

Return of Organization Exempt From Income Tax

2001

Open to Public Inspection

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

A For the 2001 calendar year, or tax year period beginning **APR 1, 2001** and ending **MAR 31, 2002**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization: **THE JERICO PROJECT, INC.**
 Number and street (or P O box if mail is not delivered to street address): **891 AMSTERDAM AVENUE**
 Room/suite: **001B**
 City or town, state or country, and ZIP + 4: **NEW YORK, NY 10025-4403**

D Employer identification number: **13-3213525**

E Telephone number: **212-316-4700**

F Accounting method: Cash Accrual
 Other (specify):

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

Hand I are not applicable to section 527 organizations

G Web site: **N/A**

J Organization type (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527

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.

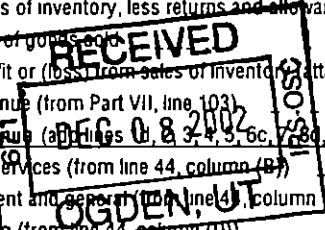
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates:
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit GEN:
M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: **971,321.**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	135,238.	
	b	Indirect public support	1b	413,098.	
	c	Government contributions (grants)	1c	53,310.	
	d	Total (add lines 1a through 1c) (cash \$ <u>601,646.</u> noncash \$ _____)	1d	601,646.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	196,063.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5	636.	
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe _____)	7			
Revenue	8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	
	b	Less cost or other basis and sales expenses	8a		
	c	Gain or (loss) (attach schedule)	8b		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
Revenue	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	172,731.	
	b	Less direct expenses other than fundraising expenses	9b	40,647.	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	132,084.	
Revenue	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
Revenue	11	Other revenue (from Part VII, line 103)	11	245.	
	12	Total revenue (add lines 1, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	930,674.	
	13	Program services (from line 44, column (B))	13	514,616.	
	14	Management and general (from line 44, column (C))	14	343,767.	
	15	Fundraising (from line 44, column (D))	15	84,408.	
Expenses	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	942,791.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-12,117.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	797,818.	
	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	785,701.	

SCANNED DEC 30 '02



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 \$ _____	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25	0.	0.	0.
26 Other salaries and wages	26	638,273.	365,011.	196,027.
27 Pension plan contributions	27			
28 Other employee benefits	28	87,503.	65,628.	20,126.
29 Payroll taxes	29	51,787.	36,185.	14,567.
30 Professional fundraising fees	30			
31 Accounting fees	31	12,184.		12,184.
32 Legal fees	32			
33 Supplies	33	2,238.	560.	1,466.
34 Telephone	34	17,692.	5,308.	12,384.
35 Postage and shipping	35	4,302.	1,076.	2,911.
36 Occupancy	36	34,866.	6,973.	27,544.
37 Equipment rental and maintenance	37	3,981.	995.	2,986.
38 Printing and publications	38	4,056.	1,014.	2,739.
39 Travel	39	24,397.	21,463.	2,865.
40 Conferences, conventions, and meetings	40	1,095.	27.	1,041.
41 Interest	41			
42 Depreciation depletion, etc (attach schedule)	42	29,059.		29,059.
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 2	43e	31,358.	10,376.	17,868.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B) (D) carry these totals to lines 13-15	44	942,791.	514,616.	343,767.
				84,408.

Joint Costs Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? 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?	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts but optional for others)
SHELTER LOW INCOME & HOMELESS	
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 \$ 0.)	514,616.
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)	514,616.

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	42,750.	45	21,647.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a 1,265.		
	b Less allowance for doubtful accounts	47b	47c	1,265.
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	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	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	2,058.
	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	55b	55c		
56 Investments - other		56		
57 a Land, buildings, and equipment basis	57a 237,433.			
b Less accumulated depreciation STMT 3	57b 147,746.	118,745.	57c	89,687.
58 Other assets (describe ▶ SEE STATEMENT 4)		824,193.	58	871,728.
59 Total assets (add lines 45 through 58) (must equal line 74)		1,170,910.	59	986,385.
Liabilities	60 Accounts payable and accrued expenses	59,891.	60	51,566.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	50,000.	64b	50,000.
	65 Other liabilities (describe ▶ SEE STATEMENT 5)	263,201.	65	99,118.
66 Total liabilities (add lines 60 through 65)		373,092.	66	200,684.
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	797,818.	67	735,701.
	68 Temporarily restricted		68	50,000.
	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, column (B) must equal line 21)	797,818.	73	785,701.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,170,910.	74	986,385.

