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	94.250 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	96.230 %

16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (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

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE A, PART IV, LIST OF UNUSUAL GRANTS BEQUEST DATE 03/06/11 AMOUNT 11208570 BEQUEST DATE 11/10/10 AMOUNT 5000

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization UNION STATION HOMELESS SERVICES

Employer identification number 95-3958741

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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?

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 170(h)(4)(B)(ii)?

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 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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
1a Beginning of year balance	2,656,098	2,495,441	2,612,295		
b Contributions	12,065,460	2,209,955	1,535,823		
c Investment earnings or losses	347,377	47,727	-350,250		
d Grants or scholarships					
e Other expenditures for facilities and programs	1,470,800	2,097,025	1,302,427		
f Administrative expenses					
g End of year balance	13,598,135	2,656,098	2,495,441		

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

- a** Board designated or quasi-endowment ▶ 7 000 %
- b** Permanent endowment ▶ 12 000 %
- c** Term endowment ▶ 81 000 %

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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
1a Land		1,683,865		1,683,865
b Buildings		1,311,648	604,096	707,552
c Leasehold improvements		6,274,828	2,543,568	3,731,260
d Equipment		929,939	667,195	262,744
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				6,385,421

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	16,137,879
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,862,788
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	10,275,091
4	Net unrealized gains (losses) on investments	4	478,372
5	Donated services and use of facilities	5	191,493
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-191,493
9	Total adjustments (net) Add lines 4 - 8	9	478,372
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	10,753,463

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	16,807,744
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	478,372
b	Donated services and use of facilities	2b	191,493
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	669,865
3	Subtract line 2e from line 1	3	16,137,879
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	16,137,879

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

1	Total expenses and losses per audited financial statements	1	6,054,281
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	191,493
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	191,493
3	Subtract line 2e from line 1	3	5,862,788
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	5,862,788

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, 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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	INCLUDED IN ENDOWMENT FUNDS ARE UNDESIGNATED, UNRESTRICTED FUNDS THIS CATEGORY OF ENDOWMENT INCLUDES UNRESTRICTED BEQUESTS, AND UNRESTRICTED, UNDESIGNATED AMOUNTS OVER \$50,000 WHICH ARE USED AT THE DISCRETION OF THE BOARD HISTORICAL UTILIZATION OF THIS FUNDING HAS INCLUDED OPERATIONAL RESERVE FUNDING AND CAPITAL IMPROVEMENTS TEMPORARILY RESTRICTED FUNDS TEMPORARILY RESTRICTED FUNDS INCLUDE DONOR RESTRICTED FUNDING PROVIDED TO UNION STATION WITH SPECIFIC PURPOSES, TIME SCHEDULES, OR BOTH THESE FUNDS ARE NOT HELD IN ENDOWMENT, BUT ARE HELD INSTEAD IN AN INVESTMENT ACCOUNT UNTIL DONOR COMPLIANCE HAS BEEN FULFILLED PERMANENTLY RESTRICTED FUNDS THE PERMANENTLY RESTRICTED ENDOWMENT FUNDS ARE SUBJECT TO RESTRICTIONS SET FORTH IN GIFT INSTRUMENTS REQUIRING THAT PRINCIPAL AND CAPITAL GAINS BE INVESTED IN PERPETUITY AND INCOME BE EXPENDED FOR UNRESTRICTED OPERATIONAL PURPOSES IN ACCORDANCE WITH THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT THERE ARE CURRENTLY FOUR FUND TYPES, EACH WITH ITS OWN UNIQUE REQUIREMENTS THE GENERAL ENDOWMENT FUND, UNLESS PROHIBITED BY DONOR STIPULATION, AWARDS UNION STATION FIVE PERCENT OF THE AVERAGE NET FAIR MARKET VALUE ON THE FIRST BUSINESS DAY OF THE FISCAL YEAR MAY BE USED FOR OPERATIONAL OR CAPITAL NEEDS THE SECOND FUND MAINTAINS THAT 90% OF THE ANNUAL INCOME BE UTILIZED FOR CLIENT MEDICAL EXPENDITURES THE THIRD FUND ALLOWS 5% OF THE BALANCE TO BE USED ON AN ANNUAL BASIS FOR THE OPERATION OF THE SOURCES PROGRAM, AND THE LAST FUND IS DESIGNATED FOR EMPLOYEE CONTINUED EDUCATION
PART XI, LINE 8 - OTHER ADJUSTMENTS		GIK EXPENSE (DONATED USE OF SERVICES AND FACILITIES) -191,493

