

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)

2005

Open to Public Inspection

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 2005 calendar year, or tax year beginning, 2005, and ending, 20

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

C Name of organization: METRO JUSTICE OF ROCHESTER INC
Number and street (or P O box if mail is not delivered to street address): 167 FLANDERS ST
City or town state or country and ZIP + 4: ROCHESTER, NY 14619

D Employer identification number: 16-1016916
E Telephone number
F Accounting method: [X] Cash [ ] Accrual [ ] Other (specify)

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

- H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) If "Yes" enter number of affiliates
H(c) Are all affiliates included? [ ] Yes [ ] No
H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [ ] No

G Website:

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 chooses to file a return be sure to file a complete return. Some states require a complete return.

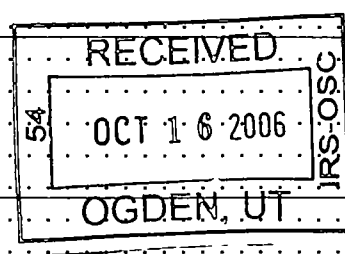
L Gross receipts. Add lines 6b, 9b, and 10b to line 12: 385984

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 (See the instructions)

SCANNED OCT 30 2006

Table with 21 rows and multiple columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



Handwritten initials/signature

**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 |
|---|--|-----------|----------------------|----------------------------|-----------------|
| 22  | Grants and allocations (attach schedule) (cash \$ 8715 noncash \$ )<br>If this amount includes foreign grants, check here <input type="checkbox"/> | 22 8715   | 8715                 |                            |                 |
| 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        |                      |                            |                 |
| 26  | Other salaries and wages   | 26 60697  | 90                   | 60607                      |                 |
| 27  | Pension plan contributions   | 27 2591   |                      | 2591                       |                 |
| 28  | Other employee benefits  | 28 5474   |                      | 5474                       |                 |
| 29  | Payroll taxes  | 29 4661   |                      | 4661                       |                 |
| 30  | Professional fundraising fees  | 30        |                      |                            |                 |
| 31  | Accounting fees  | 31 6528   |                      | 6528                       |                 |
| 32  | Legal fees   | 32 882    |                      |                            | 882             |
| 33  | Supplies   | 33 43330  | 24243                | 4379                       | 14708           |
| 34  | Telephone  | 34 4309   | 178                  | 4131                       |                 |
| 35  | Postage and shipping   | 35 4884   | 4884                 |                            |                 |
| 36  | Occupancy  | 36 9524   | 4554                 | 4970                       |                 |
| 37  | Equipment rental and maintenance   | 37 9143   |                      | 9143                       |                 |
| 38  | Printing and publications  | 38 15534  | 11996                | 2764                       | 774             |
| 39  | Travel   | 39 15728  | 13321                | 2407                       |                 |
| 40  | Conferences, conventions, and meetings   | 40 1834   | 1834                 |                            |                 |
| 41  | Interest   | 41        |                      |                            |                 |
| 42  | Depreciation, depletion, etc (attach schedule)   | 42        |                      |                            |                 |
| 43  | Other expenses not covered above (itemize)   |           |                      |                            |                 |
| a   | MISCELLANEOUS  | 43a 10934 | 5787                 | 3320                       | 1827            |
| b   |  | 43b       |                      |                            |                 |
| c   |  | 43c       |                      |                            |                 |
| d   |  | 43d       |                      |                            |                 |
| e   |  | 43e       |                      |                            |                 |
| f   |  | 43f       |                      |                            |                 |
| g   |  | 43g       |                      |                            |                 |
| 44  | <b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)            | 44 204768 | 75602                | 110975                     | 18191           |

**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** (See the instructions )

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes in Part III, the organization's programs and accomplishments.

| What is the organization's primary exempt purpose? ► <b>EDUCATION AND EMPOWERMENT</b><br>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.) | <b>Program Service Expenses</b><br>(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others) |
|---|--|
| <b>a CIUDAD HERMANA AND ROCIA DO EDUCATION AND PROVIDE AID TO CENTRAL AMERICAN COMMUNITIES</b><br><br>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>  | 21232  |
| <b>b TV DINNER VIDEOTAPES COMMUNITY EVENTS THAT ARE AIRED ON COMMUNITY ACCESS TV STATIONS AND TRAINS PEOPLE TO CREATE VIDEOS</b><br><br>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>  | 5985   |
| <b>c PUBLICATIONS AND EDUCATIONAL EVENTS WHICH INCLUDE A MONTHLY 12 PAGE NEWSLETTER THAT GOES TO 2000+ HOUSEHOLDS</b><br><br>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>   | 28301  |
| <b>d SPEAKOUTS AND RALLIES THAT PROMOTE PEACE AND INCLUDES TRANSPORTATION TO WASHINGTON DC AND NEW YORK CITY FOR RALLIES</b><br><br>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>  | 20084  |
| <b>e Other program services (attach schedule)</b><br>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>   |  |
| <b>f Total of Program Service Expenses</b> (should equal line 44 column (B), Program services) . . . . . ►  | 75602  |

