

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

Department of the Treasury Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning 04/01, 2007, and ending 03/31/2008

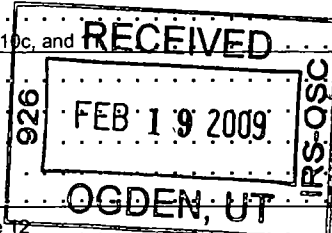
B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: THE JERICHO PROJECT, INC. D Employer identification number: 13-3213525 E Telephone number: (646) 624-2341 F Accounting method: Cash [X] Accrual [ ] Other (specify) [ ]

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

G Website: WWW.JERICHOPROJECT.ORG J Organization type: [X] 501(c)(3) ( ) 4947(a)(1) ( ) 527 K Check here [ ] if the organization is not a 509(a)(3) supporting organization... L Gross receipts: 2,809,149.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and 3 columns: Description, Sub-part, Amount. Includes Revenue (Total: 2,553,838), Expenses (Total: 1,374,944), and Net Assets (Total: 2,887,025).



SCANNED MAR 10 2009

**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 (See the instructions)

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
<b>22a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b>	Specific assistance to individuals (attach schedule)				
<b>24</b>	Benefits paid to or for members (attach schedule)				
<b>25a</b>	Compensation of current officers, directors, key employees, etc. listed in Part V-A	256,876.	121,467.	109,334.	26,075.
<b>25b</b>	Compensation of former officers, directors, key employees, etc listed in Part V-B				
<b>25c</b>	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	590,997.	279,460.	251,546.	59,991.
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c				
<b>28</b>	Employee benefits not included on lines 25a - 27	156,306.	60,988.	78,346.	16,972.
<b>29</b>	Payroll taxes	63,015.	24,588.	31,585.	6,842.
<b>30</b>	Professional fundraising fees				
<b>31</b>	Accounting fees	15,000.	NONE	15,000.	NONE
<b>32</b>	Legal fees				
<b>33</b>	Supplies				
<b>34</b>	Telephone	14,135.	NONE	11,935.	2,200.
<b>35</b>	Postage and shipping				
<b>36</b>	Occupancy	79,475.	NONE	79,475.	NONE
<b>37</b>	Equipment rental and maintenance	4,360.	NONE	4,360.	NONE
<b>38</b>	Printing and publications				
<b>39</b>	Travel	9,471.	1,513.	7,735.	223.
<b>40</b>	Conferences, conventions, and meetings				
<b>41</b>	Interest				
<b>42</b>	Depreciation, depletion, etc (attach schedule)	17,851.	NONE	17,851.	NONE
<b>43</b>	Other expenses not covered above (itemize)				
<b>43a</b>	PROGRAM ACTIVITIES	27,003.	27,003.	NONE	NONE
<b>43b</b>	REPAIRS & MAINTENANCE	5,376.	NONE	5,226.	150.
<b>43c</b>	OFFICE SUPPLIES	23,330.	NONE	19,931.	3,399.
<b>43d</b>	STAFF TRAINING	16,872.	2,657.	1,380.	12,835.
<b>43e</b>	MISCELLANEOUS	52,239.	36,946.	12,711.	2,582.
<b>43f</b>	PUBLIC RELATIONS	33,825.	NONE	33,825.	NONE
<b>43g</b>	INSURANCE	8,813.	NONE	8,813.	NONE
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	1,374,944.	554,622.	689,053.	131,269.