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
UNION STATION HOMELESS SERVICES

Employer identification number

95-3958741

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and e-mail solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SCHULTZ & WILLIAMS 325 CHESTNUT STREET SUITE 700 PHILADELPHIA, PA 19106	DIRECT MAIL		No	351,490	239,228	112,262
Total				351,490	239,228	112,262

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

CA

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) Event #2	(c) Other Events	(d) Total Events
		ANNUAL GALA (event type)	JAZZ CONCERT (event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	406,183	79,056		485,239
	2 Less Charitable contributions	221,695	57,253		278,948
	3 Gross income (line 1 minus line 2)	184,488	21,803		206,291
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	5,069	2,219		7,288
	7 Food and beverages	39,095	8,146		47,241
	8 Entertainment				
	9 Other direct expenses	59,840	8,649		68,489
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				123,018
11 Net income summary Combine lines 3 and 10 in column (d) ▶				83,273	

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	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 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	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** 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? Yes No
- 13** Indicate the percentage of gaming activity operated in
- | | | |
|--------------------------------------|------------|--|
| a The organization's facility | 13a | |
| b An outside facility | 13b | |
- 14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
EXPLANATION OF FUNDRAISING PAYMENTS	SCHEDULE G, PART I, LINE 2B, COLUMN (V)	SCHULTZ & WILLIAMS WORKS WITH THE DEVELOPMENT DEPARTMENT TO CREATE, PLAN AND EXECUTE ALL DIRECT MAIL PIECES ADDITIONALLY, THEY ROUTINELY MAKE RECOMMENDATIONS ON STRATEGY AND CONTENT THEIR SERVICES ARE ITEMIZED SEPARATELY ON THEIR INVOICES, SUCH AS CONSULTING, PRINTING, MAILING AND POSTAGE COSTS, DONOR LIST MANAGEMENT, ETC THE AMOUNT PAID IN PART I OF SCHEDULE G REFLECTS ALL AMOUNTS PAID TO SCHULTZ AND WILLIAMS FOR THE YEAR ENDED JUNE 30, 2011

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2010

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UNION STATION HOMELESS SERVICES

