

Return of Organization Exempt From Income Tax

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

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

2000

Open to Public Inspection

A For the **2000** calendar year, OR tax year period beginning **APR 1, 2000** and ending **MAR 31, 2001**

B Check if applicable:
 Change of address
 Change of name
 Initial return
 Final return
 Amended return (use also for state reporting)

C Name of organization
THE JERICO PROJECT, INC.

D Employer identification number
13-3213525

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
891 AMSTERDAM AVENUE 001B

E Telephone number
212-316-4700

City or town, state or country, and ZIP
NEW YORK, NY 10025-4403

F Check if application pending

G Organization type (check only one) 501(c)(3) (insert no.) 527
 OR 4947(a)(1)

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

J Accounting method: Cash Accrual Other (specify) _____

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

(H and I are not applicable to section 527 orgs.)
 H(a) Is this a group return for affiliates? Yes No
 H(b) If "Yes," enter number of affiliates _____
 H(c) Are all affiliates included? Yes No
 (If "No," attach a list.)
 H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
 I Enter 4-digit group exemption no. (GEN) _____
 L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

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

1 Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a	644,937.	
b	Indirect public support	1b	17,221.	
c	Government contributions (grants)	1c	44,132.	
d	Total (add lines 1a through 1c) (cash \$ <u>706,290.</u> noncash \$ _____)	1d	706,290.	
2	Program/service revenue including government fees and contracts (from Part VII, line 93)	2	250,937.	
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4		
5	Dividends and interest from securities	5	5,804.	
6a	Gross rents	6a		
6b	Less: rental expenses	6b		
6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe _____)	7		
8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	
8b	Less: cost or other basis and sales expenses	8a	8b	
8c	Gain or (loss) (attach schedule)	8c		
8d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
9a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
9b	Less: direct expenses other than fundraising expenses	9b		
9c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10a	Gross sales of inventory, less returns and allowances	10a		
10b	Less: cost of goods sold	10b		
10c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 103)	11		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	963,031.	
13	Program services (from line 44, column (B))	13	513,136.	
14	Management and general (from line 44, column (C))	14	354,464.	
15	Fundraising (from line 44, column (D))	15	58,592.	
16	Payments to affiliates (attach schedule)	16		
17	Total expenses (add lines 16 and 44, column (A))	17	926,192.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	36,839.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	760,979.	
20	Other changes in net assets or fund balances (attach explanation)	20	0.	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	797,818.	

613 24 NE

ENVELOPE POSTMARK DATE NOV 09 2001

FILMED DEC 05 2001

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	0.	0.	0.	0.
26	Other salaries and wages	612,704.	367,633.	206,042.	39,029.
27	Pension plan contributions	18,933.	18,933.		
28	Other employee benefits	68,798.	44,160.	24,638.	
29	Payroll taxes	46,301.	30,731.	15,570.	
30	Professional fundraising fees				
31	Accounting fees	9,660.		9,660.	
32	Legal fees				
33	Supplies	3,976.	555.	3,342.	79.
34	Telephone	19,063.	3,354.	15,709.	
35	Postage and shipping	4,371.		3,544.	827.
36	Occupancy	34,866.	1,851.	32,774.	241.
37	Equipment rental and maintenance	4,602.		4,602.	
38	Printing and publications	10,882.	10,882.		
39	Travel	9,140.	854.	8,286.	
40	Conferences, conventions, and meetings	4,100.	405.	3,159.	536.
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	31,825.	31,825.		
43	Other expenses (itemize):				
a	_____				
b	_____				
c	_____				
d	_____				
e	SEE STATEMENT 1	46,971.	1,953.	27,138.	17,880.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	926,192.	513,136.	354,464.	58,592.

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose?

SHELTER LOW INCOME & HOMELESS

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a	FOOD SHELTER & JOB TRAINING FOR HOMELESS. PROVIDE 50-55 PERSONS ONE MEAL PER DAY THREE DAYS PER WEEK FOR APPROXIMATELY 100 PERSONS. JOB TRAINING FOR 20-30 PERSONS	(Grants and allocations \$ _____)	513,136.
b	_____	(Grants and allocations \$ _____)	
c	_____	(Grants and allocations \$ _____)	
d	_____	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		513,136.

