

**Return of Organization Exempt From Income Tax**

**2004**

Department of the Treasury  
Internal Revenue Service

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

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

Open to Public Inspection

**A** For the 2004 calendar year, or tax year beginning **APR 1, 2004** and ending **MAR 31, 2005**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>THE JERICHO PROJECT, INC.</b>		<b>D</b> Employer identification number <b>13-3213525</b>
		Number and street (or P.O. box if mail is not delivered to street address) <b>891 AMSTERDAM AVENUE</b>		Room/suite <b>001B</b>
		City or town, state or country, and ZIP + 4 <b>NEW YORK, NY 10025-4403</b>		<b>E</b> Telephone number <b>212-316-4700</b>

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

**H** and **I** are not applicable to section 527 organizations.

**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

**G** Website: **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.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **1,258,304.**

**I** Group Exemption Number: \_\_\_\_\_

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Direct public support	<b>1a</b>	<b>358,793.</b>	
	<b>b</b> Indirect public support	<b>1b</b>	<b>548,987.</b>	
	<b>c</b> Government contributions (grants)	<b>1c</b>	<b>61,918.</b>	
	<b>d Total</b> (add lines 1a through 1c) (cash \$ <b>969,698.</b> noncash \$ _____)	<b>1d</b>	<b>969,698.</b>	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>276,442.</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>		
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		
	<b>5</b> Dividends and interest from securities	<b>5</b>	<b>1,107.</b>	
	<b>6 a</b> Gross rents	<b>6a</b>		
	<b>b</b> Less: rental expenses	<b>6b</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
	<b>7</b> Other investment income (describe _____)	<b>7</b>		
	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>	<b>8b</b>	
	<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>		
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>		
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>		
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b> Less: cost of goods sold	<b>10b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>	<b>11,057.</b>		
<b>12 Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	<b>1,258,304.</b>		
<b>13</b> Program services (from line 44, column (B))	<b>13</b>	<b>583,035.</b>		
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	<b>361,461.</b>		
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	<b>169,991.</b>		
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
<b>17 Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>	<b>1,114,487.</b>		
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>143,817.</b>		
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>919,253.</b>		
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>0.</b>		
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<b>1,063,070.</b>		

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**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. Page 2

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	925,848.	540,465.	274,976.
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31	12,000.	12,000.	
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34	9,054.	2,716.	3,169.
35	Postage and shipping	35			
36	Occupancy	36			
37	Equipment rental and maintenance	37	4,159.	1,248.	2,703.
38	Printing and publications	38			
39	Travel	39	16,197.	405.	15,387.
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	5,359.	1,609.	3,483.
43	Other expenses not covered above (itemize):				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	_____	43e	141,870.	36,592.	49,743.
44	Total functional expenses (add lines 22 through 43) (organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,114,487.	583,035.	361,461.

**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.)
<b>SHUTTER LOW INCOME &amp; HOMELESS</b> <small>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.)</small>	
<b>a FOOD SHELTER &amp; 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</b> (Grants and allocations \$ _____)	583,035.
<b>b</b> _____ (Grants and allocations \$ _____)	
<b>c</b> _____ (Grants and allocations \$ _____)	
<b>d</b> _____ (Grants and allocations \$ _____)	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	583,035.

**Part IV Balance Sheets**

**Not:** 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
<b>Assets</b>	45 Cash - non-interest-bearing	107,009.	45	237,593.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	4,139.		
	47 b Less allowance for doubtful accounts		47c	4,139.
	48 a Pledges receivable			
	48 b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	51 b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	2,929.	53	2,988.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment basis			
	55 b Less accumulated depreciation		55c	
	56 Investments - other		56	
	57 a Land, buildings, and equipment basis	245,565.		
	57 b Less accumulated depreciation <b>STMT 2</b>	182,250.	57c	63,315.
	58 Other assets (describe <b>▶ SEE STATEMENT 3</b> )	771,306.	58	840,854.
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	963,729.	59	1,148,889.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	26,603.	60	82,760.
	61 Grants payable		61	
	62 Deferred revenue	14,050.	62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	64 b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <b>▶ CLIENT SAVINGS</b> )	3,823.	65	3,059.
66 <b>Total liabilities</b> (add lines 60 through 65)	44,476.	66	85,819.	
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>				
67 Unrestricted	864,933.	67	979,750.	
68 Temporarily restricted	54,320.	68	83,320.	
69 Permanently restricted		69		
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>				
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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	919,253.	73	1,063,070.	
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	963,729.	74	1,148,889.	

