

**CHAR500
Online**For new annual filings,
and amendments**Annual Filing for Charitable Organizations**New York State Office of the Attorney General
Charities Bureau - Registration Section
28 Liberty Street
New York, NY 10005
charitiesnys.com**Open to Public
Inspection**

Filing Type:

☒ New Filing☐ AmendmentFiling Year: 2022**General Information**

Current Organization Name:	<u>Jericho Project</u>	Updated Name:	<u>N/A</u>
NY Registration Number:	<u>03-28-83</u>	Registration Category:	<u>DUAL</u>
Organization Type:	<u>Corporation</u>	EIN:	<u>133213525</u>
Current Fiscal Year End:	<u>03/31</u>	Updated Fiscal Year End:	<u>06/30</u>
Organization Email:	<u>mtuccillo@jerichoproject.org</u>	Organization's Phone:	<u>6466242341</u>
Tax Exempt Status:	<u>501(c)(3)</u>	Website:	<u>WWW.JERICHOPROJECT.ORG</u>

Organization Address

Mailing Address	Principal Address	NY State Address
245 West 29th Street, Suite 902 NEW YORK NY 10001 United States	245 West 29th Street, Suite 902 NEW YORK NY 10001 United States	NA

Primary Contact Information

First Name: <u>Victoria</u>	Last Name: <u>Lyon</u>	Title: <u>CEO</u>
Phone: <u>6466242341</u>	Email: <u>lchin@jerichoproject.org</u>	

Organization Type

Type of IRS document filed with IRS: <u>IRS990</u>	Organization Type: <u>Public</u>
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Third Party Preparer Information

First Name: <u>Michael</u>	Last Name: <u>Carlton</u>	Title: <u>Partner</u>
Firm Name: <u>Geltrude & Company LLC</u>	Phone: <u>9736679100</u>	Email: <u>mterrito@geltrude.com</u>

Third Party Address

Street: <u>513 Franklin Ave</u>	
City: <u>Nutley</u>	State: <u>NJ</u>
Zip: <u>07110</u>	Country: <u>United States</u>

Registration Category

1. 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
2. Does the organization have assets in New York State?
☒ Yes ☐ No
3. Is the organization incorporated or formed in New York State?
☒ Yes ☐ No
4. 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
5. 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
6. Does the organization use a professional fundraiser or fundraising counsel?
☒ Yes ☐ No

Based on your responses to the above questions, this organization's registration category remains as DUAL

Contribution Information

1. Did the organization solicit or receive contributions during the fiscal year in New York State?
☒ Yes ☐ No
3. Choose the total contributions in New York State this fiscal year: \$10,000,000-\$50,000,000

Annual Exemptions

1. Were the total contributions from New York State, including residents, foundations, government agencies, etc. under \$25,000 during the fiscal year?
☐ Yes ☐ No N/A
2. Did the organization use a professional fundraiser or fundraising counsel during the fiscal year?
☐ Yes ☐ No N/A
3. 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 annual exemption questions, this organization is required to file under DUAL during this fiscal year.

Financial Information

Type of IRS document filed with IRS IRS990 Organization's total revenue: 19,036,662

Organization's total contributions: 14,466,497 Organization's total assets: N/A

Organization's net assets: 15,813,293 Organization's total revenue and contributions: N/A

Organization's total liabilities: N/A Organization's total assets/ worth: N/A

Organization's total income: N/A

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

☐ Closing ☐ Withdrawing ☐ Dissolving ☒ None

Is this your final filing with New York State? ☐ Yes ☐ No N/A

Filing Information

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

☐ Yes ☒ No

General Information	Description of Services	Description of Compensation
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Reg Number: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Did the organization receive government grants during this fiscal year?

☒ Yes ☐ No

Government Grant Agency	Grant Amount
NYS Office of Mental Health	\$4,534,099.00
HRA Department of Social Services	\$3,736,104.00
US Dept Veteran Affairs and Support	\$4,844,817.00
NYC DYCD	\$340,000.00
	To be continued in Appendix page 2

Documents

Attached organization's required documents:

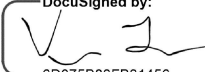
- ☒ IRS document
- ☒ Certified Public Accountant's Audit Report
- ☐ Certified Public Accountant's Review Report
- ☐ Complete Certificate of Amendment or other document amending the name
- ☐ Other documents

Signatures

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

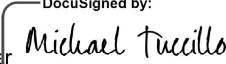
Role	First Name	Last Name	Email
President	Victoria	Lyon	tlyon@jerichoproject.org
Chief Financial Officer	Michael	Tuccillo	mtuccillo@jerichoproject.org

Signature of
President

DocuSigned by:

6D075D82FD31456...

Date: 1/25/2024

Signature of
Chief Financial Officer

DocuSigned by:

30BC3A15C16E450...

Date: 1/24/2024

Filing Information

General Information	Description of Services	Description of Compensation
Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	N/A	N/A
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Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u>	N/A	N/A

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