Part IV Balance Sheets

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

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	118,596.	45	42,750.	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	185,222.			
	47a				
	b Less: allowance for doubtful accounts		29,000.	47c	185,222.
	47b				
	48 a Pledges receivable				
	48a				
	b Less: allowance for doubtful accounts		60,103.	48c	
	48b				
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees			50	
	51 a Other notes and loans receivable				
	51a				
	b Less: allowance for doubtful accounts			51c	
51b					
52 Inventories for sale or use			52		
53 Prepaid expenses and deferred charges			53		
54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54		
55 a Investments - land, buildings, and equipment: basis					
55a					
b Less: accumulated depreciation			55c		
55b					
56 Investments - other			56		
57 a Land, buildings, and equipment: basis	237,433.				
57a					
b Less: accumulated depreciation STMT 2	118,688.	149,701.	57c	118,745.	
57b					
58 Other assets (describe ► SEE STATEMENT 3)		683,022.	58	824,193.	
59 Total assets (add lines 45 through 58) (must equal line 74)		1,040,422.	59	1,170,910.	
Liabilities	60 Accounts payable and accrued expenses	83,123.	60	59,891.	
	61 Grants payable		61		
	62 Deferred revenue	9,000.	62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	64a				
	b Mortgages and other notes payable			64b	50,000.
64b					
65 Other liabilities (describe ► SEE STATEMENT 4)		187,320.	65	263,201.	
66 Total liabilities (add lines 60 through 65)		279,443.	66	373,092.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	760,979.	67	797,818.	
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	760,979.	73	797,818.	
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,040,422.	74	1,170,910.	

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

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a MANAGEMENT &					
b DEVELOPMENT FEES					250,937.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					5,804.
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	256,741.
105 Total (add line 104, columns (B), (D), and (E))					256,741.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

ALL PROVIDING SHELTER AND JOB TRAINING TO HOMELESS SUBSTANCE ABUSERS
LINE IS THE ORGANIZATION'S EXEMPT PURPOSE.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

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

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

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

I am preparing this return on behalf of the organization, and to the best of my knowledge and belief, it is true, correct, and complete, and I am not aware of any information of which preparer has any knowledge. (Important: See General Instruction W.)

Date: 11/9/01
Type or print name and title: Executive Director
GAIL M. ESTERES

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

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

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization **THE JERICO PROJECT, INC.** Employer identification number **13 3213525**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
GENE ESTESS ----- 891 AMSTERDAM AVE, NEW YORK, NY 10025	EXECUTIVE DIR FULL TIME	98,768.		

Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		

Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4 a	Do you have a section 403(b) annuity plan for your employees?	4a	X
b	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)

- The organization is not a private foundation because it is: (Please check only ONE applicable box.)
- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
 - 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
 - 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
 - 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
 - 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
 - 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
 - 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
 - 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
 - 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
 - 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	808,032.	668,080.	570,617.	839,972.	2,886,701.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	332,750.	397,266.	313,496.	391,087.	1,434,599.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	5,734.	1,405.	666.	-251.	7,554.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	1,146,516.	1,066,751.	884,779.	1,230,808.	4,328,854.
24 Line 23 minus line 17	813,766.	669,485.	571,283.	839,721.	2,894,255.
25 Enter 1% of line 23	11,465.	10,668.	8,848.	12,308.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 57,885.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts SEE STATEMENT 7					26b 687,188.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 2,894,255.
d Add: Amounts from column (e) for lines: 18 7,554. 19					26d 694,742.
22 26b 687,188.					26e 2,199,513.
e Public support (line 26c minus line 26d total)					26f 75.9958%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: (1999) N/A (1998) (1997) (1996)					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (1999) N/A (1998) (1997) (1996)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

NONE

Part V Private School Questionnaire

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

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

SCHEDULE A IDENTIFICATION OF EXCESS CONTRIBUTIONS INCLUDED ON PART IV, LINE 26B STATEMENT 7

*** NOT OPEN TO PUBLIC INSPECTION ***

CONTRIBUTOR'S NAME	TOTAL CONTRIBUTION	EXCESS CONTRIBUTION
	160,000.	102,115.
	125,000.	67,115.
	150,000.	92,115.
	70,000.	12,115.
	79,267.	21,382.
	150,000.	92,115.
	244,906.	187,021.
	119,750.	61,865.
	60,000.	2,115.
	65,000.	7,115.
	100,000.	42,115.
TOTAL EXCESS CONTRIBUTIONS TO SCHEDULE A, LINE 26B		687,188.

