Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

For the 2014 calendar year, or tax year beginning, 2014, and ending __________

THE ROLLING JUBILEE FUND
151 FIRST AVENUE #222
NEW YORK, NY 10003

Employer identification number
46-1104294

Telephone number
651-249-8029

Group Exemption Number

Check if applicable:
Tax-exempt status
Application pending
Amended return

Income from gaming (attach Schedule G if greater than $15,000)...

Non-cash gifts...

Contributions, gifts, grants, and similar amounts received...

Program service revenue including government fees and contracts...

Membership dues and assessments...

Investment income...

Gross amount from sale of assets other than inventory...

Gross profit or (loss) from sales of inventory...

Gross sales of inventory, less returns and allowances...

Other expenses (describe in Schedule O)...

Grants and similar amounts paid (list in Schedule O)...

Benefits paid to or for members...

Salaries, other compensation, and employee benefits...

Professional fees and other payments to independent contractors...

Occupancy, rent, utilities, and maintenance...

Printing, publications, postage, and shipping...

Other expenses (describe in Schedule O)...

Net assets or fund balances at beginning of year...

Net income or (loss) from gaming and fundraising events...

Net assets or fund balances at end of year.......

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

Check if the organization used Schedule O to respond to any question in this Part I...

Check if the organization is required to attach Schedule B...

Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ.

Net assets or fund balances at end of year. Combine lines 18 through 20...

Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year’s return)...

Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ.

Net assets or fund balances at end of year. Combine lines 18 through 20...

BAA For Paperwork Reduction Act Notice, see the separate instructions.
**Part II: Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II. ☑

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
<td>208,908.</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe in Schedule O)</td>
<td>SEE SCHEDULE O</td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td>254,120.</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe in Schedule O)</td>
<td>SEE SCHEDULE O</td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>243,920.</td>
</tr>
</tbody>
</table>

**Part III: Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III. ☑

<table>
<thead>
<tr>
<th></th>
<th>Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>28</td>
<td>SEE SCHEDULE O</td>
</tr>
<tr>
<td>29</td>
<td>Grants $</td>
</tr>
<tr>
<td>30</td>
<td>Other program services (describe in Schedule O)</td>
</tr>
<tr>
<td>31</td>
<td>Total program service expenses (add lines 28a through 31a).</td>
</tr>
</tbody>
</table>

**Part IV: List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV. ☐

<table>
<thead>
<tr>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAURA HANNA</td>
<td>PRESIDENT</td>
<td>5 0. 0. 0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>THOMAS GOKEY</td>
<td>VICE PRESIDENT</td>
<td>5 0. 0. 0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASTRA TAYLOR</td>
<td>ASST SECRETARY</td>
<td>5 0. 0. 0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANDREW ROSS</td>
<td>SECRETARY</td>
<td>5 0. 0. 0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAVID GRAEBER</td>
<td>TREASURER</td>
<td>5 0. 0. 0.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Form 990-EZ (2014)  THE ROLLING JUBILEE FUND  46-1104294  Page 3

Part V  Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any significant activity not previously reported to the IRS?
Yes  No

34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conforming copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).
Yes  No

35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
Yes  No

35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.
Yes  No

35c Was the organization a section 501(c)(4), 501(c)(6), or 501(c)(7) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.
Yes  No

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.
Yes  No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.

37b Did the organization file Form 1120-POL for this year?
Yes  No

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
Yes  No

38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.

39 Section 501(c)(7) organizations. Enter:

39a Initiation fees and capital contributions included on line 9
N/A

39b Gross receipts, included on line 9, for public use of club facilities
N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

N/A

40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.

40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4952, and 4955.

40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.

40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.
Yes  No

41 List the states with which a copy of this return is filed.

42a The organization's books are in care of:

ANDREW ROSS
Located at  NY UNIVERSITY, 20 COOPER SQ, 4TH FLOOR  NEW YORK NY  ZIP + 4  10003

42b 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)?
Yes  No

42c At any time during the calendar year, did the organization maintain an office outside the U.S.?
Yes  No

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 enter the amount of tax-exempt interest received or accrued during the tax year.

43a Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.
Yes  No

43b Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.
Yes  No

43c Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.
Yes  No

43d If 'Yes' to line 43c, has the organization filed a Form 720 to report these payments?
Yes  No

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
Yes  No

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).
Yes  No

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

46 Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

N/A

47a Did the organization have any significant activity not previously reported to the IRS?
Yes  No

47b Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conforming copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).
Yes  No

47c Did the organization have any significant activity not previously reported to the IRS?
Yes  No

47d Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conforming copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).
Yes  No

47e Did the organization have any significant activity not previously reported to the IRS?
Yes  No

47f Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conforming copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).
Yes  No

47g Did the organization have any significant activity not previously reported to the IRS?
Yes  No

47h Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conforming copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).
Yes  No

47i Did the organization have any significant activity not previously reported to the IRS?
Yes  No

47j Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conforming copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).
Yes  No

47k Did the organization have any significant activity not previously reported to the IRS?
Yes  No

47l Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conforming copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).
Yes  No

47m Did the organization have any significant activity not previously reported to the IRS?
Yes  No

47n Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conforming copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).
Yes  No

47o Did the organization have any significant activity not previously reported to the IRS?
Yes  No

47p Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conforming copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).
Yes  No

47q Did the organization have any significant activity not previously reported to the IRS?
Yes  No

47r Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conforming copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).
Yes  No

47s Did the organization have any significant activity not previously reported to the IRS?
Yes  No

47t Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conforming copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).
Yes  No

47u Did the organization have any significant activity not previously reported to the IRS?
Yes  No

47v Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conforming copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).
Yes  No