**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 IV Balance Sheets (See the instructions.)**

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
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing . . . . .	231,932.	<b>45</b>	690,424.
	<b>46</b> Savings and temporary cash investments . . . . .	2,184,585.	<b>46</b>	459,813.
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b> 15,207.		
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>47b</b>	NONE <b>47c</b>	15,207.
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>		
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>48b</b>	<b>48c</b>	
	<b>49</b> Grants receivable . . . . .		<b>49</b>	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule). . . . .		<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>		
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>51b</b>	<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .	634.	<b>53</b>	668.
	<b>54a</b> Investments - publicly-traded securities <input type="checkbox"/> STMT 6 <input checked="" type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		<b>54a</b>	1,721,498.
	<b>b</b> Investments - other securities (attach schedule). <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54b</b>	
<b>55a</b> Investments - land, buildings, and equipment basis . . . . .	<b>55a</b>			
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>	<b>55c</b>		
<b>56</b> Investments - other (attach schedule) . . . . .		<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis . . . . .	<b>57a</b> 651,987.			
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 206,899.	63,790. <b>57c</b>	445,088.	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> STMT 7 )	758,306.	<b>58</b>	975,988.	
<b>59</b> Total assets (must equal line 74) Add lines 45 through 58 . . . . .	3,239,247.	<b>59</b>	4,308,686.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	76,064.	<b>60</b>	39,541.
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		<b>64b</b>	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> STMT 8 )	1,762,530.	<b>65</b>	1,382,120.
<b>66</b> Total liabilities. Add lines 60 through 65 . . . . .	1,838,594.	<b>66</b>	1,421,661.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	<b>67</b> Unrestricted . . . . .	1,400,653.	<b>67</b>	705,714.
	<b>68</b> Temporarily restricted . . . . .	NONE	<b>68</b>	2,181,311.
	<b>69</b> Permanently restricted . . . . .		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
<b>73</b> Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .	1,400,653.	<b>73</b>	2,887,025.	
<b>74</b> Total liabilities and net assets/fund balances. Add lines 66 and 73 . . . . .	3,239,247.	<b>74</b>	4,308,686.	





Part VI Other Information (continued)

		Yes	No
82a	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?		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
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?		N/A
85b	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		N/A
85c	Dues, assessments, and similar amounts from members		N/A
85d	Section 162(e) lobbying and political expenditures		N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	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?		N/A
86a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		N/A
86b	Gross receipts, included on line 12, for public use of club facilities		N/A
87a	501(c)(12) orgs Enter a Gross income from members or shareholders		N/A
87b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		N/A
88a	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
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 N/A, section 4912 N/A, section 4955 N/A		
89b	501(c)(3) and 501(c)(4) orgs 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		N/A
	d Enter Amount of tax on line 89c, above, reimbursed by the organization		N/A
89e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90a	List the states with which a copy of this return is filed NY		
90b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	15	
91a	The books are in care of JUANNE SKINNER Telephone no 212-316-4700 Located at 245 W 29TH STREET, 9TH FLOOR NEW YORK, NY ZIP +4 10001		
91b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . . 91c  Yes  No
If "Yes," enter the name of the foreign country
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 . . . . . 92 | N/A

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

Note: Enter gross amounts unless otherwise indicated

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue (STMT 14), Medicare/Medicaid payments, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income, Gain or (loss) from sales of assets, and Subtotal.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: 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. Rows 93A and 93B describe housing and supportive services.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

Table with 5 columns: (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.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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)

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13)

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

**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: *[Signature]* Date: *2/12/2009*

Type or print name and title: *Cathy Fulwood Assoc. Exec. Director*

**Paid Preparer's Use Only**

Preparer's signature: *[Signature]* Date: *2/11/09* Check if self-employed:  Preparer's SSN or PTIN (See Gen Inst X): *100252478*

Firm's name (or yours if self-employed), address, and ZIP + 4: *REZNICK GROUP, P. C.* EIN: *52-1088612*

*500 EAST PRATT STREET, SUITE 200* Phone no: *410-783-4900*

*BALTIMORE, MD 21202-3100*

**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(e), 501(f), 501(k), 501(n),  
or 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

**2007**

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
SEE STATEMENT 15				
Total number of other employees paid over \$50,000 . . ▶		NONE		

**Part II-A 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 . . . . . ▶		NONE

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions )

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services . . . . . ▶		NONE

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See page 2 of the instructions.)

Table with columns for question number, description, Yes, and No. Includes questions 1 through 16 regarding lobbying activities, grants, and donor advised funds.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
  - Type I
  - Type II
  - Type III - Functionally Integrated
  - Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions )

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 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

Table with columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12.

Part V Private School Questionnaire (See page 9 of the instructions)

NOT APPLICABLE

(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 )		
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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.)			
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-----			
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 )			
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-----			
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 11 of the instructions)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>		
<b>39</b> Other exempt purpose expenditures . . . . .	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is -      The lobbying nontaxable amount is -			
Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .			
Over \$500,000 but not over \$1,000,000 . . . . . \$100,000 plus 15% of the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000 . . . . . \$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>		
Over \$1,500,000 but not over \$17,000,000 . . . . . \$225,000 plus 5% of the excess over \$1,500,000			
Over \$17,000,000 . . . . . \$1,000,000 . . . . .			
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>		
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>		
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>		

**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 13 of the instructions )

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

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) . . . . .			