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 accurately 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	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If "Yes," has it filed a tax return on Form 990-T for this year?		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80	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? If "Yes," enter the name of the organization	X	
SEE STATEMENT 5			
81	Enter direct or indirect political expenditures. See line 81 instructions Did the organization file Form 1120-POL for this year?		X
82	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? 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)		X
83	Did the organization comply with the public inspection requirements for returns and exemption applications? Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84	Did the organization solicit any contributions or gifts that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		X
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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		
d	Section 162(e) lobbying and political expenditures		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12 b Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
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		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		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, 2004		13
91	The books are in care of JUANNE SKINNER Telephone no 212-316-4700		
Located at 891 AMSTERDAM AVENUE 001B, NY NY 10025-4403 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		

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions)

No. 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) Exclusion code	(D) Amount	
93 Program service revenue					
MGT. & DEVELOP FEES					170,034.
Medicare/Medicaid payments					
Fees and contracts from government agencies					106,408.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	0.	1,107.
97 Net rental income or (loss) from real estate					
debt-financed property					
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 OTHER REVENUE- RELATED					11,057.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	288,606.
105 Total (add line 104, columns (B), (D), and (E))					288,606.

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 page 34 of the instructions)

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** (See page 34 of the instructions)

(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 page 34 of the instructions)

- (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).

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

Signature of officer: *Victoria Lyon* Date: 1/23/06 Type or print name and title: Victoria Lyon Executive Director

Paid Preparer's Use Only: Preparer's signature: *Ruben J Chervenak* Date: 01/10/06 Check if self-employed:  Preparer's SSN or PTIN: 149-40-6476

Firm's name (or yours if self-employed), address, and ZIP + 4: LAWLOR O'BRIEN & CHERVENAK, LLC 87 LACKAWANNA AVENUE TOTOWA, NJ 07512

EIN: 22-3272312 Phone no: (973) 890-2820

**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

**2003**

Department of the Treasury  
Internal Revenue Service

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

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 ESTEES ----- 891 AMSTERDAM AVE, NEW YORK, NY 1002540	EXECUTIVE DIR	96,362.	1,656.	
VICTORIA LYON ----- 891 AMSTERDAM AVE, NEW YORK, NY 1002540	ASSO EXE DIR	86,700.	1,475.	
LYNETTE CHOICE ----- 891 AMSTERDAM AVE, NEW YORK, NY 1002540	VOC ED DIR	65,192.	952.	
JUANN SKINNER ----- 891 AMSTERDAM AVE, NEW YORK, NY 1002540	FIN MANAGER	63,786.	1,128.	
JOHN SNIDER ----- 891 AMSTERDAM AVE, NEW YORK, NY 1002540	DIR SOCIALSVS	59,387.	1,292.	
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 i of Part VI-B )		X
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		
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 a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments )		X
b Do you have a section 403(b) annuity plan for your employees?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

**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 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	649,905.	616,453.	601,646.	706,290.	2,574,294.
<b>16</b> Membership fees received					
<b>17</b> 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	542,363.	356,551.	368,794.	250,937.	1,518,645.
<b>18</b> 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	1,099.	251.	636.	5,804.	7,790.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	1,193,367.	973,255.	971,076.	963,031.	4,100,729.
<b>24</b> Line 23 minus line 17	651,004.	616,704.	602,282.	712,094.	2,582,084.
<b>25</b> Enter 1% of line 23	11,934.	9,733.	9,711.	9,630.	
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24					26a 51,642.
<b>b</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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 664,864.
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 2,582,084.
<b>d</b> Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____		7,790.		664,864.	26d 672,654.
<b>e</b> Public support (line 26c minus line 26d total)					26e 1,909,430.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 73.9492%
<b>27</b> Organizations described on line 12: <b>a</b> 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	(2003) N/A	(2002) N/A	(2001) N/A	(2000) N/A	
<b>b</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	(2003) N/A	(2002) N/A	(2001) N/A	(2000) N/A	
<b>c</b> Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
<b>d</b> Add: Line 27a total _____ and line 27b total _____					27d N/A
<b>e</b> Public support (line 27c total minus line 27d total)					27e N/A
<b>f</b> Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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					

