



Contact Information



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## Contact Information

### Current Organization Name

Jericho Project

### New York Registration Number

03-28-83

### Registration Category

DUAL

### Has the organization's name changed since its last filing? \*

Yes  No

### Employer Identification Number (EIN) \*

133213525

*Please update organization's EIN if it is incorrect*

### Organization Type \*

Corporation

### What is the organization's IRS tax exempt status? \*

501(c)(3)

*If the organization is not exempt, select None*

### Fiscal Year End

03/31

### Has your fiscal year end changed? \*

Yes  No

### What is the new fiscal year end? \*

06/30

### Organization Email \*

mtuccillo@jerichoproject.org

### Organization Phone \*

6466242341

## Organization Website

WWW.JERICHOPROJECT.ORG

## Organization's Addresses

### Mailing Address

245 West 29th Street, Suite 902, NEW YORK, NY 10001, United States

Has the organization's address changed since the last filing? \*

Yes  No

Is the Primary or Principal address the same as the Mailing address? \*

Yes  No

*Primary or Principal address is where the organization is headquartered and performs its work. Do not enter an organization's post office box address here.*

## Primary Contact Information

First Name \*

Victoria

Last Name \*

Lyon

Professional Title \*

CEO

Email \*

lchin@jerichoproject.org

Re-enter Email \*

lchin@jerichoproject.org

Phone \*

6466242341

## Organization Type

Which IRS form does your organization use? \*

IRS990

Is your organization a public charity or other IRS 990 series filer other than a private foundation ? \*

Yes  No

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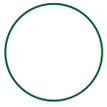
Yes  No

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## Third-party Preparer

Are you a third-party preparer? \*

Yes  No

**First Name** \*

Michael

**Last Name** \*

Carlton

**Title**

Partner

**Firm Name** \*

Geltrude & Company LLC

**Phone** \*

9736679100

**Email** \*

mterrito@geltrude.com

**Address** \*

513 Franklin Ave

Address Line 2

Nutley

NJ

07110

United States

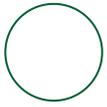
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## Registration Category

Please answer the questions below to update the Charities Bureau on the organization's activities and reporting requirements.

**Does the organization conduct activity in New York State other than soliciting? This may include, but is not limited to, maintaining an office, having employees or staff, or running a program. \***

Yes  No

**Does the organization have assets in New York State? \***

Yes  No

**Is the organization incorporated or formed in New York State? \***

Yes  No

**Has the organization received more than \$25,000 in total contributions from New York State residents, foundations, corporations or government agencies or other entities in the period covered by this filing? \***

Yes  No

**Does the organization plan to receive more than \$25,000 annually in total contributions from New York State residents, foundations, corporations, government agencies or other entities? \***

Yes  No

**Did your organization use a professional fundraiser or fundraising counsel for fundraising activity in New York State? \***

Yes  No

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## Contribution Information

Please answer the questions below about your New York State contributions.

Did the organization solicit or receive contributions during the fiscal year from New York State residents, foundations, corporations, or government agencies, etc.?

Yes  No

Choose the range that represents the organization's total New York State contributions in this filing's fiscal year.

\$0-\$24,999  \$25,000-\$99,999  \$100,000-\$249,000  \$250,000-\$749,000  \$750,000-\$999,999  \$1,000,000-\$4,999,999

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## Annual Exemption

Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the fiscal year? \*

Yes  No

Based on your responses to the annual exemption questions, this organization is required to file under both "**Executive Law 7-A and The Estates, Powers & Trusts Law 8-1.4 (DUAL)**" during this fiscal year.

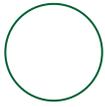
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## Financial Information

Which IRS form does your organization use? \*

IRS990

Enter organization's total contributions \*

14,466,497

NOTE: Number represents the U.S. dollar value.

Part 1, Line 8 (Current Year Column)

Enter organization's total revenue \*

19,036,662

NOTE: Number represents the U.S. dollar value.