47w Did the organization have any significant activity not previously reported to the IRS?
Yes  No

47x Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conforming copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).
Yes  No

47y Did the organization have any significant activity not previously reported to the IRS?
Yes  No

47z Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conforming copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).
Yes  No
### Part VI
**Section 501(c)(3) organizations only**
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>46</td>
<td></td>
<td>X</td>
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<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>47</td>
<td></td>
<td></td>
</tr>
<tr>
<td>48</td>
<td></td>
<td></td>
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<tr>
<td>49a</td>
<td></td>
<td></td>
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<tr>
<td>49b</td>
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</tbody>
</table>

#### Table for Highest Compensated Employees

<table>
<thead>
<tr>
<th>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
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</tbody>
</table>

| (f) Total number of other employees paid over $100,000 | |

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Table for Highest Compensated Independent Contractors

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

| (d) Total number of other independent contractors each receiving over $100,000 | |

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>52</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**

**Date**

**THOMAS GOKEY**

**Vice President**

**Type or print name and title**

**BARRY S. KROSTICH, CPA**

**Firm's name**: FUOCO GROUP LLP

**Firm's address**: 200 PARKWAY DRIVE SOUTH SUITE 302

**Phone number**: 631-360-1700

**Form 990-EZ (2014)**

---

**THE ROLLING JUBILEE FUND**

**46-1104294**

**Preparer's signature**

**Date**

**PTIN**: P00051586

**Firm's EIN**: 20-0268717

---

**May the IRS discuss this return with the preparer shown above?**

**Yes** | **No**
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BANK FEES ........................................................ $ 180.
DEBT PURCHASES ................................................. $ 205,507.
REGISTRATION FEES .......................................... $ 123.

TOTAL $ 205,810.

FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

BEGINNING ENDING

PREPAID EXPENSES AND DEFERRED CHARGES ...................... $ 45,212. $ 0.
TOTAL $ 45,212. $ 0.

FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

BEGINNING ENDING

ACCOUNTS PAYABLE AND ACCRUED EXPENSES ...................... $ 10,200. $ 33,848.
TOTAL $ 10,200. $ 33,848.

FORM 990-EZ, PART III - ORGANIZATION’S PRIMARY EXEMPT PURPOSE

THE PURPOSE OF THE FUND IS TO REDUCE, THROUGH MUTUAL AID, THE LEVEL OF INDEBTEDNESS OF MEMBERS OF THE COMMUNITY BY ACQUIRING OUTSTANDING DEBT AND ABOLISHING IT. THIS WILL BE ACCOMPLISHED BY COOPERATING WITH OTHER ORGANIZATIONS, WHETHER LOCAL, NATIONAL OR INTERNATIONAL, FOR THE FOREGOING PURPOSE.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE PURPOSE OF THE FUND IS TO REDUCE, THROUGH MUTUAL AID, THE LEVEL OF INDEBTEDNESS OF MEMBERS OF THE COMMUNITY BY ACQUIRING OUTSTANDING DEBT AND ABOLISHING IT. THIS WILL BE ACCOMPLISHED BY COOPERATING WITH OTHER ORGANIZATIONS, WHETHER LOCAL, NATIONAL OR INTERNATIONAL, FOR THE FOREGOING PURPOSE.
Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- 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.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

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.

Enter filer's identifying number, see instructions

<table>
<thead>
<tr>
<th>Type print</th>
<th>Name of exempt organization or other filer, see instructions.</th>
<th>Employer identification number (EIN) or social security number (SSN)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>THE ROLLING JUBILEE FUND</td>
<td>46-1104294</td>
</tr>
</tbody>
</table>

File by the due date for filing your return. See instructions.

<table>
<thead>
<tr>
<th>Number, street, and room or suite number. If a P.O. box, see instructions.</th>
<th>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>151 FIRST AVENUE #222</td>
<td>NEW YORK, NY 10003</td>
</tr>
</tbody>
</table>

Enter the Return code for the return that this application is for (file a separate application for each return). 01

Application Is For

<table>
<thead>
<tr>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Form 990-T (corporation)</td>
<td>07</td>
</tr>
<tr>
<td>02</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>03</td>
<td>Form 4720 (other than individual)</td>
<td>09</td>
</tr>
<tr>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

The books are in the care of ANDREW ROSS

Telephone No. (212) 998-3727, 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 and attach a list with the names and EINs of all members of the extension is for.

1. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
   - calendar year 20 14 or
   - tax year beginning and ending 2015, 2016.

2. If the tax year entered in line 1 is for less than 12 months, check reason: initial return, final return.
   - Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. $ 0.

3b If this application is for Forms 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. $ 0.

3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. $ 0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

FIF20501L 12/31/13
**Form 8868 (Rev 1-2014)**

**Part II** Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 4720 (individual)</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (section 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

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 **ANDREW ROSS**
- Telephone No. **(212) 998-3727**
- Fax No. **(212) 998-3727**
- 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).
- **THE ROLLING JUBILEE FUND**
- Employer identification number (EIN) or Social security number (SSN) **46-1104294**
- Number, street, and room or suite number. If a P.O. box, see instructions.
- **FUOCO GROUP LLP**
- **200 PARKWAY DRIVE SOUTH SUITE 302**
- City, town or post office, state, and ZIP code. For a foreign address, see instructions.
- **HAUPPAUGE, NY 11788**

Enter the Return code for the return that this application is for (file a separate application for each return).

- **Application Is For**: Form 990 or Form 990-EZ
- **Return Code**: 01
- **Application Is For**: Form 1041-A
- **Return Code**: 08

**signature** and Verification must be completed for Part II only.

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**: VICE PRESIDENT

**Date**: 11/13/15