**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/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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 )	32d	
<hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	33h	
<hr/>			
<hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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.	34b	
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	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)		
<b>39</b> Other exempt purpose expenditures		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)		
<b>41</b> 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		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)		
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		

**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) 2004	(b) 2003	(c) 2002	(d) 2001	
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> 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 11 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	Yes	No	Amount
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (Add lines c through h.)			0.

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



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

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

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

**Part II Additional (not automatic) 3-Month Extension of Time - 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 <b>THE JERICHO PROJECT, INC.</b>	Employer identification number <b>13-3213525</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>891 AMSTERDAM AVENUE, NO. 001B</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10025-4403</b>	

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.**

The books are in the care of **JUANNE SKINNER**  
Telephone No. **212-316-4700** FAX No. \_\_\_\_\_

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

4 I request an additional 3-month extension of time until **FEBRUARY 15, 2006**.  
5 For calendar year \_\_\_\_\_, or other tax year beginning **APR 1, 2004** and ending **MAR 31, 2005**.  
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 A COMPLETE AND ACCURATE 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 **11/15/05**

**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 a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other \_\_\_\_\_

**EXTENSION APPROVED**

Director **Victorino Lugo** By: \_\_\_\_\_ Date **1/20/06** FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

**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 <b>LAWLOR O'BRIEN &amp; CHERVENAK, LLC</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>87 LACKAWANNA AVENUE</b>
	City or town, province or state, and country (including postal or ZIP code) <b>TOTOWA, NJ 07512</b>

2004 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 2

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	OFFICE EQUIPMENT	010190SL	SL	5.00	16	3,356.			3,356.	3,356.		0.
2	AIR CONDITIONER	010191SL	SL	5.00	16	750.			750.	750.		0.
3	OFFICE EQUIPMENT	010192SL	SL	5.00	16	6,076.			6,076.	6,076.		0.
4	OFFICE EQUIPMENT	010193SL	SL	5.00	16	931.			931.	931.		0.
5	STOVE	010195SL	SL	5.00	16	262.			262.	262.		0.
6	FURNITURE	010196SL	SL	5.00	16	2,576.			2,576.	2,576.		0.
7	FURNITURE	010196SL	SL	5.00	16	4,246.			4,246.	4,246.		0.
8	FURNITURE	042798SL	SL	5.00	16	229.			229.	229.		0.
9	COPIER	050798SL	SL	5.00	16	14,890.			14,890.	14,890.		0.
10	FURNITURE	090198SL	SL	5.00	16	475.			475.	475.		0.
11	FURNITURE	110499SL	SL	5.00	16	1,876.			1,876.	1,876.		0.
12	COMPUTER	030197SL	SL	5.00	16	27,886.			27,886.	27,886.		0.
13	COMPUTER	010198SL	SL	5.00	16	36,570.			36,570.	36,569.		0.
14	COMPUTER	041498SL	SL	5.00	16	16,709.			16,709.	16,709.		0.
15	COMPUTER	081099SL	SL	5.00	16	5,104.			5,104.	4,849.		255.
16	COMPUTER	050399SL	SL	5.00	16	9,609.			9,609.	9,609.		0.
17	LEASEHOLD IMPROVEMENTS	010198SL	SL	25.00	16	83,031.			83,031.	20,460.		3,321.
18	SOFTWARE	030197SL	SL	5.00	16	17,000.			17,000.	17,000.		0.

