

**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)

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2007 calendar year, or tax year beginning **OCT 1, 2007** and ending **SEP 30, 2008**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>CITY UNION MISSION, INC.</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1108 EAST 10TH STREET</b> City or town, state or country, and ZIP + 4 <b>KANSAS CITY, MO 64106</b>	<b>D</b> Employer identification number <b>44-6005481</b>  <b>E</b> Telephone number <b>816-474-9380</b>  <b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)
--	---	--	---

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

Hand I are not applicable to section 527 organizations.

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

**H(b)** If "Yes," enter number of affiliates **N/A**

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

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

**G** Website: **N/A**

**J** Organization type (check only one)  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**I** Group Exemption Number **N/A**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **15,858,789.**

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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

	<b>1</b>	Contributions, gifts, grants, and similar amounts received:		
	<b>a</b>	Contributions to donor advised funds	<b>1a</b>	
	<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>	<b>12,519,813.</b>
	<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>	
	<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>	
	<b>e</b>	<b>Total</b> (add lines 1a through 1d) (cash \$ <b>10,279,797.</b> noncash \$ <b>2,240,016.</b> )	<b>1e</b>	<b>12,519,813.</b>
	<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>40,771.</b>
	<b>3</b>	Membership dues and assessments	<b>3</b>	
	<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>	
	<b>5</b>	Dividends and interest from securities	<b>5</b>	<b>288,396.</b>
	<b>6a</b>	Gross rents	<b>6a</b>	
	<b>6b</b>	Less: rental expenses	<b>6b</b>	
	<b>6c</b>	Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>	
	<b>7</b>	Other investment income (describe )	<b>7</b>	
	<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities <b>2,133,520.</b> <b>8a</b> (B) Other <b>900.</b>	
	<b>8b</b>	Less: cost or other basis and sales expenses	<b>1,744,632.</b> <b>8b</b> <b>111,545.</b>	
	<b>8c</b>	Gain or (loss) (attach schedule)	<b>388,888.</b> <b>8c</b> <b>-110,645.</b>	
	<b>8d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B) <b>STMT 1</b> <b>STMT 2</b>	<b>8d</b>	<b>278,243.</b>
	<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>9a</b>	Gross revenue (not including \$ of contributions reported on line 1b)	<b>9a</b>	
	<b>9b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>	
	<b>9c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>	
	<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>	<b>846,286.</b>
	<b>10b</b>	Less: cost of goods sold	<b>10b</b>	<b>877,098.</b>
	<b>10c</b>	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a <b>STMT 3</b>	<b>10c</b>	<b>-30,812.</b>
	<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>	<b>29,103.</b>
	<b>12</b>	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>	<b>13,125,514.</b>
	<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	<b>7,170,598.</b>
	<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	<b>981,782.</b>
	<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>	<b>1,162,160.</b>
	<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>	
	<b>17</b>	<b>Total expenses.</b> Add lines 16 and 44, column (A)	<b>17</b>	<b>9,314,540.</b>
	<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>	<b>3,810,974.</b>
	<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>23,181,861.</b>
	<b>20</b>	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 4</b>	<b>20</b>	<b>-1,699,986.</b>
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>	<b>25,292,849.</b>

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	104,429.	0.	104,429.	0.
<b>25b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>25c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	3,674,168.	3,087,709.	294,797.	291,662.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	54,807.	42,547.	6,907.	5,353.
<b>28</b> Employee benefits not included on lines 25a - 27	738,004.	645,821.	41,105.	51,078.
<b>29</b> Payroll taxes	263,480.	221,965.	21,640.	19,875.
<b>30</b> Professional fundraising fees	29,700.			29,700.
<b>31</b> Accounting fees	24,800.		24,800.	
<b>32</b> Legal fees				
<b>33</b> Supplies				
<b>34</b> Telephone	59,797.	43,883.	15,914.	
<b>35</b> Postage and shipping	36,277.		36,277.	
<b>36</b> Occupancy	823,598.	775,207.	25,567.	22,824.
<b>37</b> Equipment rental and maintenance	46,207.	45,607.	600.	
<b>38</b> Printing and publications				
<b>39</b> Travel				
<b>40</b> Conferences, conventions, and meetings	30,421.	15,343.	9,297.	5,781.
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	505,804.	463,783.	42,021.	
<b>43</b> Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g <b>SEE STATEMENT 5</b>	2,923,048.	1,828,733.	358,428.	735,887.
<b>44 Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	9,314,540.	7,170,598.	981,782.	1,162,160.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 988,463. ; (ii) the amount allocated to Program services \$ 849,612. ;  
 (iii) the amount allocated to Management and general \$ 88,726. ; and (iv) the amount allocated to Fundraising \$ 50,125.