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



FORM 990, PART I - EXCLUDED CONTRIBUTIONS  
=====

DESCRIPTION  
-----

AMOUNT  
-----

ANNIVERSARY GALA

25,000.  
-----

TOTAL

25,000.  
=====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ANNIVERSARY GALA	472,552.	139,680.	332,872.
TOTALS	472,552.	139,680.	332,872.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES  
=====

DESCRIPTION -----	AMOUNT -----
GAAP CORRECTION OF INVESTMENT IN PARTNERSHIPS DUE TO THE MINORITY	377,623.
TOTAL	----- 377,623. =====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES  
=====

DESCRIPTION -----	AMOUNT -----
UNREALIZED LOSSES	70,145.
TOTAL	----- 70,145. =====

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
TOTALS	----- 634. =====	----- 668. =====

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
EQUITIES	1,124,343.	FMV
FIXED INCOME	597,155.	FMV
TOTALS	1,721,498.	

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DUE TO/FROM RELATED PARTIES	728,706.	944,138.
SECURITY DEPOSITS	29,600.	31,850.
TOTALS	----- 758,306. =====	----- 975,988. =====

THE JERICHO PROJECT, INC.

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FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
CLIENT SAVINGS	2,199.	952.
MINORITY INTEREST	1,316,818.	NONE
INVESTMENT IN PARTNERSHIPS	443,513.	1,381,168.
TOTALS	1,762,530.	1,382,120.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES  
 =====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
CHRISTINE M ARMSTRONG 245 W 29TH STREET, 9TH FLOOR NEW YORK, NY 10001	DIRECTOR 1.00	NONE	NONE	NONE
MIRIAM WOHABE BOUBLIK 245 W 29TH STREET, 9TH FLOOR NEW YORK, NY 10001	DIRECTOR 1.00	NONE	NONE	NONE
ZACH BUCHWALD 245 W 29TH STREET, 9TH FLOOR NEW YORK, NY 10001	DIRECTOR 1.00	NONE	NONE	NONE
IAN C. DEVINE 245 W 29TH STREET, 9TH FLOOR NEW YORK, NY 10001	PRESIDENT 4.00	NONE	NONE	NONE
CARA EISEN 245 W 29TH STREET, 9TH FLOOR NEW YORK, NY 10001	DIRECTOR 1.00	NONE	NONE	NONE
HELEN HINTZ 245 W 29TH STREET, 9TH FLOOR NEW YORK, NY 10001	VICE PRESIDENT 1.00	NONE	NONE	NONE
DR. FRANCESCA KRESS, PH.D	DIRECTOR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
245 W 29TH STREET, 9TH FLOOR NEW YORK, NY 10001	DIRECTOR 1.00	NONE	NONE	NONE
JEROME M MENIFEE 245 W 29TH STREET, 9TH FLOOR NEW YORK, NY 10001	SECRETARY 1.00	NONE	NONE	NONE
DIANA NOTTINGHAM PAGE 245 W 29TH STREET, 9TH FLOOR NEW YORK, NY 10001	DIRECTOR 1.00	NONE	NONE	NONE
JOSEPH PAMPEL 245 W 29TH STREET, 9TH FLOOR NEW YORK, NY 10001	DIRECTOR 1.00	NONE	NONE	NONE
MS. SELINA ANN REGAN, JD 245 W 29TH STREET, 9TH FLOOR NEW YORK, NY 10001	DIRECTOR 1.00	NONE	NONE	NONE
MS. EDNA J. SAMS 245 W 29TH STREET, 9TH FLOOR NEW YORK, NY 10001	DIRECTOR 1.00	NONE	NONE	NONE
GREGORY SEPHTON, PHD 245 W 29TH STREET, 9TH FLOOR NEW YORK, NY 10001	DIRECTOR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES  
 =====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
DEBORAH VAN ECK 245 W 29TH STREET, 9TH FLOOR NEW YORK, NY 10001	DIRECTOR 2.00	NONE	NONE	NONE
GRETCHEN BERGSTRESSER 245 W 29TH STREET, 9TH FLOOR NEW YORK, NY 10001	DIRECTOR 1.00	NONE	NONE	NONE
JERRY ROTONDA 245 W 29TH STREET, 9TH FLOOR NEW YORK, NY 10001	TREASURER 2.00	NONE	NONE	NONE
DEAN CURNUTT 245 W 29TH STREET, 9TH FLOOR NEW YORK, NY 10001	DIRECTOR 1.00	NONE	NONE	NONE
ANDREA ROSCHELLE, ESQ. 245 W 29TH STREET, 9TH FLOOR NEW YORK, NY 10001	DIRECTOR 1.00	NONE	NONE	NONE
MARK KOPINSKI 245 W 29TH STREET, 9TH FLOOR NEW YORK, NY 10001	DIRECTOR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES  
=====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
RAMSEY MCGRORY 245 W 29TH STREET, NEW YORK, NY 10001	DIRECTOR 1.00	NONE	NONE	NONE
KENNETH M. WOLFF 245 W 29TH STREET, NEW YORK, NY 10001	DIRECTOR 1 00	NONE	NONE	NONE
VICTORIA LYON 245 W 29TH STREET, NEW YORK, NY 10001	EXECUTIVE DIRECTOR 40.00	102,823.	NONE	NONE
JU-ANN SKINNER 245 W 29TH STREET, NEW YORK, NY 10001	DIRECTOR OF FINANCE 40 00	72,697.	NONE	NONE
CATHY FULWOOD 245 W 29TH STREET, NEW YORK, NY 10001	ASSOC. EXECUTIVE DIRECTOR 40.00	81,356.	NONE	NONE
GRAND TOTALS		256,876.	NONE	NONE

