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Return of Organization Exempt From Income Tax

2008

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

Open to Public Inspection

For the **2008** calendar year, or tax year beginning **7/01**, 2008, and ending **6/30**, 2009

B Check if applicable <input checked="" 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.	Emergency Shelter Program, Inc. 1180 B Street Hayward, CA 94541	D Employer Identification Number 94-2212241
			E Telephone number 510-581-5626
F Name and address of principal officer Same As C Above			G Gross receipts \$ 1,076,837.
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions)
J Website: ▶ www.espc.org			H(c) Group exemption number ▶
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of Formation 1972	M State of legal domicile CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <u>Emergency Shelter Program, Inc. (ESP) is a non-profit agency in Hayward, California, caring for battered and homeless women and children for over 30 years. The mission of Emergency Shelter Program, Inc. is to provide shelter, support and education for women and children who are</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of employees (Part V, line 2a)	5	39
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	234,625.	190,641.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 5)	1,022,928.	863,830.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,587.	962.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,279,667.	1,076,837.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	255.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	824,298.	865,809.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 84,544.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	320,208.	294,687.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,144,761.	1,160,496.	
19 Revenue less expenses Subtract line 18 from line 12	134,906.	-83,659.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	882,721.	813,766.
	22 Net assets or fund balances Subtract line 21 from line 20	126,913.	141,617.
		755,808.	672,149.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ *[Signature]* 05/12/2010
Signature of officer Date

▶ Lulesa Hammond, co-President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature *[Signature]* Date 5/10/10

Firm's name (or yours if self-employed), address, and ZIP + 4
 LAMORENA & CHANG CPA
 22 BATTERY ST STE 412
 SAN FRANCISCO, CA 94111

Check if self-employed Preparer's identifying number (see instructions)

EIN ▶ 94-3317142
Phone no ▶ 415-781-8441

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

SCANNED JUN 30 2010

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission.

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No [X]

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No [X]

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:) (Expenses \$ 577,901. including grants of \$) (Revenue \$)

Community Shelter provided temporary housing, food, counseling, referral services and assistance to 108 women and 111 children who are homeless, destitute, and in a crisis situation.

4b (Code:) (Expenses \$ 349,410. including grants of \$) (Revenue \$)

Preschool program and Infant Care Program provided child care for children from the shelter and community. The organization provided licensed services to 38 children age 2 to kindergarten age.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 927,311. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If 'Yes,' complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If 'Yes,' complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If 'Yes,' complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? <i>If 'Yes,' complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X

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Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable		
1 a	4		
1 b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1 b	0		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2 a	39		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4 a	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)?		X
4 a			
4 b	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		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6 a	Did the organization solicit any contributions that were not tax deductible?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7 e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7 h	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10 a	Initiation fees and capital contributions included on Part VIII, line 12		
10 b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from other members or shareholders		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		

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Form 990 (2008)

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
<i>For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>			
1 a	Enter the number of voting members of the governing body		
1 b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7 b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?	X	
9 a	Does the organization have local chapters, branches, or affiliates?		X
9 b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990. See Schedule O.	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

Section B. Policies

		Yes	No
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15 a	The organization's CEO, Executive Director, or top management official?	X	
15 b	Other officers of key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosures

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
Emergency Shelter Program, Inc 1180 B Street Hayward CA 94541 510-581-5626

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Ralph Johnson Executive Direc	40				X		72,978.	0.	0.	
Lesa Guilian Secretary	1	X					0.	0.	0.	
Alicia Bowman President	1	X					0.	0.	0.	
Lynelle Bowman Vice President	1	X					0.	0.	0.	
Frank Bowman Director	1	X					0.	0.	0.	
Patanisha Davis-Jenkins Vice President	1	X					0.	0.	0.	
Josephine Strickland Vice President	1	X					0.	0.	0.	
Teir Jenkins Treasurer	1	X					0.	0.	0.	
Patricia Blueford Secretary	1	X					0.	0.	0.	
Gloria Alcalacano Director	1	X					0.	0.	0.	
Gene Hillard Director	1	X					0.	0.	0.	
Cecily Joseph Director	1	X					0.	0.	0.	