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

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

<p>What is the organization's primary exempt purpose? ►  <b>OUTREACH TO MEN, WOMEN AND CHILDREN WHO ARE POOR AND HOMELESS.</b></p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p><b>Program Service Expenses</b>          (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p><b>a OVER 329,000 MEALS SERVED AND 140,000 BEDS PROVIDED EACH YEAR. SHELTER, RECOVERY PROGRAMS, CLOTHING, FOOD, EDUCATION, YOUTH PROGRAMS AND OTHER SERVICES AVAILABLE.</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p><b>7,170,598.</b></p>
<p><b>b</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>c</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>d</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>e Other program services (attach schedule)</b>          (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►</p>	<p><b>7,170,598.</b></p>

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing .....	253,804.	134,808.
	46 Savings and temporary cash investments .....		
	47 a Accounts receivable .....	47a	47c
	b Less: allowance for doubtful accounts .....	47b	47c
	48 a Pledges receivable .....	48a 3,033,520.	
	b Less: allowance for doubtful accounts .....	48b 274,831.	48c 2,758,689.
	49 Grants receivable .....		49
	50 a Receivables from current and former officers, directors, trustees, and key employees .....		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....		50b
	51 a Other notes and loans receivable .....	51a	51c
	b Less: allowance for doubtful accounts .....	51b	51c
	52 Inventories for sale or use .....		52
	53 Prepaid expenses and deferred charges .....	86,613.	53 81,182.
	54 a Investments - publicly-traded securities <b>STMT 6</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV .....	408,581.	54a 88,216.
	b Investments - other securities <b>STMT 11</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV .....	10,018,543.	54b 5,719,958.
	55 a Investments - land, buildings, and equipment: basis .....	55a	
	b Less: accumulated depreciation .....	55b	55c
	56 Investments - other <b>SEE STATEMENT 7</b> .....	4,904.	56 2,518.
	57 a Land, buildings, and equipment: basis .....	57a 20,966,484.	
b Less: accumulated depreciation <b>STMT 8</b> .....	57b 4,634,554.	57c 16,331,930.	
58 Other assets, including program-related investments (describe <b>SEE STATEMENT 9</b> ) .....	1,817,529.	58 1,916,999.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	25,551,205.	59 27,034,300.	
Liabilities	60 Accounts payable and accrued expenses .....	1,671,062.	60 875,718.
	61 Grants payable .....		61
	62 Deferred revenue .....		62
	63 Loans from officers, directors, trustees, and key employees .....		63
	64 a Tax-exempt bond liabilities .....		64a
	b Mortgages and other notes payable .....		64b
	65 Other liabilities (describe <b>SEE STATEMENT 10</b> ) .....	698,282.	65 865,733.
66 <b>Total liabilities.</b> Add lines 60 through 65 .....	2,369,344.	66 1,741,451.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted .....	19,055,735.	67 23,430,417.
	68 Temporarily restricted .....	2,864,595.	68 731,338.
	69 Permanently restricted .....	1,261,531.	69 1,131,094.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds .....		70
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71
	72 Retained earnings, endowment, accumulated income, or other funds .....		72
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....	23,181,861.	73 25,292,849.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	25,551,205.	74 27,034,300.	





Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	X	
82b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? N/A		
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85c	Dues, assessments, and similar amounts from members N/A		
85d	Section 162(e) lobbying and political expenditures N/A		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices N/A		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e) N/A		
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 N/A		
86b	Gross receipts, included on line 12, for public use of club facilities N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A		
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
89b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
89d	Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.		
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed NONE		
90b	Number of employees employed in the pay period that includes March 12, 2007 141		
91 a	The books are in care of CITY UNION MISSION Telephone no. 816-474-9380 Located at 1108 EAST 10TH STREET, KANSAS CITY, MO ZIP + 4 64106		
91b	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)? If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c    
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a DORMITORY FEES					16,651.
b CAMP AND LOCKER FEES					24,120.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	288,396.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	278,243.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			05	-30,812.	
103 Other revenue:					
a VENDING REVENUE			03	28,239.	
b MISCELLANEOUS INCOME					864.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		564,066.	41,635.
105 Total (add line 104, columns (B), (D), and (E))					605,701.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	PAYMENTS MADE BY TRANSIENTS FOR ROOM USE
93B	RENTAL OF CAMPGROUNDS AND FACILITIES AT FARM IN WARSAW, MO
103E	MISCELLANEOUS INCOME FROM NORMAL BUSINESS OPERATIONS

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

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

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

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

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

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

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

**106** Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

<b>Yes</b>	<b>No</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

<b>Yes</b>	<b>No</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

<b>Yes</b>	<b>No</b>

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.

**Please Sign Here**

Signature of officer <b>DAN DOTY, EXECUTIVE DIRECTOR</b>	Date
Type or print name and title	

Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 <b>CLIFTON GUNDERSON LLP</b> <b>2301 VILLAGE DRIVE</b> <b>ST. JOSEPH, MO 64506</b>	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) EIN <input type="checkbox"/> Phone no. <b>(816) 232-8441</b>
---	------	---	--

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2007**

Name of the organization

CITY UNION MISSION, INC.

Employer identification number

44 6005481

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DENNIS CHAPMAN 1108 EAST 10TH STREET, KANSAS CITY, MO	ASSOC DIR OF DEVELOP 40.00	56,160.	13,164.	
JON CAP 1108 EAST 10TH STREET, KANSAS CITY, MO	DIR OF OPERATIONS 40.00	56,160.	13,164.	
LORRAINE MINOR 1108 EAST 10TH STREET, KANSAS CITY, MO	ASSOC DIRECTOR 40.00	56,160.	6,156.	
LINDA VOCHATZER 1108 EAST 10TH STREET, KANSAS CITY, MO	CFO 40.00	50,100.	5,922.	
Total number of other employees paid over \$50,000	0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
BNIM ARCHITECTS 106 W 14TH STREET, SUITE 200, KANSAS CITY, MO 641	ARCHITECT	135,579.
JEFFREY BYRNE AND ASSOCIATES 814 W 54TH TERRACE, KANSAS CITY, MO 64112	FUNDRAISING	56,450.
Total number of others receiving over \$50,000 for professional services	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MCCOWN GORDON 422 ADMIRAL BLVD, KANSAS CITY, MO 64106	GENERAL CONTRACTOR	5,728,513.
ENEX 591 SKYLINE DRIVE, WOODLAND PARK, CO 80863	ADVERTISING SERVICES	419,034.
Total number of other contractors receiving over \$50,000 for other services	0	

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

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property? .....	2a	X
b	Lending of money or other extension of credit? .....	2b	X
c	Furnishing of goods, services, or facilities? .....	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b> .....	2d	X
e	Transfer of any part of its income or assets? .....	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) .....	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees? .....	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .....	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....	4a	X
b	Did the organization make any taxable distributions under section 4966? .....	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person? .....	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year .....	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .....	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts .....	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year .....	0.	

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I                       Type II                       Type III-Functionally Integrated                       Type III-Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	10664395.	11944671.	7,968,041.	7,613,507.	38,190,614.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	758,194.	486,898.	155,010.	158,853.	1,558,955.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	380,432.	284,030.	187,427.	136,659.	988,548.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	55,230.	80,944.	SEE STATEMENT 13 65,449.	66,394.	268,017.
<b>23</b> Total of lines 15 through 22	11858251.	12796543.	8,375,927.	7,975,413.	41,006,134.
<b>24</b> Line 23 minus line 17	11100057.	12309645.	8,220,917.	7,816,560.	39,447,179.
<b>25</b> Enter 1% of line 23	118,583.	127,965.	83,759.	79,754.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					<b>26a</b> N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					<b>26d</b> N/A
e Public support (line 26c minus line 26d total)					<b>26e</b> N/A
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>					<b>26f</b> N/A %
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) 15,000. (2005) 10,000. (2004) 33,879. (2003) 25,845.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) 0. (2005) 0. (2004) 0. (2003) 0.					
c Add: Amounts from column (e) for lines: 15 38,190,614. 16 _____ 17 1,558,955. 20 _____ 21 _____					<b>27c</b> 39,749,569.
d Add: Line 27a total 84,724. and line 27b total 0.					<b>27d</b> 84,724.
e Public support (line 27c total minus line 27d total)					<b>27e</b> 39,664,845.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					<b>27f</b> 41,006,134.
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>					<b>27g</b> 96.7291%
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>					<b>27h</b> 2.4107%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**Part V Private School Questionnaire** (See page 9 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....	33a	
b	Admissions policies? .....	33b	
c	Employment of faculty or administrative staff? .....	33c	
d	Scholarships or other financial assistance? .....	33d	
e	Educational policies? .....	33e	
f	Use of facilities? .....	33f	
g	Athletic programs? .....	33g	
h	Other extracurricular activities? .....	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency? .....	34a	
b	Has the organization's right to such aid ever been revoked or suspended? .....	34b	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)

