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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
CHURCHES UNITED FOR THE HOMELESS, INC

Number & street (or P.O. box, if mail is not delivered to street addr) | Room/ suite
PO BOX 955

City or town, state or country, and ZIP + 4
Moorhead MN 56560

D Employer identification number
41-1594892

E Telephone number
(218)236-5891

F Group Exemption Number.... ▶

G Accounting Method: [X] Cash [ ] Accrual Other (specify) ▶

H Check ▶ [ ] if organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ N/A

J Tax-exempt status (check only one) -- [X] 501(c)(3) [ ] 501(c)( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 1,215,887

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	983,113
	2	Program service revenue including government fees and contracts		2	172,147
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less. cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed $15,000)	6b	60,627	
	c	Less: direct expenses from gaming and fundraising events	6c	7,481	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	53,146
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	1,208,406
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	361,753
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	202,672
	15	Printing, publications, postage, and shipping.		15	15,257
	16	Other expenses (describe in Schedule O)		16	114,468
	17	**Total expenses.** Add lines 10 through 16 ▶		17	694,150
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	514,256
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	514,256

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For Paperwork Reduction Act Notice, see the separate Instructions. Form **990-EZ** (2010)

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9b 19

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	167,546	22	49,631
23	Land and buildings	1,887,764	23	1,845,307
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	2,055,310	25	1,894,938
26	**Total liabilities** (describe in Schedule O)	2,055,310	26	1,380,682
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)		27	514,256

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

Check if the organization used Schedule O to respond to any question in this Part III ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

What is the organization's primary exempt purpose? See attachment #1

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, & other relevant information for each program title

28 See attachment #2

(Grants $ 17,479) If this amount includes foreign grants, check here ▶ ☐ **28a** 701,631

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **30a**

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **31a**

32 **Total program service expenses** (add lines 28a through 31a) ▶ **32** 701,631

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instr. for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See attachment #3				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____			
b	Section 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 engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ▶ NONE			
42a	The organization's books are in care of ▶ See attachment #4 Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country. ▶ _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** -- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		X

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
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)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions)	45a		X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(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
NONE				

f Total number of other employees paid over $100,000. ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☒ No

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

▶ Lowell V Bottrell
Signature of officer — Date

▶ LOWELL BOTTRELL TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Nancy Hedoba	Nancy M Hedoba	7/27/2011		P00383190

Firm's name ▶ H&R Block — Firm's EIN ▶ 27-3153274

Firm's address ▶ SOUTH CITY PLAZA 1620 32ND AVE S S FARGO ND 58103 — Phone no. 701-271-8312

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization	**Employer identification number**
CHURCHES UNITED FOR THE HOMELESS, INC	41-1594892

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 [X] 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?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		X
(ii) A family member of a person described in (i) above?	**11g(ii)**		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		X

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

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

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.**

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization
CHURCHES UNITED FOR THE HOMELESS, INC

Employer identification number
41-1594892

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

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

- a ☐ Mail solicitations
- b ☐ Internet and email 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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
Total ▶						

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

MN ND

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 SOUP KITCHEN (event type)	(b) Event #2 INTERN PROGR (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
REVENUE	1 Gross receipts	52,627	8,000		60,627
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	52,627	8,000		60,627
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	7,107	374		7,481
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(7,481)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				53,146

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) thru col (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☒ No	☐ Yes ____ % ☒ No	☐ Yes ____ % ☒ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine line 1, column d, and line 7 ▶				

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 Enter 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 of the third party.

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.	2010 Open to Public Inspection

Name of the organization	Employer identification number
CHURCHES UNITED FOR THE HOMELESS, INC	41-1594892

Per IRS code 501(a) interchurch organizations are exempt from filing annual returns.

We operate a homeless shelter.

In addition to the homeless shelter, we provide assistance for people to get into longer term housing.

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 0 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending

Name of Organization	Employer Identification Number
CHURCHES UNITED FOR THE HOMELESS, INC	41-1594892

Primary Purpose

THE MISSION OF CHURCHES UNITED FOR THE HOMELESS IS TO OFFER PEOPLE WHO ARE HOMELESS TEMPORARY SHELTER, SPIRITUAL MINISTRY, EMOTIONAL AFFIRMATION, AND HELP IN ACCESSING APPROPRIATE SERVICES.

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending

Name of Organization	Employer Identification Number
CHURCHES UNITED FOR THE HOMELESS, INC	41-1594892

Part III - Statement of Program Service Accomplishments

Grants and allocations	17,479	Amount includes foreign grants	Program service expenses	701,631

Exempt Purpose Achievements

WE WERE ABLE TO PROVIDE HELP AND SUPPORT FOR HUNDREDS OF HOMELESS INDIVIDUALS AND FAMILIES IN 2010. MEALS ARE PROVIDED TO THE SHELTER BY EACH OF THE CHURCH'S VOLUNTEERS ON A ROTATING SCHEDULE. ALTOGETHER, OUR STAFF AND 4432 VOLUNTEERS WORKED TOGETHER FOR A SUCCESSFUL YEAR.