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 VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers etc., to any other exempt or nonexempt organization?	X	
b	If "Yes," enter the name of the organization SEE STATEMENT 7 and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0., section 4912 0., section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955 and 4958		0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed NEW YORK		
b	Number of employees employed in the pay period that includes March 12, 2001	90b	13

91 The books are in care of JUANNE SKINNER Telephone no 212-316-4700
 Located at 891 AMSTERDAM AVENUE 001B, NY NY ZIP + 4 10025-4403

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

	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	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a MANAGEMENT &					
b DEVELOPMENT FEES					68,457.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					127,606.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14		636.
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					132,084.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a OTHER REVENUE - RELATED			06		245.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	329,028.
105 Total (add line 104, columns (B), (D), and (E))					329,028.

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 (See Specific Instructions on page 32)

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

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(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 (See Specific Instructions on page 33)

- (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

completing schedules and statements, and to the best of my knowledge and belief, it is true information of which preparer has any knowledge
 2/4/02 *Debra M. Estess*

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2001

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

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the 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 40	77,308.	12,148.	1,804.
VICTORIA LYON ----- 891 AMSTERDAM AVE, NEW YORK, NY 10025	ASSOC. EXEC DIR 40	74,728.	3,270.	0.
LYNETTE CHOICE ----- 891 AMSTERDAM AVE, NEW YORK, NY 10025	DIR SOCIAL SVS 40	71,442.	7,635.	0.
JUANN SKINNER ----- 891 AMSTERDAM AVE, NEW YORK, NY 10025	FIN MANAGER 40	57,848.	3,936.	0.
JOHN SNIDER ----- 891 AMSTERDAM AVE, NEW YORK, NY 10025	VOC ED DIR 40	54,052.	3,270.	0.
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the 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 (See page 2 of the instructions)

		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 ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) 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 substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)		X
4	Do you have a section 403(b) annuity plan for your employees?		X
Note 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			

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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)
- 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 6 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	706,290.	808,032.	668,080.	570,617.	2,753,019.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	250,937.	332,750.	397,266.	313,496.	1,294,449.
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	5,804.	5,734.	1,405.	666.	13,609.
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	963,031.	1,146,516.	1,066,751.	884,779.	4,061,077.
24 Line 23 minus line 17	712,094.	813,766.	669,485.	571,283.	2,766,628.
25 Enter 1% of line 23	9,630.	11,465.	10,668.	8,848.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e) line 24				26a 55,333.
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.				26b 629,687.
	c Total support for section 509(a)(1) test. Enter line 24, column (e).				26c 2,766,628.
	d Add Amounts from column (e) for lines	18 13,609.	19	26b 629,687.	26d 643,296.
		22			26e 2,123,332.
	e Public support (line 26c minus line 26d total)				26f 76.7480%
	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," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A				
	(2000)	(1999)	(1998)	(1997)	
	b For any amount included in line 17 that was received from each person (other than "disqualified persons") prepare a list for your records 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.) Do not file this list with your return. 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: N/A				
	(2000)	(1999)	(1998)	(1997)	
	c Add Amounts from column (e) for lines	15	16		27c N/A
		17 20	21		27d N/A
	d Add Line 27a total and line 27b total				27e N/A
	e Public support (line 27c total minus line 27d total)				
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e): N/A				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 1997 through 2000 prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

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

		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)		
<hr/> <hr/> <hr/>			
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)		
<hr/> <hr/> <hr/>			
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)		
<hr/> <hr/> <hr/>			
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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table -		
	If the amount on line 40 is -		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is -		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule B
(Form 990, 990-EZ, or
990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

THE JERICHO PROJECT, INC.

Employer identification number

13-3213525

Organization type (check one)

Filers of

Section

Form 990 or 990 EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990 PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule-see instructions)

General Rule-

For organizations filing Form 990, 990 EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990 EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization

Employer identification number

THE JERICHO PROJECT, INC.

13-3213525

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4		\$ 48,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
5		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
6		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization THE JERICHO PROJECT, INC.	Employer identification number 13-3213525
--	---

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>8</u>		\$ <u>24,098.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>9</u>		\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>10</u>		\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>11</u>		\$ <u>44,310.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

THE JERICHO PROJECT, INC.