**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)               |     | (B)         |
|---|--|-------------------|-----|-------------|
|   |  | Beginning of year |     | End of year |
|   | 45 Cash - non-interest-bearing . . . . .   | 58892             | 45  | 34940       |
|   | 46 Savings and temporary cash investments . . . . .  | 27712             | 46  | 232880      |
|   | 47 a Accounts receivable . . . . .   |                   |     |             |
|   | b Less allowance for doubtful accounts . . . . .   |                   | 47c |             |
|   | 48 a Pledges receivable . . . . .  |                   |     |             |
|   | b Less allowance for doubtful accounts . . . . .   |                   | 48c |             |
|   | 49 Grants receivable . . . . .   |                   | 49  |             |
|   | 50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .   |                   | 50  |             |
| A | 51 a Other notes and loans receivable (attach schedule) . . . . .  |                   |     |             |
| s | b Less allowance for doubtful accounts . . . . .   |                   | 51c |             |
| s | 52 Inventories for sale or use . . . . .   |                   | 52  |             |
| e | 53 Prepaid expenses and deferred charges . . . . .   |                   | 53  |             |
| t | 54 Investments - securities (attach schedule) . . . . .  |                   | 54  |             |
| s | 55 a Investments - land, buildings, and equipment basis . . . . .  |                   |     |             |
|   | b Less accumulated depreciation (attach schedule) . . . . .  |                   | 55c |             |
|   | 56 Investments - other (attach schedule) . . . . .   |                   | 56  |             |
|   | 57 a Land, buildings and equipment basis . . . . .   |                   |     |             |
|   | b Less accumulated depreciation (attach schedule) . . . . .  |                   | 57c |             |
|   | 58 Other assets (describe ) . . . . .  |                   | 58  |             |
|   | 59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .  | 86604             | 59  | 267820      |
| L | 60 Accounts payable and accrued expenses . . . . .   |                   | 60  |             |
| i | 61 Grants payable . . . . .  |                   | 61  |             |
| a | 62 Deferred revenue . . . . .  |                   | 62  |             |
| b | 63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .   |                   | 63  |             |
| i | 64 a Tax-exempt bond liabilities (attach schedule) . . . . .   |                   | 64a |             |
| t | b Mortgages and other notes payable (attach schedule) . . . . .  |                   | 64b |             |
| i | 65 Other liabilities (describe ) . . . . .   |                   | 65  |             |
| e | 66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .   | 0                 | 66  | 0           |
|   | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74                                   |                   |     |             |
| F | 67 Unrestricted . . . . .  | 86604             | 67  | 267820      |
| u | 68 Temporarily restricted . . . . .  |                   | 68  |             |
| n | 69 Permanently restricted . . . . .  |                   | 69  |             |
| d | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74   |                   |     |             |
| A | 70 Capital stock, trust principal or current funds . . . . .   |                   | 70  |             |
| s | 71 Paid-in or capital surplus or land, building and equipment fund . . . . .   |                   | 71  |             |
| B | 72 Retained earnings endowment, accumulated income, or other funds . . . . .   |                   | 72  |             |
| s | 73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72 column (A) <b>must</b> equal line 19 column (B) <b>must</b> equal line 21) . . . . . | 86604             | 73  | 267820      |
| a | 74 <b>Total liabilities and net assets / fund balances.</b> Add lines 66 and 73 . . . . .  | 86604             | 74  | 267820      |