Part 1, Line 12 (Current Year Column)

Enter organization's net assets \*

15,813,293

NOTE: Number represents the U.S. dollar value.

Part 1, Line 22 (End of Year Column)

Based on this organization's total contributions and total revenue, you are required to upload an independent Certified Public Accountant's audit report at the end of this form.

For this filing year, does your organization plan to complete any of the following with the New York State Charities Bureau? \*

- Close registration
- Withdraw registration
- Dissolve organization
- None of the above

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## Filing Information

Did the organization use a professional fundraiser or fundraising counsel to solicit contributions in New York State? \*

Yes  No

Did the organization receive government grants during this fiscal year? \*

Yes  No

Please list EACH government grant awarded by a domestic (federal, state or local) agency; interstate or intergovernmental agency; and state or local authorities. Please include any funding from municipalities that include the organization in their standard budgeting (for example, a volunteer ambulance corps).

If you have more than one government grant click on "+Add Government Grants Information" to add more entries.

Name of Government Agency \*

NYS Office of Mental Health

Grant Amount \*

\$4,534,099.00

Name of Government Agency \*

HRA Department of Social Services

Grant Amount \*

\$3,736,104.00

Name of Government Agency \*

US Dept Veteran Affairs and Support

Grant Amount \*

\$4,844,817.00

Name of Government Agency \*

NYC DYCD

Grant Amount \*

\$340,000.00

**Name of Government Agency \***

NYC HRA Subcontract Home Base

**Grant Amount \***

\$810,769.00

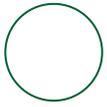
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## Documents

You must upload **ALL PAGES** of the required documents below.

Please note that our online system has a size limit of 24 MB for the total pdfs submitted. If the submitted pdfs exceed the limit, filers will not be able to upload all of the documents.

[Click here](#) here for instructions on how to convert your documents to PDF and [Click here](#) to compress documents of higher sizes. **DO NOT** separate your document into multiple files. Only complete documents are accepted.

Only **1 document** is allowed per section. If you have more documents you may upload them under the 'Other Documents' section below.

**If your organization files Schedule B to IRS Form 990 with the Internal Revenue Service, please remove it from your filings before uploading your documents, and do not include Schedule B in any of your filings with the Charities Bureau.**

### Certified Public Accountant's Audit Report \*

File Name	Document Type
<a href="#">JerichoProject&amp;Affiliates_063023_FS.pdf</a>	AUDIT

### IRS Document (990/990EZ/990PF/990N or 1120 or 1041) \*

File Name	Document Type
<a href="#">Jericho Project 063023 Tax Return.pdf</a>	IRS

### Other Documents (if necessary)

No file chosen

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Exemption Qualifications



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## Signatures

Certification requires two signatures, one from the organization’s president or authorized officer/trustee and the other from the chief financial officer, treasurer or other person with fiscal responsibility for the organization. Both signatories must certify under penalties for perjury that they reviewed this Annual Filing, and that to the best of their knowledge and belief the information contained in this form is true, correct and complete in accordance with the applicable laws of the State of New York.

Enter the signatories' information below. (Please note that the annual filing pdf that signatories receive includes questions that were not applicable to the filing. These are tagged on the pdf as "N/A.")

**Your annual filing has been submitted for signatures. Once the filing is fully signed, you will receive an email with payment information if required. Please note that the signatories may experience a 15 minute delay before they receive an electronic signature request from DocuSign.**

**Please note that only you, the filing's preparer, can re-send or update the request-for-signature emails. If the signatories have not received the request email or require a new one, the preparer can resend the CHAR500 form from the dashboard screen when the preparer logs into the CHAR500 form.**

First Name	Last Name	Title	Email
Victoria	Lyon	President	tlyon@jerichoproject.org
Michael	Tuccillo	Chief Financial Officer	mtuccillo@jerichoproject.org

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