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 190,641.				
	g Noncash contribns included in lns 1a-1f:	\$				
h Total. Add lines 1a-1f		190,641.				
PROGRAM SERVICE REVENUE	Business Code					
	2a Child Care Fee		149,482.	149,482.		
	b Government Grant		714,348.	714,348.		
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f		863,830.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		962.		962.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real				
		(ii) Personal				
		b Less. rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less. cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a 21,404.				
		b Less. direct expenses				
c Net income or (loss) from fundraising events			21,404.		21,404.	
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less direct expenses					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11a	a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			1,076,837.	863,830.	0.	
					22,366.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	72,978.	58,107.	8,850.	6,021.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	645,798.	514,204.	78,324.	53,270.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	82,614.	59,972.	13,896.	8,746.
10 Payroll taxes	64,419.	52,202.	7,319.	4,898.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion	1,540.	1,540.		
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	14,814.		14,814.	
17 Travel	17,989.	9,592.	2,303.	6,094.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	53,334.	52,042.	1,096.	196.
23 Insurance	45,509.	42,244.	2,275.	990.
24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Food	28,343.	28,225.	118.	
b Utilities	22,695.	21,984.	711.	
c Building Repair & Maintenance	17,921.	16,866.	1,055.	
d Communications	15,691.	12,302.	3,389.	
e Professional Fees	15,142.	12,826.	1,874.	442.
f All other expenses	61,709.	45,205.	12,617.	3,887.
25 Total functional expenses. Add lines 1 through 24f	1,160,496.	927,311.	148,641.	84,544.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	65,402.	1	57,658.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	129,540.	3	54,040.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	14,253.	9	18,135.
	10a Land, buildings, and equipment, cost basis	10a 1,432,379.		
	b Less accumulated depreciation. Complete Part VI of Schedule D	10b 756,089.		
	11 Investments – publicly-traded securities		11	
	12 Investments – other securities See Part IV, line 11		12	
	13 Investments – program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	7,643.
16 Total assets Add lines 1 through 15 (must equal line 34)		882,721.	16	813,766.
LIABILITIES	17 Accounts payable and accrued expenses	108,624.	17	139,875.
	18 Grants payable		18	
	19 Deferred revenue		19	1,742.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	13,886.	23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities Complete Part X of Schedule D	4,403.	25	
	26 Total liabilities. Add lines 17 through 25		126,913.	26
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	703,242.	27	610,170.
	28 Temporarily restricted net assets	52,366.	28	61,779.
	29 Permanently restricted net assets	200.	29	200.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances.		755,808.	33	672,149.
34 Total liabilities and net assets/fund balances		882,721.	34	813,766.

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990 Cash Accrual Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If 'Yes,' did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

BAA

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Emergency Shelter Program, Inc.

Employer identification number

94-2212241

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 (Please check only **one** organization)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 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)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 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?		
(ii) a family member of a person described in (i) above?		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the organizations the organization supports

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	694,228.	774,112.	858,436.	1,111,826.	1,075,875.	4,514,477.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 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.						0.
4 Total. Add lines 1-3	694,228.	774,112.	858,436.	1,111,826.	1,075,875.	4,514,477.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 Public support. Subtract line 5 from line 4						4,514,477.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	694,228.	774,112.	858,436.	1,111,826.	1,075,875.	4,514,477.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,336.	1,859.	2,604.	2,587.	962.	9,348.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10						4,523,825.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.8%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	99.8%
16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input checked="" type="checkbox"/>		
b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (add lns 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

Emergency Shelter Program, Inc.

Employer identification number

94-2212241

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit??		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land		128,007.		128,007.
b Buildings		1,108,137.	676,265.	431,872.
c Leasehold improvements		93,268.	3,432.	89,836.
d Equipment		62,562.	45,843.	16,719.
e Other		40,405.	30,549.	9,856.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				676,290.

BAA

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		

Total. (Column (b) should equal Form 990 Part X, col (B) line 12.) ▶		

Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A

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

Part IX Other Assets (See Form 990, Part X, line 15) N/A

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

Part X Other Liabilities (See Form 990, Part X, line 25)

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

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)		1,076,837.
2	Total expenses (Form 990, Part IX, column (A), line 25)		1,160,496.
3	Excess or (deficit) for the year Subtract line 2 from line 1		-83,659.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4-8		
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9		-83,659.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	1,076,837.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
	a Net unrealized gains on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIV)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,076,837.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIV)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		5	1,076,837.