13-3213525

Part II Noncash Property (See Specific Instructions)

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8		\$ 11,200.	07/31/01
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____

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 SL	5.00	16	3,356.			3,356.	3,356.		0.
2	AIR CONDITIONER	010191SL	5.00 SL	5.00	16	750.			750.	750.		0.
3	OFFICE EQUIPMENT	010192SL	5.00 SL	5.00	16	6,076.			6,076.	6,076.		0.
4	OFFICE EQUIPMENT	010193SL	5.00 SL	5.00	16	931.			931.	931.		0.
5	STOVE	010195SL	5.00 SL	5.00	16	262.			262.	262.		0.
6	FURNITURE	010196SL	5.00 SL	5.00	16	2,576.			2,576.	2,576.		0.
7	FURNITURE	010196SL	5.00 SL	5.00	16	4,246.			4,246.	4,246.		0.
8	FURNITURE	042798SL	5.00 SL	5.00	16	229.			229.	134.		46.
9	COPIER	050798SL	5.00 SL	5.00	16	14,890.			14,890.	8,933.		2,978.
10	FURNITURE	090198SL	5.00 SL	5.00	16	475.			475.	245.		95.
11	FURNITURE	110499SL	5.00 SL	5.00	16	1,876.			1,876.	938.		375.
12	COMPUTER	030197SL	5.00 SL	5.00	16	27,886.			27,886.	23,246.		4,640.
13	COMPUTER	010198SL	5.00 SL	5.00	16	36,570.			36,570.	23,160.		7,314.
14	COMPUTER	041498SL	5.00 SL	5.00	16	16,709.			16,709.	10,303.		3,342.
15	COMPUTER	081099SL	5.00 SL	5.00	16	5,104.			5,104.	1,786.		1,021.
16	COMPUTER	050399SL	5.00 SL	5.00	16	9,609.			9,609.	3,844.		1,922.
17	LEASEHOLD IMPROVEMENTS	010198SL	25.00 SL	25.00	16	83,031.			83,031.	10,517.		3,321.
18	SOFTWARE	030197SL	5.00 SL	5.00	16	17,000.			17,000.	14,167.		2,833.

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
19	SOFTWARE	01/10/1988	SL	5.00	16	4,988.			4,988.	3,159.		998.
20	SOFTWARE	11/15/00	SL	5.00	16	869.			869.	58.		174.
	* TOTAL 990 PAGE 2 DEPR					237,433.		0.	237,433.	118,687.	0.	29,059.

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
ANNUAL CELEBRATION - COCKTAIL PARTY	91,191.		91,191.	2,392.	88,799.	
WINE TASTING PARTY - FALL BENEFIT	22,895.		22,895.	9,514.	13,381.	
WINTER BENEFIT	58,645.		58,645.	28,741.	29,904.	
TO FM 990, PART I, LINE 9	172,731.		172,731.	40,647.	132,084.	

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
INSURANCE	4,090.		4,090.		
MEMBER ASSISTANCE - OTHER	3,968.	3,968.			
REPAIRS & MAINTENANCE	5,810.	146.	5,664.		
OFFICE SERVICES	4,010.	1,034.	2,797.	179.	
CONSULTING	581.		581.		
BANK & CREDIT CARD FEES	2,711.	2,711.			
MISCELLANEOUS	7,254.	1,814.	3,990.	1,450.	
MEALS & ENTERTAINMENT	703.	703.			
PUBLIC RELATIONS EXPENSE	746.		746.		
OTHER EXPENSES - FUNDRAISING	1,485.			1,485.	
TOTAL TO FM 990, LN 43	31,358.	10,376.	17,868.	3,114.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	3
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE EQUIPMENT	3,356.	3,356.	0.
AIR CONDITIONER	750.	750.	0.
OFFICE EQUIPMENT	6,076.	6,076.	0.
OFFICE EQUIPMENT	931.	931.	0.
STOVE	262.	262.	0.
FURNITURE	2,576.	2,576.	0.
FURNITURE	4,246.	4,246.	0.
FURNITURE	229.	180.	49.
COPIER	14,890.	11,911.	2,979.
FURNITURE	475.	340.	135.
FURNITURE	1,876.	1,313.	563.
COMPUTER	27,886.	27,886.	0.
COMPUTER	36,570.	30,474.	6,096.
COMPUTER	16,709.	13,645.	3,064.
COMPUTER	5,104.	2,807.	2,297.
COMPUTER	9,609.	5,766.	3,843.
LEASEHOLD IMPROVEMENTS	83,031.	13,838.	69,193.
SOFTWARE	17,000.	17,000.	0.
SOFTWARE	4,988.	4,157.	831.
SOFTWARE	869.	232.	637.
TOTAL TO FORM 990, PART IV, LN 57	237,433.	147,746.	89,687.