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

=====

RELATED ORGANIZATION NAME: JERICHO RESIDENCE HOUSING DEVELOPMENT  
FUND CORP

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: JERICHO PROJECT HOUSING DEVELOPMENT  
FUND CORP

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: JERICHO RESIDENCE HDFC BRONX II

EXEMPT: X NONEXEMPT:

THE JERICHO PROJECT, INC.

13-3213525

FORM 990, PART VII - PROGRAM SERVICE REVENUE

=====

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
-----	----	-----	----	-----	-----
HOUSING AND SUPPORTIVE SERVICES MANAGEMENT FEES					167,645. 109,400.
TOTALS					277,045.

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
JOHN SNIDER 245 W 29TH STREET, NEW YORK, NY 10001	DIR. - SOCIAL SVCS 40.00	83,000.	NONE	NONE
CYNTHIA PATTERSON 245 W 29TH STREET, NEW YORK, NY 10001	DIR. HUMAN SERVICES 40.00	52,035.	NONE	NONE
LYNETTE CHOICE 245 W 29TH STREET, NEW YORK, NY 10001	VOCATIONAL EDU. DIR. 40.00	65,876.	NONE	NONE
PAVIELLE ELAN 245 W 29TH STREET, NEW YORK, NY 10001	DIRECTOR DEVELOPMENT 40.00	55,535.	NONE	NONE
TOTAL COMPENSATION		256,446.	NONE	NONE

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D  
=====

SEE FORM 990 PART V

FEDERAL FOOTNOTES  
=====

PART IV LINE 57 LAND, BUILDING AND EQUIPMENT	
LAND	\$ 95,775
BUILDING	239,439
FURNITURE AND EQUIPMENT	233,743
LEASEHOLD IMPROVEMENTS	83,030
	-----
	651,987
ACCUMULATED DEPRECIATION	( 206,899)
	-----
	445,088

## **Introduction**

Jericho Project was founded in 1983 on the belief that every homeless individual can make transformation change towards a better life. Over the past 26 years the homeless men and women who have come to Jericho have proven this to be true with their remarkable educational and employment accomplishments as well as their successes in reuniting with their families and moving onto independent lives. In fact, 95% of Jericho graduates — individuals who have successfully transitioned from Jericho — maintain their housing stability and sobriety.

Jericho Project's mission is to end homelessness at its roots by creating a community that inspires individual change, fosters sustainable independence, and motivates men and women to reach their greatest potential. Jericho's nationally-recognized program model combines supportive housing, individualized relapse prevention counseling, family reunification support, vocational and educational programming, and ongoing aftercare to more than 350 formerly homeless individuals each year.

Jericho Project's supportive housing program provides services to formerly homeless men and women who have histories of serious, chronic substance abuse. Jericho's extensive support services address its residents relapse prevention, family reunification, vocational and educational needs and provides them aftercare support for two years after they move from Jericho to independent living.

All of the individuals who come to Jericho are homeless or at serious risk of becoming homeless, with 90% coming directly from New York City shelters, residential drug treatment programs, or off the streets. The average age of Jericho residents is 48 years, 45% are women, and 81% are African-American, 13% Latino/a, and 6% Caucasian.