Name of organization

Employer identification number

HAMMOND DEVELOPMENT CORPORATION

35-1581423

Part I Contributors

(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1		\$ 2,340,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
2		\$ 4,922,245	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution.)
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	OFFICE EQUIPMENT	010190SL	5.00	19	3,356.				3,356.			0.
2	AIR CONDITIONER	010191SL	5.00	19	750.				750.			0.
3	OFFICE EQUIPMENT	010192SL	5.00	19	6,076.				6,076.			0.
4	OFFICE EQUIPMENT	010193SL	5.00	19	931.				931.			0.
5	STOVE	010195SL	5.00	19	262.				262.			0.
6	FURNITURE	010196SL	5.00	19	2,576.				2,576.			515.
7	FURNITURE	010196SL	5.00	19	4,246.				4,246.			849.
8	FURNITURE	042798SL	5.00	19	229.				229.			46.
9	COPIER	050798SL	5.00	19	14,889.				14,889.			2,978.
10	FURNITURE	090198SL	5.00	19	475.				475.			95.
11	FURNITURE	110499SL	5.00	19	1,876.				1,876.			375.
12	COMPUTER	010197SL	5.00	19	27,886.				27,886.			5,577.
13	COMPUTER	010198SL	5.00	19	36,569.				36,569.			7,314.
14	COMPUTER	041498SL	5.00	19	16,709.				16,709.			3,342.
15	COMPUTER	081099SL	5.00	19	5,104.				5,104.			1,021.
16	COMPUTER	050399SL	5.00	19	9,609.				9,609.			1,922.
17	LEASEHOLD IMPROVEMENTS	010198SL	25.00	19	83,017.				83,017.			3,321.
18	SOFTWARE	010197SL	5.00	19	17,000.				17,000.			3,400.

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	538.	538.		
CONSULTING	6,450.		6,450.	
SERVICE EXP-JERICHO	5,048.	578.	4,470.	
PAYROLL SERVICES	2,317.		2,317.	
REPAIRS & MAINTENANCE	5,882.	141.	5,741.	
BANK FEE	1,068.	132.	876.	60.
FUND RAISING/PROMOTION	17,186.			17,186.
PUBLIC RELATIONS	1,574.		1,574.	
DIRECT MAIL	198.			198.
VOLUNTEER EXP	128.			128.
MISCELLANEOUS	3,663.	422.	2,933.	308.
MEALS & ENT	2,919.	142.	2,777.	
TOTAL TO FM 990, LN 43	46,971.	1,953.	27,138.	17,880.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT		STATEMENT 2
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE EQUIPMENT	3,356.	0.	3,356.
AIR CONDITIONER	750.	0.	750.
OFFICE EQUIPMENT	6,076.	0.	6,076.
OFFICE EQUIPMENT	931.	0.	931.
STOVE	262.	0.	262.
FURNITURE	2,576.	515.	2,061.
FURNITURE	4,246.	849.	3,397.
FURNITURE	229.	46.	183.
COPIER	14,889.	2,978.	11,911.
FURNITURE	475.	95.	380.
FURNITURE	1,876.	375.	1,501.
COMPUTER	27,886.	5,577.	22,309.
COMPUTER	36,569.	7,314.	29,255.
COMPUTER	16,709.	3,342.	13,367.
COMPUTER	5,104.	1,021.	4,083.
COMPUTER	9,609.	1,922.	7,687.
LEASEHOLD IMPROVEMENTS	83,017.	3,321.	79,696.
SOFTWARE	17,000.	3,400.	13,600.
SOFTWARE	4,988.	998.	3,990.
SOFTWARE	869.	72.	797.
TOTAL TO FORM 990, PART IV, LN 57	237,417.	31,825.	205,592.

FORM 990	OTHER ASSETS	STATEMENT	3
DESCRIPTION		AMOUNT	
DUE FROM JERICHO PROJECT HDFC		714,045.	
SECURITY DEPOSIT		2,750.	
DUE FROM JERICHO RESIDENCE HDFC		53,178.	
DUE FROM 1928 LORING PLACE LP		3,238.	
DEFERRED COSTS		50,982.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		824,193.	