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

1	Total expenses and losses per audited financial statements		1	1,160,496.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Losses reported on Form 990, Part IX, line 25.	2c		
	d Other (Describe in Part XIV)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,160,496.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIV)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)		5	1,160,496.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
	Fundraising Ev (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
1	Gross receipts	21,404.		21,404.
2	Less Charitable contributions			
3	Gross revenue (line 1 minus line 2)	21,404.		21,404.
DIRECT EXPENSES	4	Cash prizes		
	5	Non-cash prizes		
	6	Rent/facility costs		
	7	Other direct expenses		
	8	Direct expense summary Add lines 4- through 7 in column (d)		
9	Net income summary Combine lines 3 and 8 in column (d)			21,404.

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.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
				(Add col. (a) through col. (c))
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d)			
8	Net gaming income summary Combine lines 1 and 7 in column (d)			

	YES	NO
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? b If 'No,' Explain _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' Explain _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

		YES	NO
13 Indicate the percentage of gaming activity operated in a The organization's facility	13a	%	
b An outside facility	13b	%	
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records Name: ▶ _____ Address ▶ _____			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____ c If 'Yes,' enter name and address Name. ▶ _____ Address. ▶ _____	15a		
16 Gaming manager information Name ▶ _____ Gaming manager compensation ▶ \$ _____ Description of services provided. ▶ _____ <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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? b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____	17a		

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

Emergency Shelter Program, Inc.

Employer identification number

94-2212241

Form 990, Part III, Line 1 - Organization Mission

Emergency Shelter Program, Inc. (ESP) is a non-profit agency in Hayward, California, caring for battered and homeless women and children for over 30 years. The mission of Emergency Shelter Program, Inc. is to provide shelter, support and education for women and children who are victims of domestic violence or homelessness, and to provide safe, challenging, and nurturing childcare for children in the community. We make this mission a reality through our two programs.

Form 990, Part VI, Line 10 - Form 990 Review Process

The organization's board of directors will review tax return before filing.

Client ESP

Emergency Shelter Program, Inc.

94-2212241

5/10/10

10 56AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179/ SDA	Prior 179/ SDA/ Depr.	Method	Life	Current Depr.
Form 199										
Auto / Transport Equipment										
76	1997 Ford Minivan	6/25/03		4,945			4,945	S/L	5	0
Total Auto / Transport Equipment				4,945		0	4,945			0
Buildings										
2	Shelter Building	3/01/80		146,299			138,191	S/L	30	4,877
3	Shelter Improvements	3/01/80		15,486			13,723	S/L	30	516
4	Garage Conversion	3/01/85		26,732			24,944	S/L	25	1,069
5	Pantry Improvements	5/01/85		8,085			7,484	S/L	25	323
6	Electrical Improvement	7/01/86		800			800	S/L	20	0
7	Pantry Improvement	1/01/86		17,016			15,953	S/L	24	709
8	Garage Conversion	2/01/86		5,461			5,110	S/L	24	228
9	Security Lights	12/01/86		595			595	S/L	20	0
10	Shelter Improvements	7/01/86		10,639			10,639	S/L	20	0
11	Sewer Line	7/01/86		4,945			4,945	S/L	20	0
12	Fire System Kitchen	7/01/87		843			843	S/L	20	0
13	Kitchen Exhaust	7/01/87		3,250			3,250	S/L	20	0
14	Bathroom Improvements	6/01/87		4,204			4,204	S/L	20	0
15	Gate	4/01/88		4,800			4,800	S/L	20	0
16	Electric Gate	11/01/88		6,304			6,169	S/L	20	105
17	Furnace & Air System	7/01/91		13,660			11,270	S/L	20	683
18	Office Doors	5/01/94		759			722	S/L	15	37
19	Fence Installation	6/01/95		4,436			3,848	S/L	15	296
20	Roof	10/01/95		10,606			5,371	S/L	25	424
21	Security Alarm Sys	2/01/98		10,433			10,433	S/L	10	0
22	Screens	11/01/98		1,829			1,829	S/L	5	0
23	Carpet	3/01/99		3,700			3,700	S/L	5	0
24	Bathroom Renovation	6/01/99		23,045			10,464	S/L	20	1,152
25	Doors	6/01/99		810			810	S/L	5	0
26	Shed Floor	6/01/99		865			391	S/L	20	43
27	Blinds	4/01/99		580			580	S/L	5	0
28	Driveway	4/01/01		9,212			9,212	S/L	5	0
29	Fence (Along Driveway)	4/01/01		6,795			4,930	S/L	10	680
30	Electrical Improvement	12/13/01		2,285			741	S/L	20	114
31	Water Heater	12/23/01		725			581	S/L	5	0
32	Security Camera	6/01/02		703			703	S/L	5	0