**Supportive Housing:** Jericho Project provides 280 units of supportive housing to formerly homeless men and women in New York City. Jericho owns and operates one congregate residence in Central Harlem and four in the Bronx, which provide 174 single room occupancies units with shared kitchens and bathrooms and 79 small studio apartments.

This past year Jericho implemented two important initiatives to expand its supportive housing program. Its Scatter-Site Program provides one-and-two-bedroom apartments in the Bronx and the full-range of Jericho's support services to 27 individuals on probation and at high-risk for

homelessness and incarceration. Jericho created a unique partnership with the New York City Department of Probation for its scatter-site pilot program, the first such partnership between the department and a supportive housing agency.

Jericho is also developing two new supportive housing residences for homeless and low-income veterans in the Bronx — *the first new housing programs for veterans in New York City in 15 years*. The residences will be state-of-the-art, "green" buildings that will feature small studio apartments, staff offices, community rooms, computer labs, and gardens. At both, 60% of units will be set aside for veterans who have a history of substance abuse, and 40% will be for low-income veterans from the community, with priority given to veterans returning from the wars in Iraq and Afghanistan. The residences will enable Jericho to provide an additional 130 units of supportive housing by 2011.

**Relapse Prevention:** The majority of the men and women who come to Jericho have struggled with serious substance abuse that has significantly contributed to their homelessness. Jericho welcomes residents into a sober-living community complete with on-site relapse prevention services that supports the development of their personal sobriety plans. If a resident does experience a substance abuse relapse Jericho is immediately there to guide them into the most effective substance relapse treatment program for them, often the program is one in Jericho's extensive network of in-and out-patient substance abuse treatment programs.

**Vocational and Educational Program:** Jericho Project's Vocational and Educational Program (Voc/Ed) — its flagship initiative to support residents efforts overcome the seemingly insurmountable employment barriers that their chronic substance abuse and homelessness have created — helps individuals develop work skills, enter and complete educational and job training programs, and secure and retain cost-of-living employment.

Jericho's Voc/Ed services go far beyond traditional vocational training programs. The individual support provided by Voc/Ed Counselors help residents identify their own meaningful education and employment goals. The department's workshops presented directly at Jericho residences, coupled with the extensive linkages with outside vocational training and education programs established by the department, enables Jericho to provide comprehensive support for residents to meet their goals.

**Family Reunification:** Jericho Project's Family Reunification Program is dedicated to helping residents reconnect with their families by establishing a healthy foundation of sustained sobriety, secure employment, and affordable housing. Family Reunification Counselors are on-site at each of Jericho's supportive housing residences to guide residents through an individualized reunification process that includes assistance with legal representation and court advocacy for those attempting to regain custody or formal visitation with their dependent children, parenting skills training, family activities to promote bonding, and personalized assistance as they transition from Jericho to independent living.

**Aftercare:** While Jericho provides permanent supportive housing and services to its residents, it is dedicated to helping them put in place all the necessary elements for an independent life. Jericho's Aftercare Counselors work with residents to ensure that their sobriety is secure and they have the stable income, affordable housing, and necessary neighborhood support and services needed to move onto to independence.

On average, Jericho residents move on after three years to fully independent lives in the community. Once a resident has successfully graduated, Aftercare Counselors continue to provide extensive support for at least two years, including home visits, regular phone contact, and group social outings.

## Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

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

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

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

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

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

Type or print  File by the due date for filing your 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>245 W 29TH STREET, 9TH FLOOR</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10001</b>	

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 |

• 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 will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/17, 2008, 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 04/01, 2007 and ending 03/31, 2008

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ NONE
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	\$

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

- 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. You 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>245 W 29TH STREET, 9TH FLOOR</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10001</b>	

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

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

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


- The books are in 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.

- I request an additional 3-month extension of time until **02/16/2009**
- For calendar year \_\_\_\_\_, or other tax year beginning **04/01/2007** and ending **03/31/2008**
- If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension **INFORMATION FROM A THIRD PARTY HAS NOT BEEN RECEIVED. THIS INFORMATION IS NECESSARY IN ORDER 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.	8a \$	
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	NONE
8c 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 EFIPS (Electronic Federal Tax Payment System). See instructions.	8c \$	

**Signature and Verification**

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

Signature  Title **PRINCIPAL - CIA** Date **11/11/08**  
**REZNICK GROUP, P.C.**  
**500 EAST PRATT STREET, SUITE 200**  
**BALTIMORE, MD 21202-3100**