FORM 990	OTHER LIABILITIES	STATEMENT	4
DESCRIPTION		AMOUNT	
CLIENT SAVINGS		4,160.	
DUE TO JOINT VENTURE		257,580.	
OTHER LIABILITIES		1,461.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		263,201.	

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CHRISTINE M ARMSTRONG 34 GRAMERCY PARK EAST NEW YORK, NY 10003	DIRECTOR NONE	0.	0.	0.
BRENDA C ARRINDELL 1 SPENCER PLACE #2B BROOKLYN, NY 10216	DIRECTOR NONE	0.	0.	0.
MIRIAM WOHABE BOUBLIK 161 EAST 79TH ST #5A NEW YORK, NY 10021	DIRECTOR NONE	0.	0.	0.
SANDRA CARTER COLLYER 230 WEST 79TH ST #102N NEW YORK, NY 10024	DIRECTOR NONE	0.	0.	0.
IAN C DEVINE 117 WEST 82ND ST #5 NEW YORK, NY 10024	DIRECTOR NONE	0.	0.	0.
BLAINE V FOGG, ESQ 1185 PARK AVENUE #7A NEW YORK, NY 10128	DIRECTOR NONE	0.	0.	0.
MS. CHRISTINE BROOKS TERRELL 61 WEST 62ND STREET #11J NEW YORK, NY 10023	DIRECTOR NONE	0.	0.	0.
HELEN HINZ 140 SUNSET DR CHATHAM, NJ 07928	DIRECTOR NONE	0.	0.	0.
DR FRANCESCA KRESS, PH.D 1020 FIFTH AVENUE NEW YORK, NY 10028	DIRECTOR NONE	0.	0.	0.
SARAH L LARSON 266 SHELDON AVENUE TARRYTOWN, NY 10591	DIRECTOR NONE	0.	0.	0.
JEANNE B MCARTHUR 350 WEST 57TH ST #12A NEW YORK, NY 10019	DIRECTOR NONE	0.	0.	0.

JEROME M MENIFEE 35 MANOR TERRACE ORANGE, NJ 07050	DIRECTOR NONE	0.	0.	0.
RUTH MESSINGER 91 CENTRAL PARK WEST NEW YORK, NY 10023	DIRECTOR NONE	0.	0.	0.
DIANA NOTTINGHAM 55 LIBERTY STREET #27A NEW YORK, NY 10005	DIRECTOR NONE	0.	0.	0.
JOSEPH PAMPEL 35 NORTH CHATSWORTH AVE #5B LARCHMONT, NY 10538	DIRECTOR NONE	0.	0.	0.
PATRICIA A. M. RILEY 25 EAST 85TH STREET #7C NEW YORK, NY 10028	DIRECTOR NONE	0.	0.	0.
CYNTHIA CANEL ROSSI 128 EAST 62ND STREET #1 NEW YORK, NY 10021	DIRECTOR NONE	0.	0.	0.
RICHARD STEBBINS 20 WEST 86TH STREET # 6D NEW YORK, NY 10024	DIRECTOR NONE	0.	0.	0.
PHILIP WATROUS 20 WEST 84TH STREET NEW YORK, NY 10024	DIRECTOR NONE	0.	0.	0.
SHEILA WORTHINGTON 38 WEST 26TH STREET #7B NEW YORK, NY 10010	DIRECTOR NONE	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		0.	0.	0.

FORM 990	IDENTIFICATION OF RELATED ORGANIZATIONS PART VI, LINE 80B	STATEMENT	6
NAME OF ORGANIZATION		EXEMPT	NONEXEMPT
JERICHO RESIDENCE HOUSING DEVELOPMENT FUND CORP		X	
JERICHO PROJECT HOUSING DEVELOPMENT FUND CORP		X	
JERICHO HOUSING ASSOC L.P.			X

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 **X**
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Note: 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)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization	Employer identification number
	THE JERICHO PROJECT, INC.	13-3213525
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	
	891 AMSTERDAM AVENUE, NO. 001B	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NEW YORK, NY 10025-4403	

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 (sec. 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 |

- 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-month, for **990-T corporation**) extension of time until NOVEMBER 15, 2001 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning APR 1, 2000, and ending MAR 31, 2001.

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 \$ _____

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 \$ _____

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 \$ N/A

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 ▶ Robert J. Sherman Title ▶ CPA Date ▶ 8/15/01

LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)