

<b>CHAR500 Online</b>  For new annual filings, and amendments	<b>Annual Filing for Charitable Organizations</b> New York State Office of the Attorney General Charities Bureau - Registration Section 28 Liberty Street New York, NY 10005 <a href="http://charitiesnys.com">charitiesnys.com</a>	<b>Open to Public Inspection</b>
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Filing Type:	<input checked="" type="radio"/> New Filing <input type="radio"/> Amendment	Filing Year: <u>2022</u>
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General Information		
Current Organization Name:	<u>Emergency Shelter Network of Faith-Based and Community Organizations Inc.</u>	Updated Name: <u>N/A</u>
NY Registration Number:	<u>48-25-11</u>	Registration Category: <u>DUAL</u>
Organization Type:	<u>Corporation</u>	EIN: <u>461657874</u>
Current Fiscal Year End:	<u>12/31</u>	Updated Fiscal Year End: <u>N/A</u>
Organization Email:	<u>office@nydis.org</u>	Organization's Phone: <u>212-669-6100</u>
Tax Exempt Status:	<u>501(c)(3)</u>	Website: <u>esn-nyc.org</u>
<b>Organization Address</b>		
Mailing Address	Principal Address	NY State Address
<u>4 West 43rd Street Suite 407, Suite 407 New York NY 10036 United States</u>	<u>4 West 43rd Street Suite 407, Suite 407 New York NY 10036 United States</u>	<u>NA</u>
<b>Primary Contact Information</b>		
First Name: <u>Peter</u>	Last Name: <u>Gudaitis</u>	Title: <u>Chief Executive Officer</u>
Phone: <u>2126696100</u>	Email: <u>pgudaitis@nydis.org</u>	
<b>Organization Type</b>		
Type of IRS document filed with IRS: <u>IRS990</u>	Organization Type: <u>Public</u>	
Third Party Preparer Information		
First Name: <u>N/A</u>	Last Name: <u>N/A</u>	Title: <u>N/A</u>
Firm Name: <u>N/A</u>	Phone: <u>N/A</u>	Email: <u>N/A</u>
<b>Third Party Address</b>		
Street: <u>N/A</u>		
City: <u>N/A</u>	State: <u>N/A</u>	
Zip: <u>N/A</u>	Country: <u>N/A</u>	

## Registration Category

1. Does the organization conduct activity in New York State (other than soliciting) ? This may include, but is not limited to, maintaining an office, having employees or running a program.  
☒ Yes   ☐ No
2. Does the organization have assets in New York State?  
☒ Yes   ☐ No
3. Is the organization incorporated or formed in New York State?  
☐ Yes   ☐ No   N/A
4. Does the organization solicit, or plan to solicit or receive more than \$25,000 annually in total contributions from New York State residents, foundations, corporations, or government agencies?  
☒ Yes   ☐ No
5. Does the organization use a professional fundraiser or fundraising counsel?  
☐ Yes   ☒ No

Based on your responses to the above questions, this organization's registration category remains as DUAL

## Public Charity

1. Did the organization solicit or receive contributions during the fiscal year in New York State?  
☒ Yes   ☐ No
2. Was the organization required to submit a Schedule B to the IRS in this reporting period?  
☒ Yes   ☐ No
3. Organizations have two options, to submit a redacted Schedule B, or to enter the total New York State contributions in the fiscal year:  
☒ I would like to enter the total New York State Contributions   ☐ I would like to submit a redacted Schedule B
4. Choose the total contributions in New York State this fiscal year:     \$100,000-\$249,000

## Annual Exemptions

1. Were the total contributions from New York State, including residents, foundations, government agencies, etc. under \$25,000 during the fiscal year?  
☐ Yes   ☐ No   N/A
2. Did the organization use a professional fundraiser or fundraising counsel during the fiscal year?  
☐ Yes   ☐ No   N/A
3. Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the fiscal year?  
☐ Yes   ☒ No

Based on your responses to annual exemption questions, this organization is required to file under DUAL during this fiscal year.

Financial Information

Type of IRS document filed with IRS

IRS990

Organization's total revenue:

20,934.14

Organization's total contributions:

12,880.04

Organization's total assets:

N/A

Organization's net assets:

6,523

Organization's total revenue and contributions:

N/A

Organization's total liabilities:

N/A

Organization's total assets/worth:

N/A

Organization's total income:

N/A

Was the organization required to submit a Schedule B to the IRS in this reporting period?

☐Yes ☐No ☐N/A

For the current filing year, does your organization plan to do any of the following with its Charities Bureau Registration?

☐Closing ☐Withdrawing ☐Dissolving ☒None

Is this your final filing with New York State? ☐Yes ☐No ☐N/A

Filing Information

Did the organization use a professional fundraiser or fundraising counsel to solicit contributions in New York State?

☐Yes ☒No

General Information	Description of Services	Description of Compensation
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Reg Number: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u> <u>  </u>		

Did the organization receive government grants during this fiscal year?

☒ Yes    ☐ No

Government Grant Agency	Grant Amount
New York City Mayor's Fund	\$8,054.10
N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A

Documents

Attached organization's required documents:

- ☒ IRS document
- ☐ Certified Public Accountant's Audit Report
- ☐ Certified Public Accountant's Review Report
- ☐ Complete Certificate of Amendment or other document amending the name
- ☐ Schedule B
- ☐ Redacted Schedule B
- ☐ Other documents

Signatures

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

Role	First Name	Last Name	Email
Executive Director	Peter	Gudaitis	pgudaitis@nydis.org
Chief Financial Officer	Christopher	DeGiulio	cdegiulio@nydis.org

Signature of  
Executive Director

DocuSigned by:

Peter B Gudaitis

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Date: 3/8/2023

Signature of  
Chief Financial Officer

DocuSigned by:

Christopher DeGiulio

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Date: 3/7/2023