Client ESP

Emergency Shelter Program, Inc.

94-2212241

5/10/10

10 56AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct	Cur 179/ SDA	Prior 179/ SDA/ Depr	Method	Life	Current Depr	
33	Diswasher	6/28/02		1,102			1,102	S/L	5	0	
34	Laundry Water Heater	7/22/02		773			773	S/L	5	0	
35	Garbage Area Fence	8/22/02		1,488			894	S/L	10	149	
36	S. Portion Front Fence	10/03/02		623			373	S/L	10	62	
37	New Gate Motor	6/25/03		3,000			750	S/L	20	150	
38	Dining Room/Pantry Design	10/31/03		13,973			13,973	S/L	5	0	
39	Dining Room/Pantry Remode	10/31/03		124,735			31,185	S/L	20	6,237	
40	Water Heater	3/07/06		1,122			513	S/L	5	224	
41	Preschool Building	1/01/86		99,359			74,520	S/L	30	3,312	
42	Air Conditioning Unit	8/17/00		3,690			2,891	S/L	10	369	
43	Flooring	5/02/05		2,656			1,595	S/L	10	266	
44	Preschool Playground	5/31/04		61,080			15,270	S/L	20	3,054	
45	Carpets RM A&B, Office	8/25/05		800			480	S/L	5	160	
46	Infant Care Building	12/01/92		329,445			170,678	S/L	30	10,982	
47	Improvements	4/01/93		1,255			640	S/L	30	42	
48	Lawn Sprinklers	12/01/97		750			750	S/L	10	0	
49	Carpet & Pad	1/24/02		750			750	S/L	5	0	
50	ASP Portion Front Fence	10/03/03		622			371	S/L	10	62	
95	Carpet	10/05/06		649			130	S/L	10	65	
103	Building	6/30/08		58,823				S/L	20	2,941	
	Total Buildings			1,052,597		0	624,873			39,331	
	Furniture and Fixtures										
56	Alabaster Blinds	12/01/97		1,200			1,190	S/L	10	0	
60	Furniture	6/01/99		8,946			8,946	S/L	5	0	
61	Play Structure	6/01/99		14,151			12,853	S/L	10	1,298	
65	Bedroom Furniture	6/23/00		3,610			3,610	S/L	5	0	
66	Office Furniture	6/23/00		749			749	S/L	5	0	
68	Chairs	6/26/00		905			905	S/L	5	0	
70	Tables (2)	6/29/00		836			836	S/L	5	0	
73	Carpet	6/29/01		670			670	S/L	5	0	
74	Bunk Beds	10/03/02		705			670	S/L	5	0	
106	8 Twin Mattresses	11/30/07		1,809			106	S/L	10	181	
109	Amana Refrigerator	6/02/08		866			7	S/L	10	87	
110	Amana Refrigerator	6/02/08		866			7	S/L	10	87	
111	9 Mattresses and 9 Twin P	6/25/08		2,192				S/L	10	219	
112	9 Mattresses and 9 Twin P	6/25/08		2,192				S/L	10	219	
113	22 Folding Charis adn 3 T	6/25/08		708				S/L	10	71	
	Total Furniture and Fixtures			40,405		0	30,549			2,162	

Client ESP

Emergency Shelter Program, Inc.