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

(D) - Asset disposed

2004 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 2

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
19	SOFTWARE	010198SL		5.00	16	4,988.			4,988.	4,987.		0.
20	SOFTWARE	111500SL		5.00	16	869.			869.	580.		174.
21	PRINTER	110402SL		5.00	16	704.			704.	247.		141.
22	COMPUTER	021900SL		5.00	16	2,542.			2,542.	974.		508.
23	COMPUTER PERIPHERALS	021903SL		5.00	16	3,773.			3,773.	1,132.		755.
24	COMPUTER	051503SL		5.00	16	1,113.			1,113.	204.		223.
	* TOTAL 990 PAGE 2 DEPR					245,565.		0.	245,565.	176,873.	0.	5,377.

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
RESIDENTIAL SUPPORT & TRAVEL	10,812.	10,812.		
OFFICE EXPENSE	14,331.	4,299.	9,315.	717.
REPAIRS & MAINTENANCE	5,162.	1,548.	3,356.	258.
INSURANCE	3,230.	968.	2,100.	162.
MISCELLANEOUS	9,622.	2,887.	6,254.	481.
RENT	37,411.	11,223.	24,317.	1,871.
STAFF TRAINING	5,637.	3,382.	1,691.	564.
MEMBER SUPPORT & CLIENTS TREATMENT	1,473.	1,473.		
FUNDRAISING, PUBLICITY & PROMOTION	54,192.		2,710.	51,482.
TOTAL TO FM 990, LN 43	141,870.	36,592.	49,743.	55,535.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT			STATEMENT 2
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.	229.	0.	
COPIER	14,890.	14,890.	0.	
FURNITURE	475.	475.	0.	
FURNITURE	1,876.	1,876.	0.	
COMPUTER	27,886.	27,886.	0.	
COMPUTER	36,570.	36,569.	1.	
COMPUTER	16,709.	16,709.	0.	
COMPUTER	5,104.	5,104.	0.	
COMPUTER	9,609.	9,609.	0.	
LEASEHOLD IMPROVEMENTS	83,031.	23,781.	59,250.	
SOFTWARE	17,000.	17,000.	0.	
SOFTWARE	4,988.	4,987.	1.	
SOFTWARE	869.	754.	115.	

PRINTER	704.	388.	316.
COMPUTER	2,542.	1,482.	1,060.
COMPUTER PERIPHERIALS	3,773.	1,887.	1,886.
COMPUTER	1,113.	427.	686.
TOTAL TO FORM 990, PART IV, LN 57	245,565.	182,250.	63,315.

FORM 990 OTHER ASSETS STATEMENT 3

DESCRIPTION	AMOUNT
DUE TO/FROM RELATED PARTIES	836,970.
SECURITY DEPOSITS	2,934.
OTHER ASSETS	950.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	840,854.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 4

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN CONTRIB	PLAN EXPENSE ACCOUNT
CHRISTINE M ARMSTRONG 891 AMSTERDAM AVE NEW YORK, NY 10025	DIRECTOR NONE	0.	0.	0.
BRENDA C ARRINDELL 891 AMSTERDAM AVE NEW YORK, NY 10025	DIRECTOR NONE	0.	0.	0.
MIRIAM WOHABE BOUBLIK 891 AMSTERDAM AVE NEW YORK, NY 10025	DIRECTOR NONE	0.	0.	0.
SANDRA CARTER COLLYER 891 AMSTERDAM AVE NEW YORK, NY 10025	DIRECTOR NONE	0.	0.	0.
IAN C DEVINE 891 AMSTERDAM AVE NEW YORK, NY 10025	DIRECTOR NONE	0.	0.	0.