| <b>Part VI Other Information</b> (continued) |   | Yes        | No  |
|--|---|------------|-----|
| <b>82 a</b>                                  | Did the organization receive donated services or the use of materials, equipment or facilities at no charge or at substantially less than fair rental value? . . . . .  | 82a        | X   |
|  | <b>b</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) . . . . .   | <b>82b</b> | 850 |
| <b>83 a</b>                                  | Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .   | 83a        | X   |
|  | <b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .   | 83b        |     |
| <b>84 a</b>                                  | Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .   | 84a        | X   |
|  | <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  | 84b        |     |
| <b>85</b>                                    | <b>501(c)(4), (5) or (6) organizations</b> <b>a</b> Were substantially all dues nondeductible by members? . . . . .   | 85a        |     |
|  | <b>b</b> Did the organization make only in-house lobbying expenditures of \$2 000 or less? . . . . .  | 85b        |     |
|  | If "Yes" was answered to either 85a or 85b <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year   |            |     |
|  | <b>c</b> Dues, assessments and similar amounts from members . . . . .   | 85c        |     |
|  | <b>d</b> Section 162(e) lobbying and political expenditures . . . . .   | 85d        |     |
|  | <b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .   | 85e        |     |
|  | <b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .  | 85f        |     |
|  | <b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .  | 85g        |     |
|  | <b>h</b> 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? . . . . .                           | 85h        |     |
| <b>86</b>                                    | <b>501(c)(7) orgs</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12 . . . . .  | 86a        |     |
|  | <b>b</b> Gross receipts included on line 12, for public use of club facilities . . . . .  | 86b        |     |
| <b>87</b>                                    | <b>501(c)(12) orgs</b> Enter <b>a</b> Gross income from members or shareholders . . . . .   | 87a        |     |
|  | <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .  | 87b        |     |
| <b>88</b>                                    | At any time during the year did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . .         | 88         | X   |
| <b>89 a</b>                                  | <b>501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____   |            |     |
|  | <b>b</b> <b>501(c)(3) and 501(c)(4) orgs</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction . . . . . | 89b        | X   |
|  | <b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____   |            |     |
|  | <b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization . . . . . ▶ _____   |            |     |
| <b>90 a</b>                                  | List the states with which a copy of this return is filed ▶ <u>NEW YORK</u>   |            |     |
|  | <b>b</b> Number of employees employed in the pay period that includes March 12, 2005 (See instructions) . . . . .   | 90b        | 2   |
| <b>91 a</b>                                  | The books are in care of ▶ <u>METRO JUSTICE OF ROCHESTER</u> Telephone no ▶ <u>585-325-2560</u><br>Located at ▶ <u>167 FLANDERS ST ROCHESTER NY</u> ZIP + 4 ▶ <u>14619</u>  |            |     |
|  | <b>b</b> 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)? . . . . .                            | 91b        | X   |
|  | If "Yes," enter the name of the foreign country ▶ _____<br>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b>  |            |     |
|  | <b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . .  | 91c        | X   |
|  | If "Yes," enter the name of the foreign country ▶ _____   |            |     |
| <b>92</b>                                    | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> - Check here . . . . . ▶ <input type="checkbox"/>  |            |     |
|  | and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>92</b>   |            |     |

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

Note: Enter gross amounts unless otherwise indicated

|   | Unrelated business income |               | Excluded by section 512 513 or 514 |               | (E)<br>Related or exempt function income |
|---|---------------------------|---------------|------------------------------------|---------------|--|
|   | (A)<br>Business code      | (B)<br>Amount | (C)<br>Exclusion code              | (D)<br>Amount |  |
| 93 Program service revenue                                      |                           |               |                                    |               |  |
| a CIUDAD HERMANA & ROCLA  |                           |               |                                    |               | 27184                                    |
| b TV DINNER   |                           |               |                                    |               | 318                                      |
| c PUBLICATIONS & EVENTS   |                           |               |                                    |               | 4713                                     |
| d SPEAKOUTS & RALLIES   |                           |               |                                    |               | 29829                                    |
| e SEE ATTACHED  |                           |               |                                    |               | 12097                                    |
| f Medicare/Medicaid payments . . . . .                          |                           |               |                                    |               |  |
| g Fees and contracts from government agencies . . . . .         |                           |               |                                    |               |  |
| 94 Membership dues and assessments . . . . .                    |                           |               |                                    |               |  |
| 95 Interest on savings and temporary cash investments           |                           |               |                                    |               | 227                                      |
| 96 Dividends and interest from securities . . . . .             |                           |               |                                    |               |  |
| 97 Net rental income or (loss) from real estate                 |                           |               |                                    |               |  |
| a debt-financed property . . . . .                              |                           |               |                                    |               |  |
| b not debt-financed property . . . . .                          |                           |               |                                    |               |  |
| 98 Net rental income or (loss) from personal property . . . . . |                           |               |                                    |               |  |
| 99 Other investment income . . . . .                            |                           |               |                                    |               |  |
| 100 Gain or (loss) from sales of assets other than inventory    |                           |               |                                    |               |  |
| 101 Net income or (loss) from special events . . . . .          |                           |               |                                    |               |  |
| 102 Gross profit or (loss) from sales of inventory . . . . .    |                           |               |                                    |               |  |
| 103 Other revenue   |                           |               |                                    |               |  |
| a   |                           |               |                                    |               |  |
| b   |                           |               |                                    |               |  |
| c   |                           |               |                                    |               |  |
| d   |                           |               |                                    |               |  |
| e   |                           |               |                                    |               |  |
| 104 Subtotal (add columns (B), (D), and (E)) . . . . .          |                           |               |                                    |               | 74368                                    |
| 105 Total (add line 104, columns (B), (D), and (E)) . . . . .   |                           |               |                                    |               | 74368                                    |