94-2212241

5/10/10

10 56AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179/ SDA	Prior 179/ SDA/ Depr.	Method	Life	Current Depr.
Improvements										
101	Bathroom Improvement	1/18/08		75,409			1,116	S/L	20	3,770
102	Architect For Bathroom	1/18/08		17,859			372	S/L	20	893
Total Improvements				93,268		0	1,488			4,663
Land										
1	Land	3/01/80		128,007						0
Total Land				128,007		0	0			0
Machinery and Equipment										
51	Gateway Computer	12/01/98		2,559			2,559	S/L	5	0
52	Donated IBM Computer	6/30/04		1,000			800	S/L	5	200
53	Dell Computer	3/28/05		980			758	S/L	5	196
54	Industrial Freezer	12/01/95		523			523	S/L	5	0
55	Primestar Satelite Dish	2/01/97		500			500	S/L	5	0
57	Telephone	11/01/97		649			649	S/L	5	0
58	Industrial Dryer	7/01/98		2,237			2,237	S/L	5	0
59	Industrial Washing Machin	6/01/99		3,250			3,250	S/L	5	0
62	Stove	6/01/99		1,531			1,390	S/L	10	141
63	Computer Components	6/01/99		1,640			1,640	S/L	5	0
64	Computer	8/05/99		1,899			1,899	S/L	5	0
67	Gateway Computer	6/23/00		1,693			1,693	S/L	5	0
69	Dishwasher	6/29/00		764			764	S/L	5	0
71	Industrial Reprigerator	12/18/00		2,203			2,203	S/L	5	0
72	Furniture & Deaf Phone	6/26/01		1,481			1,478	S/L	5	0
75	Donated Gateway Computer	12/15/02		500			492	S/L	5	0
77	Copy Machine	8/13/04		3,204			2,458	S/L	5	641
78	Dell Computer	8/29/05		747			408	S/L	5	149
79	Dell Computer	8/29/05		747			408	S/L	5	149
80	Dell Computer	2/05/05		708			342	S/L	5	142
81	Dell Computer	2/05/06		706			341	S/L	5	141
82	Dell Computer	5/18/06		1,080			450	S/L	5	216
83	Refrigerator	5/01/94		796			796	S/L	5	0
84	Washer & Dryer	3/01/98		700			700	S/L	5	0
85	Phones	1/08/01		853			853	S/L	5	0
86	Copier	2/26/01		1,500			1,400	S/L	5	0

Client ESP

Emergency Shelter Program, Inc.

94-2212241

5/10/10

10 56AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct	Cur 179/ SDA	Prior 179/ SDA/ Depr	Method	Life	Current Depr
87	Computer for Clinician	8/29/02		1,137			1,137	S/L	5	0
88	Copy Machine	8/13/04		3,204			2,556	S/L	5	641
89	Computer for Director	10/14/05		878			466	S/L	5	176
90	Washer	12/01/96		527			527	S/L	5	0
91	Gateway Computer	8/16/00		1,689			1,689	S/L	5	0
92	Phones	1/08/01		853			853	S/L	5	0
93	Dell Computer	7/25/06		891			356	S/L	5	178
94	Freezer	9/30/06		3,264			490	S/L	10	326
96	Dell Computer	10/25/06		1,004			335	S/L	5	201
97	Dell Computer	12/15/06		1,930			588	S/L	5	386
98	Dell Laptop	1/01/07		815			245	S/L	5	163
99	Projector	3/31/07		931			116	S/L	10	93
100	Dell Laptop	5/07/07		1,476			120	S/L	5	295
104	Dell Computer	3/16/08		1,063			53	S/L	5	213
105	Dell Desktop and Printer	10/06/07		1,090			164	S/L	5	218
107	Dell Laptop	2/29/08		872			58	S/L	5	174
108	Toshiba Computer	6/04/08		843			14	S/L	5	169
	Total Machinery and Equipment			56,917		0	40,758			5,208
	Total Depreciation			1,376,139		0	702,613			51,364
	Grand Total Depreciation			1,376,139		0	702,613			51,364

Client ESP

Emergency Shelter Program, Inc.