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 3: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection

For calendar year 2010 or tax period beginning , and ending

Name of Organization: CHURCHES UNITED FOR THE HOMELESS, INC

Employer Identification Number: 41-1594892

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
MARTINS LUTHERAN 202 10TH AVE N Casselton, ND 58012	President 20.00	0	0	0
OLIVET LUTHERAN CHURCH 839 RIVERBEND ROAD Oxbow, ND 58047	Vice President 20.00	0	0	0
HOPE LUTHERAN 24 BRIARWOOD PLACE Briarwood, ND 58104	Treasurer 5.00	0	0	0
ATONEMENT LUTHERAN 4101 17TH ST S Fargo, ND 58104	Secretary 5.00	0	0	0
JANE ALEXANDER PO BOX 955 Moorhead, MN 56560	EXECUTIVE DIRECTOR 40.00	10,577	0	0
DURK THOMPSON PO BOX 955 Moorhead, MN 56560	Executive Director 40.00	45,000	0	0
FIRST LUTHERAN CHURCH 2681 MEADOW CREED S Fargo, ND 58104	DIRECTOR 5.00	0	0	0
FIRST LUTHERAN MAIN Fargo, ND 58102	DIRECTOR 5.00	0	0	0
NATIVITY CHURCH 1016 10TH AVE S Fargo, ND 58103	DIRECTOR 5.00	0	0	0
FIRST PRESBYTERIAN 1741 34TH ST S APT D Fargo, ND 58103	DIRECTOR 5.00	0	0	0
EMPLOYMENT LAW BOX 955 Moorhead, MN 56560	DIRECTOR 5.00	0	0	0
NATIVITY 701 21ST AVE S Fargo, ND 58103	DIRECTOR 5.00	0	0	0
OUR SAVIORS LUTHERAN CHURCH 511 7TH ST S Moorhead, MN 56560	DIRECTOR 5.00	0	0	0
HOLY CROSS 200 45TH ST S Fargo, ND 58103	DIRECTOR 5.00	0	0	0
MESSIAH LUTHERAN 61 18TH AVE N Fargo, ND 58102	DIRECTOR 5.00	0	0	0

990 BOOKS ARE IN CARE OF

Attachment 4 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending

Name of Organization	Employer Identification Number
CHURCHES UNITED FOR THE HOMELESS, INC	41-1594892

Part V - Line 42a

Individual Name or Business Name: TAMI PLATFERS

Street Address 0901 1ST AVE N

U.S. Address.

Zip code 56560 City Moorhead State MN

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (218)412-6848

Fax Number

STATEMENT #1 - Printing, publication, postage (990 EZ PG 1 Line 15)

OFFICE EXPENSE	3,177	
PRINTING	2,972	
POSTAGE	2,152	
COPIER/COMPUTER	6,956	
TOTAL CARRIED TO 990 EZ PG 1 Line 15		15,257

STATEMENT #2 - Salaries, Other Compensations (990-EZ PG 1 Line 12)

SALARIES	139,183	
HOURLY WAGES	127,882	
WAGES I PP V AGRH	21,191	
PAYROLL TAX	28,476	
HEALTH INSURANCE	28,078	
WORKERS COMP	5,473	
SHELTER NURSE	11,470	
TOTAL CARRIED TO 990-EZ PG 1 Line 12		361,753

STATEMENT #3 - Occupancy, Rent, Utilities (990-EZ PG 1 Line 14)

OUTDOOR MAINTENANCE	2,246	
GENERAL INSURANCE	11,798	
PROPERTY TAX AND LICENSES	9,556	
TELEPHONE	5,775	
REPAIRS AND MAINTENANCE	18,925	
UTILITIES	50,604	
DEPRECIATION	55,430	
SUPPLIES SHELTER	9,726	
SUPPLIES FOOD	8,612	
BUILDING	30,000	
TOTAL CARRIED TO 990-EZ PG 1 Line 14		202,672

STATEMENT #4 - Other expenses (EOEZ Pg 1 Line 16)

UNIFORMS	694
TRAVEL	2,142
TH SUPPLIES	4,315
TH TRAVEL	899
BANK CHARGES	2,148
MEMBERSHIP DUES	915
AUDIT FEES	4,215
ACCOUNTANT FEES	4,100
STAFF EDUCATION	1,733
APPRECIATION	1,283
SECURITY FEES	36,486
FCM EXPENSE	3,357

Continued On Page2

VAGRH EXPENSE	1,299	
MEDICAL COMMUNAL FUND	882	
GRH CM	4,000	
GRH DIRECT SUPPORT	384	
EFS RENT UNTILITIES	2,096	
TH RENTAL ASSISTANCE	28,908	
OTHER	338	
LOAN SERVICING	5,480	
DD EXPENSE	8,794	
TOTAL CARRIED TO EOEZ Pg 1 Line 16		114,468