FORM 990	OTHER ASSETS	STATEMENT	4
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DESCRIPTION	AMOUNT
DUE TO/FROM RELATED PARTIES	817,342.
SECURITY DEPOSITS	2,750.
OTHER RECEIVABLES	654.
DEFERRED COSTS	50,982.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	871,728.

FORM 990	OTHER LIABILITIES	STATEMENT	5
DESCRIPTION		AMOUNT	
CLIENT SAVINGS		4,353.	
DUE TO/FROM RELATED PARTIES		94,765.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		99,118.	

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	6
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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 7

<u>NAME OF ORGANIZATION</u>	<u>EXEMPT</u>	<u>NONEXEMPT</u>
JERICHO RESIDENCE HOUSING DEVELOPMENT FUND CORP	X	
JERICHO PROJECT HOUSING DEVELOPMENT FUND CORP	X	
JERICHO HOUSING ASSOC L.P.		X
JERICHO RESIDENCE HDFC BRONX II	X	

2001 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - THE JERICHO PROJECT, INC.

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	16	3,356.				3,356.	3,356.		0.
2	AIR CONDITIONER	010191SL	5.00	16	750.				750.	750.		0.
3	OFFICE EQUIPMENT	010192SL	5.00	16	6,076.				6,076.	6,076.		0.
4	OFFICE EQUIPMENT	010193SL	5.00	16	931.				931.	931.		0.
5	STOVE	010195SL	5.00	16	262.				262.	262.		0.
6	FURNITURE	010196SL	5.00	16	2,576.				2,576.	2,576.		0.
7	FURNITURE	010196SL	5.00	16	4,246.				4,246.	4,246.		0.
8	FURNITURE	042798SL	5.00	16	229.				229.	134.		46.
9	COPIER	050798SL	5.00	16	14,890.				14,890.	8,933.		2,978.
10	FURNITURE	090198SL	5.00	16	475.				475.	245.		95.
11	FURNITURE	110499SL	5.00	16	1,876.				1,876.	938.		375.
12	COMPUTER	030197SL	5.00	16	27,886.				27,886.	23,246.		4,640.
13	COMPUTER	010198SL	5.00	16	36,570.				36,570.	23,160.		7,314.
14	COMPUTER	041498SL	5.00	16	16,709.				16,709.	10,303.		3,342.
15	COMPUTER	081099SL	5.00	16	5,104.				5,104.	1,786.		1,021.
16	COMPUTER	050399SL	5.00	16	9,609.				9,609.	3,844.		1,922.
17	LEASEHOLD IMPROVEMENTS	010198SL	25.00	16	83,031.				83,031.	10,517.		3,321.
18	SOFTWARE	030197SL	5.00	16	17,000.				17,000.	14,167.		2,833.

(D) - Asset disposed

2001 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - THE JERICHO PROJECT, INC.

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
19	SOFTWARE	0101198SL	5.00	16		4,988.			4,988.	3,159.		998.
20	SOFTWARE	111500SL	5.00	16		869.			869.	58.		174.
	* TOTAL 990 PAGE 2 DEPR					237,433.		0.	237,433.	118,687.	0.	29,059.

(D) - Asset disposed

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ 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)

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, 2002 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, 2001 and ending MAR 31, 2002

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. Lawrence* Title ▶ CPA Date ▶ 8/13/02
LHA For Paperwork Reduction Act Notice, see instruction Form **8868** (12-2000)

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

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 - Must file Original and One Copy.		
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization THE JERICHO PROJECT, INC.	Employer identification number 13-3213525
	Number, street, and room or suite no. If a P O box, see instructions 891 AMSTERDAM AVENUE, NO. 001B	For IRS use only
	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)

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

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

- If the organization does not have an office or place of business in the United States, check this box **X**
 • 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

- 4 I request an additional 3 month extension of time until FEBRUARY 18, 2003
 5 For calendar year _____, or other tax year beginning APR 1, 2001 and ending MAR 31, 2002
 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension
AWAITING ADDITIONAL INFORMATION NECESSARY TO FILE AN ACCURATE AND COMPLETE 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 \$ _____
 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 \$ _____
 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 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. Chervenak* Title CPA Date 11/13/02

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
 We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
 We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
 We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
 Other _____

Director _____ By _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name LAWLOR O'BRIEN & CHERVENAK, LLC
	Number and street (include suite, room, or apt. no.) Or a P O box number 87 LACKAWANNA AVENUE
	City or town, province or state, and country (including postal or ZIP code) TOTOWA, NJ 07512