94-2212241

5/10/10

10 56AM

Form 990/990-PF

Auto / Transport Equipment

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn.	Depr Basis	Prior Depr.	Method	Life	Rate	Current Depr.
76	1997 Ford Minivan	6/25/03		4,945							4,945	4,945	S/L	5		0
Total Auto / Transport Equipment																
				4,945		0	0	0	0	0	4,945	4,945				0

Buildings

2	Shelter Building	3/01/80		146,299							146,299	138,191	S/L	30		4,877
3	Shelter Improvements	3/01/80		15,486							15,486	13,723	S/L	30		516
4	Garage Conversion	3/01/85		26,732							26,732	24,944	S/L	25		1,069
5	Pantry Improvements	5/01/85		8,085							8,085	7,484	S/L	25		323
6	Electrical Improvement	7/01/86		800							800	800	S/L	20		0
7	Pantry Improvement	1/01/86		17,016							17,016	15,953	S/L	24		709
8	Garage Conversion	2/01/86		5,461							5,461	5,110	S/L	24		228
9	Security Lights	12/01/86		595							595	595	S/L	20		0
10	Shelter Improvements	7/01/86		10,639							10,639	10,639	S/L	20		0
11	Sewer Line	7/01/86		4,945							4,945	4,945	S/L	20		0
12	Fire System Kitchen	7/01/87		843							843	843	S/L	20		0
13	Kitchen Exhaust	7/01/87		3,250							3,250	3,250	S/L	20		0
14	Bathroom Improvements	6/01/87		4,204							4,204	4,204	S/L	20		0
15	Gate	4/01/88		4,800							4,800	4,800	S/L	20		0
16	Electric Gate	11/01/88		6,304							6,304	6,169	S/L	20		105
17	Furnace & Air System	7/01/91		13,660							13,660	11,270	S/L	20		683
18	Office Doors	5/01/94		759							759	722	S/L	15		37
19	Fence Installation	6/01/95		4,436							4,436	3,848	S/L	15		296
20	Roof	10/01/95		10,606							10,606	5,371	S/L	25		424

6/30/09

2008 Federal Book Depreciation Schedule

Page 2

Client ESP

Emergency Shelter Program, Inc.

94-2212241

5/10/10

10 56AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal Depr.	Salvage /Basis /Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
21	Security Alarm Sys	2/01/98		10,433							10,433	10,433	S/L	10		0
22	Screens	11/01/98		1,829							1,829	1,829	S/L	5		0
23	Carpet	3/01/99		3,700							3,700	3,700	S/L	5		0
24	Bathroom Renovation	6/01/99		23,045							23,045	10,464	S/L	20		1,152
25	Doors	6/01/99		810							810	810	S/L	5		0
26	Shed Floor	6/01/99		865							865	391	S/L	20		43
27	Blinds	4/01/99		580							580	580	S/L	5		0
28	Driveway	4/01/01		9,212							9,212	9,212	S/L	5		0
29	Fence (Along Driveway)	4/01/01		6,795							6,795	4,930	S/L	10		680
30	Electrical Improvement	12/13/01		2,285							2,285	741	S/L	20		114
31	Water Heater	12/23/01		725							725	581	S/L	5		0
32	Security Camera	6/01/02		703							703	703	S/L	5		0
33	Diswasher	6/28/02		1,102							1,102	1,102	S/L	5		0
34	Laundry Water Heater	7/22/02		773							773	773	S/L	5		0
35	Garbage Area Fence	8/22/02		1,488							1,488	894	S/L	10		149
36	S Portion Front Fence	10/03/02		623							623	373	S/L	10		62
37	New Gate Motor	6/25/03		3,000							3,000	750	S/L	20		150
38	Dining Room/Pantry Design	10/31/03		13,973							13,973	13,973	S/L	5		0
39	Dining Room/Pantry Remode	10/31/03		124,735							124,735	31,185	S/L	20		6,237
40	Water Heater	3/07/06		1,122							1,122	513	S/L	5		224
41	Preschool Building	1/01/86		99,359							99,359	74,520	S/L	30		3,312
42	Air Conditioning Unit	8/17/00		3,690							3,690	2,891	S/L	10		369
43	Flooring	5/02/05		2,656							2,656	1,595	S/L	10		266
44	Preschool Playground	5/31/04		61,080							61,080	15,270	S/L	20		3,054
45	Carpets RM A&B, Office	8/25/05		800							800	480	S/L	5		160
46	Infant Care Building	12/01/92		329,445							329,445	170,678	S/L	30		10,982
47	Improvements	4/01/93		1,255							1,255	640	S/L	30		42

Client ESP

Emergency Shelter Program, Inc.