Employer identification number 95-3958741

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) ARRA FUNDING THROUGH THE CITY OF PASADENA - RAPID REHOUSING PROGRAM	13	153,037		CASH	
(2) ARRA FUNDING THROUGH THE COUNTY OF LOS ANGELES - HOMELESS PREVENTION AND RAPID REHOUSING PROGRAM	93	464,494		CASH	
(3) PASS-IT ALONG GRANTS	4	11,809		CASH	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 CONGRESS DESIGNATED \$1.5 BILLION IN ARRA FUNDS TO FINANCIALLY ASSISTANCE INDIVIDUALS AND FAMILIES WHO ARE HOMELESS OR AT RISK OF BECOMING HOMELESS DUE TO THE NATIONAL RECESSION UNION STATION HAS BEEN SELECTED AS A SUB-RECIPIENT OF THIS AWARD THROUGH THE CITY OF PASADENA AND THE COUNTY OF LOS ANGELES VIA THESE FUNDING SOURCES, USHS ADMINISTERS SERVICES FOR THE BOTH THE HOMELESS PREVENTION AND THE RAPID RE-HOUSING CLASSIFICATIONS OF THESE HPRP PROGRAM GRANTS QUALIFIED INDIVIDUALS/FAMILIES WHO ARE AT OR BELOW 50% OF THE AREA MEDIAN INCOME ARE PROVIDED WITH TEMPORARY FINANCIAL SUBSIDIES IN THE AREAS OF RENTAL ASSISTANCE, UTILITY PAYMENTS, SECURITY DEPOSITS, OTHER QUALIFYING MOVING COSTS AND CASE MANAGEMENT FOR THE CITY OF PASADENA GRANT AND THE RAPID REHOUSING PORTION OF THE LA COUNTY GRANT, USHS QUALIFIES THE CLIENT FOR THESE SUBSIDIES FOR THE COUNTY OF LOS ANGELES HOMELESS PREVENTION FUNDS, CLIENTS ARE QUALIFIED BY THE DEPARTMENT OF CONSUMER AFFAIRS USHS PAYS THE CLIENT EXPENSES BASED ON DIRECT BILLING OR LEASE AGREEMENTS, AND SUBMITS FOR REIMBURSEMENT TO THE CITY OF PASADENA OR THE COUNTY OF LOS ANGELES (CDBG GRANT) RECORDS ARE MAINTAINED ON-SITE FOR PROGRAM AUDIT PURPOSES CLIENTS WILL BE APPROVED FOR ASSISTANCE AFTER THE COMPLETING THE FOLLOWING PREREQUISITES 1 THE CLIENT MUST MEET A INCOME MEANS TEST AND MUST RE-CERTIFY EVERY 3 MONTHS 2 THE CLIENT MUST PASS AN EXTENSIVE BACKGROUND CHECK, AND 3 THE CLIENT MUST BE CLASSIFIED AS HOMELESS (RAPID RE-HOUSING) OR IN THE PROCESS OF BEING EVICTED (HOMELESS PREVENTION)
OTHER INFORMATION	PART IV	GRANTED FUNDING IS MONITORED AND ADMINISTERED BY USHS ADMINISTRATIVE AND PROGRAM STAFF, BASED ON THE CRITERIA DESIGNATED ON ITS SUB-RECIPIENT ARRA CONTRACT ADDITIONAL PROGRAM AND QUALIFYING DETAILS WERE PROVIDED ABOVE FOR THE HOMELESS PREVENTION GRANTS, THE DEPARTMENT OF CONSUMER AFFAIRS NEGOTIATES TERMS WITH THE LANDLORD, THEN FORWARDS THE APPROVED AGREEMENTS TO USHS, WHO THEN PAYS THE LANDLORD THE NEGOTIATED RENTAL ARREARS FOR THE RAPID RE-HOUSING GRANT, PROGRAM STAFF QUALIFY CLIENTS BASED ON SPECIFIC FINANCIAL CRITERIA, AND ADDITIONALLY WORK WITH LANDLORDS TO ENSURE ALL RENTAL PROPERTIES MEET HUD GUIDELINES AND SUBSIDY & LEASE AGREEMENTS ARE DOCUMENTED FOR AUDIT PURPOSES ALL CLIENTS FOR BOTH PROGRAMS MUST RE-CERTIFY EVERY 3 MONTHS TO RECEIVE CONTINUED SUBSIDIES

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
UNION STATION HOMELESS SERVICES

Employer identification number

95-3958741

Part I Questions Regarding Compensation

Yes No

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 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?

3 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"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 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:

a Receive a severance payment or change-of-control payment from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c 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

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 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:

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 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:

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 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

8 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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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

For each individual whose compensation must be reported 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				
(1)	MARVIN M GROSS	(i) 147,300	0	0	0	22,246	169,546	0
	(ii)	0	0	0	0	0	0	0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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.

Identifier	Return Reference	Explanation
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SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization UNION STATION HOMELESS SERVICES

Employer identification number 95-3958741

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining oncash contribution amounts. Rows include Art, Books, Clothing, Food inventory, and Other (TOYS, EQUIPMENT, EVENT GIK).

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 0

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. Contains questions about property holding periods, gift acceptance policies, and solicitation of contributions.