**N/A**

(To be completed **ONLY** by an eligible organization that filed Form 5768)

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

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
		<b>N/A</b>	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
<b>If the amount on line 40 is -</b>			
<b>The lobbying nontaxable amount is -</b>			
Not over \$500,000 .....	20% of the amount on line 40 .....		
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....		
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....		
Over \$17,000,000 .....	\$1,000,000 .....		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		

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

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	
<b>45</b> Lobbying nontaxable amount .....					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....					0.
<b>48</b> Grassroots nontaxable amount .....					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

**N/A**

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

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





---

---

**FORM 990**                      **GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES**                      **STATEMENT**      **1**

---

<u>DESCRIPTION</u>	<u>GROSS SALES PRICE</u>	<u>COST OR OTHER BASIS</u>	<u>EXPENSE OF SALE</u>	<u>NET GAIN OR (LOSS)</u>
PUBLICLY TRADED SECURITIES	2,133,520.	1,744,632.	0.	388,888.
TO FORM 990, PART I, LINE 8	2,133,520.	1,744,632.	0.	388,888.

COPY

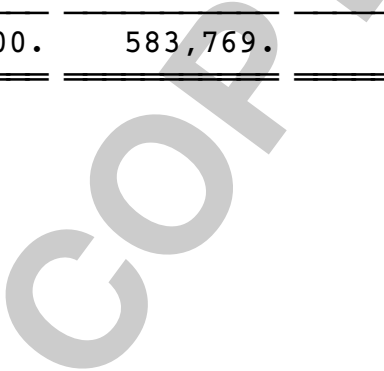
FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
OBSOLETE EQUIPMENT	/ /99	08/01/08	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	583,769.	0.	472,224.	-111,545.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
GAIN ON SALE OF EQUIPMENT	/ /99	08/01/08	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	900.	0.	0.	0.	900.
TO FM 990, PART I, LN 8	900.	583,769.	0.	472,224.	-110,645.



FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 3

## INCOME

1. GROSS RECEIPTS . . . . .	846,286	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		846,286
4. COST OF GOODS SOLD (LINE 13) . . . . .	877,098	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		-30,812

## COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	1,456,412	
7. MERCHANDISE PURCHASED . . . . .	887,141	
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		2,343,553
12. INVENTORY AT END OF YEAR . . . . .	1,466,455	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . . . . .		877,098

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
----------	--	-----------	---

DESCRIPTION	AMOUNT
UNREALIZED LOSS	-1,699,986.
TOTAL TO FORM 990, PART I, LINE 20	-1,699,986.