94-2212241

5/10/10

10 56AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal. Depr.	Salvage /Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
48	Lawn Sprinklers	12/01/97		750							750	750	S/L	10		0
49	Carpet & Pad	1/24/02		750							750	750	S/L	5		0
50	ASP Portion Front Fence	10/03/03		622							622	371	S/L	10		62
95	Carpet	10/05/06		649							649	130	S/L	10		65
103	Building	6/30/08		58,823							58,823		S/L	20		2,941
Total Buildings				1,052,597		0	0	0	0	0	1,052,597	624,873				39,331
Furniture and Fixtures																
56	Alabaster Blinds	12/01/97		1,200							1,200	1,190	S/L	10		0
60	Furniture	6/01/99		8,946							8,946	8,946	S/L	5		0
61	Play Structure	6/01/99		14,151							14,151	12,853	S/L	10		1,298
65	Bedroom Furniture	6/23/00		3,610							3,610	3,610	S/L	5		0
66	Office Furniture	6/23/00		749							749	749	S/L	5		0
68	Chairs	6/26/00		905							905	905	S/L	5		0
70	Tables (2)	6/29/00		836							836	836	S/L	5		0
73	Carpet	6/29/01		670							670	670	S/L	5		0
74	Bunk Beds	10/03/02		705							705	670	S/L	5		0
106	8 Twin Mattresses	11/30/07		1,809							1,809	106	S/L	10		181
109	Amana Refrigerator	6/02/08		866							866	7	S/L	10		87
110	Amana Refrigerator	6/02/08		866							866	7	S/L	10		87
111	9 Mattresses and 9 Twin P	6/25/08		2,192							2,192		S/L	10		219
112	9 Mattresses and 9 Twin P	6/25/08		2,192							2,192		S/L	10		219
113	22 Folding Charis adn 3 T	6/25/08		708							708		S/L	10		71
Total Furniture and Fixtures				40,405		0	0	0	0	0	40,405	30,549				2,162

Client ESP

Emergency Shelter Program, Inc.

94-2212241

5/10/10 10 56AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal Depr.	Salvage /Basis /Reductn.	Depr Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Improvements																
101	Bathroom Improvement	1/18/08		75,409							75,409	1,116	S/L	20		3,770
102	Architect For Bathroom	1/18/08		17,859							17,859	372	S/L	20		893
	Total Improvements			93,268		0	0	0	0	0	93,268	1,488				4,663
Land																
1	Land	3/01/80		128,007							128,007					0
	Total Land			128,007		0	0	0	0	0	128,007	0				0
Machinery and Equipment																
51	Gateway Computer	12/01/98		2,559							2,559	2,559	S/L	5		0
52	Donated IBM Computer	6/30/04		1,000							1,000	800	S/L	5		200
53	Dell Computer	3/28/05		980							980	758	S/L	5		196
54	Industrial Freezer	12/01/95		523							523	523	S/L	5		0
55	Primestar Satellite Dish	2/01/97		500							500	500	S/L	5		0
57	Telephone	11/01/97		649							649	649	S/L	5		0
58	Industrial Dryer	7/01/98		2,237							2,237	2,237	S/L	5		0
59	Industrial Washing Machin	6/01/99		3,250							3,250	3,250	S/L	5		0
62	Stove	6/01/99		1,531							1,531	1,390	S/L	10		141
63	Computer Components	6/01/99		1,640							1,640	1,640	S/L	5		0
64	Computer	8/05/99		1,899							1,899	1,899	S/L	5		0
67	Gateway Computer	6/23/00		1,693							1,693	1,693	S/L	5		0
69	Dishwasher	6/29/00		764							764	764	S/L	5		0
71	Industrial Refrigerator	12/18/00		2,203							2,203	2,203	S/L	5		0
72	Furniture & Deaf Phone	6/26/01		1,481							1,481	1,478	S/L	5		0

6/30/09

2008 Federal Book Depreciation Schedule

Page 5

Client ESP

Emergency Shelter Program, Inc.