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

UNION STATION HOMELESS SERVICES

Employer identification number

95-3958741

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		REVIEW AND APPROVAL PROCESS OF THE FORM 990 THE AUDIT COMMITTEE CHAIR PRESENTS A SUMMARY OF THE FORM 990 TO THE BOARD OF DIRECTORS THE MINUTES OF BOTH THE AUDIT COMMITTEE AND THE BOARD OF DIRECTORS DETAILS THE DISCUSSIONS RELATED TO THE COMPLETED TAX RETURN THE MEETING MINUTES ARE KEPT PERMANENTLY ON FILE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	MONITORING OF CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS, THE CONFLICT OF INTEREST POLICY IS REVIEWED DURING A BOARD SESSION EACH MEMBER THEN SIGNS ACKNOWLEDGEMENT AND AGREEMENT TO THE POLICY , WHICH IS KEPT ON FILE AS A PERMANENT RECORD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	DETERMINATION OF COMPENSATION RESEARCH IS CONDUCTED TO DETERMINE CURRENT INDUSTRY STANDARDS TO PROPOSE EXECUTIVE SALARY INCREASES AND BONUS PLANS THE PROPOSED FISCAL BUDGET PLAN, INCLUSIVE OF THE EXECUTIVE SALARY INCREASES, TO BE REVIEWED/APPROVED BY THE FINANCE COMMITTEE, THEN APPROVED BY THE BOARD OF DIRECTORS VIA A MAJORITY VOTE THIS PROCESS IS FOR DETERMINING COMPENSATION OF THE CHIEF EXECUTIVE OFFICER AND THE CHIEF OPERATING OFFICER ONLY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	AVAILABILITY OF FORM 1023 AND FORM 990 THE FORM 990 IS AVAILABLE FOR PUBLIC REVIEW ON WWW GUIDESTAR ORG AND IT IS ALSO AVAILABLE UPON REQUEST FORM 1023 IS AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	AVAILABILITY OF CERTAIN RECORDS THE ORGANIZATION'S BOARD OF DIRECTORS MONTHLY MEETINGS ALLOWS MEMBERS FROM THE PUBLIC TO ATTEND THESE DOCUMENTS ARE ALSO AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 478,372 DONATED SERVICES AND USE OF FACILITIES 191,493 GIK EXPENSE (DONATED USE OF SERVICES AND FACILITIES) -191,493 TOTAL TO FORM 990, PART XI, LINE 5 478,372

Identifier	Return Reference	Explanation
REIMBURSEMENT PAID BY OTHER ORGANIZATION FOR EXPENSES	SCHEDULE R, PART V, LINE 1P	IN ACCORDANCE WITH THE PARTNERSHIP AGREEMENT, UNION STATION HOMELESS SERVICES IS REIMBURSED BY THE PARTNERSHIP FOR SALARY EXPENSES INCURRED FOR THE LOW-INCOME HOUSING PROJECT OF THE PARTNERSHIP THE PARTNERSHIP'S TAX YEAR ENDS DECEMBER 31, FOR THE YEAR ENDED DECEMBER 31, 2010, THE TOTAL AMOUNT REIMBURSED BY THE PARTNERSHIP WAS \$75,171

Identifier	Return Reference	Explanation
AMOUNTS REPORTED	SCHEDULE R, PART III, COLUMNS F AND G	SINCE THE PARTNERSHIP'S TAX YEAR ENDS DECEMBER 31, THE AMOUNTS IN COLUMNS F AND G ARE ON A CALENDAR-YEAR BASIS

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
UNION STATION HOMELESS SERVICES

Employer identification number

95-3958741

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on 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" on 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	(g) Section 512(b)(13) controlled organization	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 160 EUCLID PARTNERS LP CO UNION STATION HOMELESS SERVICES 825 E ORANGE GROVE BLVD PASADENA, CA91104 95-7005090	TO MANAGE THE CONSTRUCTION AND OPERATION OF LOW-INCOME HOUSING UNITS	CA	N/A	RELATED	74,346	-404,408	Yes			Yes		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on 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" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

1 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?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p	Yes	
1q		No
1r		No

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	(d) Method of determining amount involved
(1) 160 EUCLID PARTNERS LP	P	75,171	
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier**Return Reference****Explanation****Schedule R (Form 990) 2010**