WILLIAM ALLEN 891 AMSTERDAM AVE NEW YORK, NY 10025	DIRECTOR NONE	0.	0.	0.
MS. CHRISTINE BROOKS TERRELL 891 AMSTERDAM AVE NEW YORK, NY 10025	DIRECTOR NONE	0.	0.	0.
HELEN HINZ 891 AMSTERDAM AVE NEW YORK, NY 10025	DIRECTOR NONE	0.	0.	0.
DR FRANCESCA KRESS, PH.D 891 AMSTERDAM AVE NEW YORK, NY 10025	DIRECTOR NONE	0.	0.	0.
SARAH L LARSON 891 AMSTERDAM AVE NEW YORK, NY 10025	DIRECTOR NONE	0.	0.	0.
JEANNE B MCARTHUR 891 AMSTERDAM AVE NEW YORK, NY 10025	DIRECTOR NONE	0.	0.	0.
JEROME M MENIFEE 891 AMSTERDAM AVE NEW YORK, NY 10025	DIRECTOR NONE	0.	0.	0.
RUTH MESSINGER 891 AMSTERDAM AVE NEW YORK, NY 10025	DIRECTOR NONE	0.	0.	0.
DIANA NOTTINGHAM 891 AMSTERDAM AVE NEW YORK, NY 10025	DIRECTOR NONE	0.	0.	0.
JOSEPH PAMPEL 891 AMSTERDAM AVE NEW YORK, NY 10025	DIRECTOR NONE	0.	0.	0.
JUAN JACKSON 891 AMSTERDAM AVE NEW YORK, NY 10025	DIRECTOR NONE	0.	0.	0.
CYNTHIA CANEL ROSSI 891 AMSTERDAM AVE NEW YORK, NY 10025	DIRECTOR NONE	0.	0.	0.
RICHARD STEBBINS 891 AMSTERDAM AVE NEW YORK, NY 10025	DIRECTOR NONE	0.	0.	0.

PHILIP WATROUS  
891 AMSTERDAM AVE  
NEW YORK, NY 10025

DIRECTOR  
NONE

0. 0. 0.

SHEILA WORTHINGTON  
891 AMSTERDAM AVE  
NEW YORK, NY 10025

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 5

NAME OF ORGANIZATION

EXEMPT

NONEXEMPT

JERICHO RESIDENCE HOUSING DEVELOPMENT FUND CORP  
JERICHO PROJECT HOUSING DEVELOPMENT FUND CORP  
JERICHO HOUSING ASSOC L.P.  
JERICHO RESIDENCE HDFC BRONX II

X  
X  
  
X

X

**Depreciation and Amortization** 990  
**(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return <b>THE JERICHO PROJECT, INC.</b>	Business or activity to which this form relates <b>FORM 990 PAGE 2</b>	Identifying number <b>13-3213525</b>
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**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount. See instructions for a higher limit for certain businesses	<b>1</b>	102,000.
2 Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation	<b>3</b>	410,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	
<b>6</b>		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	
9 Tentative deduction. Enter the smaller of line 5 or line 8	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2003 Form 4562	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	<b>12</b>	
13 Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12	<b>13</b>	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	<b>14</b>	
15 Property subject to section 168(f)(1) election (see instructions)	<b>15</b>	
16 Other depreciation (including ACRS) (see instructions)	<b>16</b>	5,377.

**Part III MACRS Depreciation (Do not include listed property.)** (See instructions.)

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2004	<b>17</b>	
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary** (See instructions.)

21 Listed property. Enter amount from line 28	<b>21</b>	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	<b>22</b>	5,377.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? <b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2004 tax year:					
<b>43</b> Amortization of costs that began before your 2004 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See instructions for where to report					<b>44</b>

- 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).

<b>Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.</b>		
Type or print.  File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>THE JERICHO PROJECT, INC.</b>	Employer identification number <b>13-3213525</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>891 AMSTERDAM AVENUE, NO. 001B</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10025-4403</b>	

**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.**

- The books are in the care of **JUANNE SKINNER**  
Telephone No. **212-316-4700** FAX No. \_\_\_\_\_
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box . If it is for **part** of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **FEBRUARY 15, 2006.**

5 For calendar year \_\_\_\_\_, or other tax year beginning **APR 1, 2004** and ending **MAR 31, 2005.**

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 A COMPLETE AND ACCURATE 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 \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**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 a 10-day grace period.
- We **cannot consider** this application because it was filed after the extended 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 <b>LAWLOR O'BRIEN &amp; CHERVENAK, LLC</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>87 LACKAWANNA AVENUE</b>
	City or town, province or state, and country (including postal or ZIP code) <b>TOTOWA, NJ 07512</b>

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01-10-05