94-2212241

5/10/10

10:56AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct.	Cur 179 Bonus	Special Depr Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal Depr.	Salvage /Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
75	Donated Gateway Computer	12/15/02		500							500	492	S/L	5		0
77	Copy Machine	8/13/04		3,204							3,204	2,458	S/L	5		641
78	Dell Computer	8/29/05		747							747	408	S/L	5		149
79	Dell Computer	8/29/05		747							747	408	S/L	5		149
80	Dell Computer	2/05/05		708							708	342	S/L	5		142
81	Dell Computer	2/05/06		706							706	341	S/L	5		141
82	Dell Computer	5/18/06		1,080							1,080	450	S/L	5		216
83	Refrigerator	5/01/94		796							796	796	S/L	5		0
84	Washer & Dryer	3/01/98		700							700	700	S/L	5		0
85	Phones	1/08/01		853							853	853	S/L	5		0
86	Copier	2/26/01		1,500							1,500	1,400	S/L	5		0
87	Computer for Clinician	8/29/02		1,137							1,137	1,137	S/L	5		0
88	Copy Machine	8/13/04		3,204							3,204	2,556	S/L	5		641
89	Computer for Director	10/14/05		878							878	466	S/L	5		176
90	Washer	12/01/96		527							527	527	S/L	5		0
91	Gateway Computer	8/16/00		1,689							1,689	1,689	S/L	5		0
92	Phones	1/08/01		853							853	853	S/L	5		0
93	Dell Computer	7/25/06		891							891	356	S/L	5		178
94	Freezer	9/30/06		3,264							3,264	490	S/L	10		326
96	Dell Computer	10/25/06		1,004							1,004	335	S/L	5		201
97	Dell Computer	12/15/06		1,930							1,930	588	S/L	5		386
98	Dell Laptop	1/01/07		815							815	245	S/L	5		163
99	Projector	3/31/07		931							931	116	S/L	10		93
100	Dell Laptop	5/07/07		1,476							1,476	120	S/L	5		295
104	Dell Computer	3/16/08		1,063							1,063	53	S/L	5		213
105	Dell Desktop and Printer	10/06/07		1,090							1,090	164	S/L	5		218
107	Dell Laptop	2/29/08		872							872	58	S/L	5		174

Client ESP

Emergency Shelter Program, Inc.

94-2212241

5/10/10

10 56AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Dep. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
108	Toshiba Computer	6/04/08		843							843	14	S/L	5		169
	Total Machinery and Equipment			56,917		0	0	0	0	0	56,917	40,758				5,208
	Total Depreciation			1,376,139		0	0	0	0	0	1,376,139	702,613				51,364
	Grand Total Depreciation			1,376,139		0	0	0	0	0	1,376,139	702,613				51,364

If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization Emergency Shelter Program, Inc.	Employer identification number 94-2212241
	Number, street, and room or suite number. If a P O box, see instructions LAMORENA & CHANG CPA 22 BATTERY ST STE 412	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions SAN FRANCISCO, CA 94111	

Check type of return to be filed (File a separate application for each return):

- | | | | |
|--|--|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of **Emergency Shelter Program, Inc**
Telephone No. **510-581-5626** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until 5/15, 20 10
- For calendar year _____, or other tax year beginning 7/01, 20 08, and ending 6/30, 20 09
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature [Signature] Title CPA for TSP Date 2/9/10

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization Emergency Shelter Program, Inc.	Employer identification number 94-2212241
	Number, street, and room or suite number. If a P O box, see instructions 1180 B Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Hayward, CA 94541	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ Emergency Shelter Program, Inc -----

Telephone No ▶ 510-581-5626 ----- FAX No ▶ -----

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15 ____, 20 10 __, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 ____ or
- ▶ tax year beginning 7/01 ____, 20 08 __, and ending 6/30 ____, 20 09 __

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev 4-2009)