CHAR500 Online

For new annual filings, and amendments

Annual Filing for Charitable Organizations

New York State Office of the Attorney General Charities Bureau - Registration Section 28 Liberty Street New York, NY 10005 charitiesnys.com Open to Public Inspection

Filing Year: 2023 New Filing OAmendment Filing Type: **General Information** N/A Current Organization Name: Emergency Shelter Network of Faith-Based and Community Organizations Inc. Updated Name: DUAL Registration Category: NY Registration Number: 48-25-11 461657874 Corporation EIN: Organization Type: 12/31 Updated Fiscal Year End: N/A Current Fiscal Year End: office@nydis.org Organization's Phone: 2126696100 Organization Email: 501(c)(3) Website: Tax Exempt Status: esn-nyc.org **Organization Address** Mailing Address Principal Address NY State Address 4 West 43rd Street Suite 407, 4 West 43rd Street Suite 407, NA Suite 407 Suite 407 **New York** New York NY NY 10036 10036 **United States United States Primary Contact Information** First Name: Peter Last Name: Gudaitis Title: Chief Executive Officer Email: pgudaitis@nydis.org Phone: 2126696100 **Organization Type** Organization Type: Public IRS990EZ Type of IRS document filed with IRS: **Third Party Preparer Information** First Name: N/A Last Name: N/A Title: N/A Firm Name: N/A Phone: N/A Email: N/A **Third Party Address** Street: N/A City: N/A State: N/A N/A Country: N/A Zip:

Re	egistration 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 staff, or running a program. • Yes ONo
2.	Does the organization have assets in New York State? O Yes O No
3.	Is the organization incorporated or formed in New York State?
4.	Has the organization received more than \$25,000 in total contributions from New York State residents, foundations, corporations or government agencies or other entities in the period covered by this filing? • Yes ONo
5.	Does the organization plan to receive more than \$25,000 annually in total contributions from New York State residents
	foundations, corporations, government agencies or other entities?
6.	Does the organization use a professional fundraiser or fundraising counsel? OYes No
Ва	sed on your responses to the above questions, this organization's registration category remains as DUAL
Co	ontribution Information
1.	Did the organization solicit or receive contributions during the fiscal year in New York State? • Yes O No
3.	Choose the total contributions in New York State this fiscal year: \$25,000-\$99,999
Ar	nnual Exemptions
1.	Were the total contributions from New York State, including residents, foundations, government agencies, etc. unde \$25,000 during the fiscal year? O Yes O No N/A
2.	Did the organization use a professional fundraiser or fundraising counsel during the fiscal year? \bigcirc Yes \bigcirc 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? OYes No
	sed on your responses to annual exemption questions, this organization is required to file under <u>DUAL</u> during this cal year.

Name of Firm: N/A

Contract Start: N/A

Amount Paid: N/A

Mailing Address: N/A

Type: N/A

Registration ID: N/A

Contract End: N/A

Phone : N/A

Financial Information			
Type of IRS document filed with IRS	IRS990EZ	_ Organization's total reve	enue: <u>58,063</u>
Organization's total contributions: 58	3,063	Organization's total asse	ets: N/A
Organization's net assets: 69	9,562	Organization's total revo	enue N/A
Organization's total liabilities: N	/A	and contributions:Organization's total asso	ets/ N/A
Organization's total income: N	/A	worth:	1977
For this filing year, does your organizat	ion plan to complete a	any of the following with the	e New York State Charities Burea
Is this your final filing with New York Si	tate? ()Yes (ONO N/A	
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Oyes ONO			
O _{Yes} O _{No} General Information	n	Description of Services	Description of Compensation
O _{Yes} • No General Informatio Name of Firm: N/A	n l		
Oyes General Informatio Name of Firm: N/A Type: N/A Reg Num	n	Description of Services	Description of Compensation
Oyes •No General Informatio Name of Firm: N/A Type: N/A Reg Num Contract Start: N/A Contract	mber: N/A	Description of Services	Description of Compensation
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Did the organization receive government grants during this fiscal year?

Yes O No

Government Grant Agency	Grant Amount
NYC DYCD (NYC Council)	\$40,200.00
N/A	N/A

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Attached	organization'	's required	documents:
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- ☑ IRS document
- ☐ Certified Public Accountant's Audit Report
- ☐ Certified Public Accountant's Review Report
- ☐ Complete Certificate of Amendment or other document amending the name
- □ 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
Other	Araif	Yusuff	ayusuff@irusa.org

Signature of Pur B. Gudaitis

Signature of Pur B. Gudaitis

Signature of Other

Signature of Arail Yurull

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Date:
6/17/2025