FORM 990	OTHER EXPENSES	STATEMENT	5
----------	----------------	-----------	---

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
GROCERIES	680,706.	680,508.	198.	
CLOTHING	279,907.	279,907.		
CHRISTMAS AND THANKSGIVING EXPENSE	69,788.	69,788.		
HOUSEKEEPING SUPPLIES	74,787.	71,879.	2,908.	
OFFICE SUPPLIES	28,401.	8,380.	20,021.	
SPENDING ALLOWANCE	21,211.	21,211.		
EMERGENCY RELIEF	26,951.	26,951.		
AUTO EXPENSE	99,510.	99,510.		
DUES AND SUBSCRIPTIONS	28,664.	10,851.	12,908.	4,905.
TAXES AND LICENSES	6,270.	5,983.	287.	
SMALL EQUIPMENT PURCHASES	169,330.	159,117.	9,220.	993.
FURNITURE AND HOUSEHOLD ITEMS	120,872.	120,872.		
MISCELLANEOUS LESS OH ALLOCATED	71,869.	21,769.	34,476.	15,624.
PAPER PRODUCTS AND SUPPLIES	16,531.	16,531.		
CONTRACT SERVICES OPERATING AND	51,930.	22,133.	5,996.	23,801.
MEDICAL SUPPLIES	173,408.	173,408.		
BANK SERVICE CHARGE	67,293.	3,833.	63,460.	
BAD DEBT EXPENSE	207,580.	0.	207,580.	
ADVERTISING AND PROMOTION	720,424.	29,860.		690,564.
CREDIT CARD FEES	7,616.	6,242.	1,374.	
TOTAL TO FM 990, LN 43	2,923,048.	1,828,733.	358,428.	735,887.

FORM 990	GOVERNMENT SECURITIES	STATEMENT	6
----------	-----------------------	-----------	---

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US GOVERNMENT SECURITIES	FMV			
		88,216.		88,216.
TOTAL TO FORM 990, LINE 54A, COL B		88,216.		88,216.

FORM 990	OTHER INVESTMENTS	STATEMENT	7
----------	-------------------	-----------	---

DESCRIPTION	VALUATION METHOD	AMOUNT
DEFERRED ANNUITY RECEIVABLE	COST	2,518.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		2,518.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	8
----------	--	-----------	---

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	653,529.	0.	653,529.
BUILDINGS	18,933,818.	3,555,223.	15,378,595.
EQUIPMENT	1,379,137.	1,079,331.	299,806.
TOTAL TO FORM 990, PART IV, LN 57	20,966,484.	4,634,554.	16,331,930.

FORM 990	OTHER ASSETS	STATEMENT	9
----------	--------------	-----------	---

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
WAREHOUSE INVENTORY	1,456,412.	1,466,455.
DUE FROM OTHER FUNDS	250,000.	446,044.
BENEFICIAL INTEREST IN COMMUNITY FOUNDATION	106,617.	
OTHER ASSETS	4,500.	4,500.
TOTAL TO FORM 990, PART IV, LINE 58	1,817,529.	1,916,999.

---



---

FORM 990	OTHER LIABILITIES	STATEMENT 10
----------	-------------------	--------------

---

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CHARITABLE GIFT ANNUITIES	448,282.	419,687.
DUE TO OTHER FUNDS	250,000.	446,046.
<b>TOTAL TO FORM 990, PART IV, LINE 65</b>	<b>698,282.</b>	<b>865,733.</b>

---



---

FORM 990	OTHER SECURITIES	STATEMENT 11
----------	------------------	--------------

---

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
DEFERRED ANNUITY CONTRACTS	FMV	68,695.
COMMON STOCKS AND BONDS	FMV	1,241,585.
MUTUAL FUNDS	FMV	4,224,882.
CASH AND CASH EQUIVALENTS	FMV	184,796.
<b>TO FORM 990, LINE 54B, COL B</b>		<b>5,719,958.</b>

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
REV. DANIEL DOTY 2881 SW 204TH TRIMBLE, MO 64492	EXECUTIVE DIRECTOR 40.00	88,000.	14,388.	2,041.
BRUCE LADD 6627 COTTONWOOD SHAWNEE, KS 66216	PRESIDENT 0.00	0.	0.	0.
WARREN W. TUTTLE 5915 WEST 94TH STREET OVERLAND PARK, KS 66207	DIRECTOR 0.00	0.	0.	0.
JULIE THOMPSON 7624 REEDER SHAWNEE, KS 66214	DIRECTOR 0.00	0.	0.	0.
KERRY CLASSEN 7927 RANDAL DRIVE LENEXA, KS 66215	VICE-PRESIDENT 0.00	0.	0.	0.
JACK AUSTIN 7807 SOUTH VIEW DRIVE GRANDVIEW, MO 64030	DIRECTOR 0.00	0.	0.	0.
JAMES EWAN 9713 EAST 84TH STREET RAYTOWN, MO 64138	DIRECTOR 0.00	0.	0.	0.
ALINDA MURPHY 11620 EAST 59TH TERRACE KANSAS CITY, MO 64133	TREASURER 0.00	0.	0.	0.
CHARLES POST 222 PARK DRIVE BELTON, MO 64012	DIRECTOR 0.00	0.	0.	0.
KENNETH RIEDEMANN 12414 LINDEN LANE LEAWOOD, KS 66209	DIRECTOR 0.00	0.	0.	0.
KEITH ROGERS 12200 FROST ROAD KANSAS CITY, MO 64138	DIRECTOR 0.00	0.	0.	0.