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 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) |
|----------|--|
| 93A      | EDUC FORUMS ON LATIN AMERICA/SCHOLARSHIPS AND AID  |
| 93B      | TAPING TALKS & TRAINING OTHER GROUPS TO USE COMMUNITY CABLE SERVI  |
| 93C      | EDUC MATERIALS/NEWSLETTER DISCUSSING ECONOMIC & SOCIAL JUSTICE   |
| 93D      | EDUC MATERIALS & TRANSPORTATION TO EVENTS PROMOTING PEACE  |

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

| (A)<br>Name, address, and EIN of corporation, partnership, or disregarded entity | (B)<br>Percentage of ownership interest | (C)<br>Nature of activities | (D)<br>Total income | (E)<br>End-of-year assets |
|--|---|-----------------------------|---------------------|---------------------------|
|  | %                                       |                             |                     |                           |
|  | %                                       |                             |                     |                           |
|  | %                                       |                             |                     |                           |
|  | %                                       |                             |                     |                           |

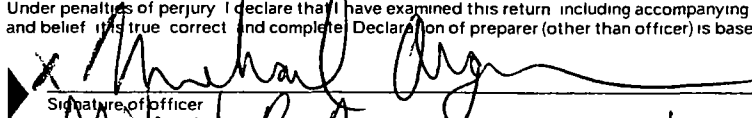
**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions )

(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)

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 this return is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please Sign Here:  Date: 09/28/2006

Signature of officer: Michael B. Argaman, treasurer

Paid Preparer's Use Only: Preparer's signature:  Date: 09-24-2006 Check if self-employed:  Preparer's SSN or PTIN: P00028476

Firm's name (or yours if self-employed) address and ZIP + 4: PHILIP A. BLEIER, CPA 7446 N. BERGEN ROAD BERGEN NY 14416 EIN: 16-1428184 Phone no: 585-230-0188



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**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

OMB No 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

**▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

METRO JUSTICE OF ROCHESTER INC

16-1016916

**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 |
|---|--|------------------|---|--|
| NONE  |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |

Total number of other employees paid over \$50,000 ▶

**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 ▶

**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 |
|---|---------------------|------------------|
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |

Total number of other contractors receiving over \$50,000 for other services ▶

**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? . . . . .   | 2a  | X  |
| b  | Lending of money or other extension of credit? . . . . .  | 2b  | X  |
| c  | Furnishing of goods, services, or facilities? . . . . .   | 2c  | X  |
| d  | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .   | 2d  | X  |
| e  | Transfer of any part of its income or assets? . . . . .   | 2e  | X  |
| 3a | 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) . . . . .  | 3a  | X  |
| b  | Do you have a section 403(b) annuity plan for your employees? . . . . .   | 3b  | X  |
| c  | During the year did the organization receive a contribution of qualified real property interest under section 170(h)? . . . . .   | 3c  | X  |
| 4a | Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .   | 4a  | X  |
| b  | Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .   | 4b  | 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) Check the box that describes the type of supporting organization ▶  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See page 6 of the instructions )

| (a) Name(s) of supported organization(s) | (b) Line number from above |
|--|----------------------------|
|  |                            |
|  |                            |
|  |                            |

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions )

M3-ll

Name as shown on Return

METRO JUSTICE OF ROCHESTER INC

Employer identification number

16-1016916

**LINE 93E STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS****Description****Amount**

|  |                  |
|--|------------------|
| POOR PEOPLE UNITED IS COMPRISED OF POOR PEOPLE AND THEIR | \$               |
| ALLIES WHO ARE CREATING SERVICES FOR THE POOR            | 12,097           |
| <b>Total:</b>  | <b>\$ 12,097</b> |



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

▶ 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)

**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed 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)

|  |   |   |
|--|---|---|
| <b>Type or print</b><br>File by the due date for filing your return. See instructions. | Name of Exempt Organization<br><b>METRO JUSTICE OF ROCHESTER INC</b>  | Employer identification number<br><b>16-1016916</b> |
|  | Number, street, and room or suite no. If a P O box, see instructions<br><b>167 FLANDERS ST</b>                        |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions<br><b>ROCHESTER, NY 14619</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 ▶ \_\_\_\_\_

Telephone No ▶ \_\_\_\_\_ 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-month, for **990-T corporation**) extension of time until 07-15, 2006, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year 20 05 or

▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_

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

**For Paperwork Reduction Act Notice, see instruction**