STEVE DUXBURY 14430 WEST 146TH TERRACE OLATHE, KS 66062	TREASURER 0.00	0.	0.	0.
BINNY PEARCE 10243 N. GREEN HILLS RD. KANSAS CITY, MO 64154	DIRECTOR 0.00	0.	0.	0.
MARK SEWALSON 14331 SOUTH KAW DRIVE OLATHE, KS 66062	SECRETARY 0.00	0.	0.	0.
ULISES ACOSTA 7413 N. PARK GLADSONE, MO 64118	DIRECTOR 0.00	0.	0.	0.
JOAN DEANS 12700 E 62ND ST KANSAS CITY, MO 64133	DIRECTOR 0.00	0.	0.	0.
SCOTT NEHRBASS 2107 EAST CHEROKEE LANE OVERLAND PARK, KS 66062	DIRECTOR 0.00	0.	0.	0.
PAT SHELLEY 6307 COOPER ST. SHAWNEE, KS 66218	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>88,000.</u>	<u>14,388.</u>	<u>2,041.</u>

SCHEDULE A OTHER INCOME STATEMENT 13

DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
VENDING & MISC.	55,230.	80,944.	65,449.	66,394.
TOTAL TO SCHEDULE A, LINE 22	<u>55,230.</u>	<u>80,944.</u>	<u>65,449.</u>	<u>66,394.</u>

**Depreciation and Amortization** 990  
(Including Information on Listed Property)

**2007**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Attachment  
Sequence No. **67**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**CITY UNION MISSION, INC.**

**FORM 990 PAGE 2**

**44-6005481**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

<b>1</b> Maximum amount. See the instructions for a higher limit for certain businesses	<b>1</b>	125,000.
<b>2</b> Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
<b>3</b> Threshold cost of section 179 property before reduction in limitation	<b>3</b>	500,000.
<b>4</b> Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
<b>5</b> Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	
<b>6</b> (a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b> Listed property. Enter the amount from line 29	<b>7</b>	
<b>8</b> Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	
<b>9</b> Tentative deduction. Enter the smaller of line 5 or line 8	<b>9</b>	
<b>10</b> Carryover of disallowed deduction from line 13 of your 2006 Form 4562	<b>10</b>	
<b>11</b> Business income limitation. Enter the smaller of business income (not less than zero) or line 5	<b>11</b>	
<b>12</b> Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	<b>12</b>	
<b>13</b> Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	<b>13</b>	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

<b>14</b> Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	<b>14</b>	
<b>15</b> Property subject to section 168(f)(1) election	<b>15</b>	
<b>16</b> Other depreciation (including ACRS)	<b>16</b>	505,804.

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

<b>17</b> MACRS deductions for assets placed in service in tax years beginning before 2007	<b>17</b>	
<b>18</b> If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

**Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (see instructions)**

<b>21</b> Listed property. Enter amount from line 28	<b>21</b>	
<b>22</b> Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	<b>22</b>	505,804.
<b>23</b> For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) for Vehicle. Rows 30-36 include questions about miles driven and personal use.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with questions 37-41 and Yes/No columns.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2007 tax year: Table with 6 columns.

43 Amortization of costs that began before your 2007 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2007, or fiscal year beginning OCT 1, 2007, and ending SEP 30, 2008

**2007**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Return ID (20-digit number) ▶

N/A

Name of exempt organization

CITY UNION MISSION, INC.

Employer identification number

44-6005481

Name and title of officer

DAN DOTY  
EXECUTIVE DIRECTOR

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12) .....	1b	13125514
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) .....	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) .....	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5) .....	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c) .....	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CLIFTON GUNDERSON LLP to enter my PIN 13263  
ERO firm name do not enter all zeros

as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 43375095100  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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