

Form **990**Department of the Treasury  
Internal Revenue Service**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)

OMB No 1545-0047

**2004**Open to Public  
Inspection

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

**A** For the 2004 calendar year, or tax year beginning

and ending

**B** Check if  
applicable

- ☐ Address  
change
- ☐ Name  
change
- ☐ Initial  
return
- ☐ Final  
return
- ☐ Amended  
return
- ☐ Application  
pending

Please  
use IRS  
label or  
print or  
type  
See  
Specific  
Instruc-  
tions**C** Name of organization**PREVENTION EDUCATION INC T/A PEI KIDS**

Number and street (or P.O. box if mail is not delivered to street address)

**231 LAWRENCE ROAD**

Room/suite

City or town, state or country, and ZIP + 4

**LAWRENCEVILLE, NJ 08648****D** Employer identification number**22-2594219****E** Telephone number**609-695-3739****F** Accounting method☐ 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 and I are not applicable to section 527 organizations****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No  
(If "No," attach a list.)**H(d)** Is this a separate return filed by an or-  
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☒ if the organization is **not** required to attach  
Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: ▶ **N/A****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 received a Form 990 Package  
in the mail, it should file a return without financial data. **Some states require a complete return.****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶**911,211.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received:				
	<b>a</b>	Direct public support	<b>1a</b>	<b>62,768.</b>		
	<b>b</b>	Indirect public support	<b>1b</b>	<b>24,000.</b>		
	<b>c</b>	Government contributions (grants)	<b>1c</b>	<b>566,386.</b>		
	<b>d</b>	<b>Total</b> (add lines 1a through 1c) (cash \$ <b>647,754.</b> noncash \$ <b>5,400.</b> )			<b>1d</b>	<b>653,154.</b>
	<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b>	<b>144,532.</b>
	<b>3</b>	Membership dues and assessments			<b>3</b>	
	<b>4</b>	Interest on savings and temporary cash investments			<b>4</b>	<b>817.</b>
	<b>5</b>	Dividends and interest from securities			<b>5</b>	
	Expenses	<b>6 a</b>	Gross rents	<b>6a</b>	<b>38,127.</b>	
<b>b</b>		Less: rental expenses	<b>6b</b>	<b>14,594.</b>		
<b>c</b>		Net rental income or (loss) (subtract line 6b from line 6a)			<b>6c</b>	<b>23,533.</b>
<b>7</b>		Other investment income (describe ▶ )			<b>7</b>	
<b>8 a</b>		Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
<b>b</b>		Less: cost or other basis and sales expenses	<b>8a</b>			
<b>c</b>		Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b>		Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
<b>8d</b>						
Net Assets		<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	<b>a</b>	Gross revenue (not including \$ <b>0.</b> of contributions reported on line 1a)	<b>9a</b>	<b>68,071.</b>		
	<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>16,529.</b>		
	<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)			<b>9c</b>	<b>51,542.</b>
	<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b>	Less: cost of goods sold	<b>10b</b>			
	<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			<b>10c</b>	
	<b>11</b>	Other revenue (from Part VII, line 103)			<b>11</b>	<b>6,510.</b>
	<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			<b>12</b>	<b>880,088.</b>
	Net Assets	<b>13</b>	Program services (from line 44, column (B))			<b>13</b>
<b>14</b>		Management and general (from line 44, column (C))			<b>14</b>	<b>137,061.</b>
<b>15</b>		Fundraising (from line 44, column (D))			<b>15</b>	
<b>16</b>		Payments to affiliates (attach schedule)			<b>16</b>	
<b>17</b>		<b>Total expenses</b> (add lines 16 and 44, column (A))			<b>17</b>	<b>901,420.</b>
<b>18</b>		Excess or (deficit) for the year (subtract line 17 from line 12)			<b>18</b>	<b>-21,332.</b>
<b>19</b>		Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	<b>590,306.</b>
<b>20</b>		Other changes in net assets or fund balances (attach explanation)			<b>20</b>	<b>0.</b>
<b>21</b>		Net assets or fund balances at end of year (combine lines 18, 19, and 20)			<b>21</b>	<b>568,974.</b>

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01-13-05

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

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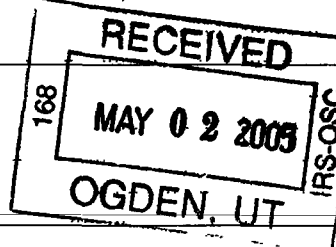
2004.05050 PREVENTION EDUCATION INC T/ 2140 1

SCANNED JUN 03 2005

Revenue

Expenses

Net Assets



**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.

Page 2

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 \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	72,256.	48,171.	24,085.	0.
26	Other salaries and wages	496,227.	463,534.	32,693.	
27	Pension plan contributions				
28	Other employee benefits	47,084.	34,907.	12,177.	
29	Payroll taxes	47,198.	43,531.	3,667.	
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	13,540.	8,578.	4,962.	
34	Telephone	9,718.	7,863.	1,855.	
35	Postage and shipping	2,422.	1,241.	1,181.	
36	Occupancy	3,750.	3,750.		
37	Equipment rental and maintenance				
38	Printing and publications	7,412.	6,466.	946.	
39	Travel	5,957.	5,942.	15.	
40	Conferences, conventions, and meetings	2,438.	1,872.	566.	
41	Interest	13,451.		13,451.	
42	Depreciation, depletion, etc. (attach schedule)	27,741.	27,091.	650.	
43	Other expenses not covered above (itemize):				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 4	43e	152,226.	111,413.	40,813.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	901,420.	764,359.	137,061.

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**What is the organization's primary exempt purpose? **SEE STATEMENT 5**

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.)

**Program Service Expenses**  
 (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a	CHILD ASSAULT PREVENTION, KIDS ON THE BLOCK, PEACEFUL SOLUTION AND NO MORE BULLIES ARE THE ASSAULT PREVENTION & CONFLICT MNGMNT PROGRAMS PRESENTED TO STUDENTS. TEACHERS AND PARENT WORKSHOPS ARE ALSO COMPONENTS. (Grants and allocations \$ _____)	168,867.
b	TRANSPORTATION PLUS PROGRAM PROVIDES A MEANS FOR CHILDREN AND THEIR FAMILIES UNDER THE CARE OF NJ DYFS TO BE TRANSPORTED FOR APPOINTMENTS THAT DIRECTLY AFFECT THEIR CARE AND WELFARE. (Grants and allocations \$ _____)	130,242.
c	SUPERVISED VISITATION PROGRAMS FACILITATE VISITS BETWEEN CHILDREN IN FOSTER CARE AND THEIR FAMILIES. THE GOAL IS REUNIFICATION WITH FAMILY OR FAMILY MEMBERS OR PERMANENT PLACEMENT IN A LOVING HOME. (Grants and allocations \$ _____)	141,721.
d	SEE STATEMENT 6	
	(Grants and allocations \$ _____)	139,873.
e	Other program services (attach schedule) <b>STATEMENT 7</b> (Grants and allocations \$ _____)	183,656.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	764,359.

**Part IV Balance Sheets**

**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>	45 Cash - non-interest-bearing	138,707.	45	84,278.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	38,746.		
	b Less: allowance for doubtful accounts		47c	38,746.
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	21,807.	53	27,495.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation		55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	896,355.			
b Less: accumulated depreciation	162,456.	57c	733,899.	
58 Other assets (describe ▶ _____)		58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	921,713.	59	884,418.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	1,928.	60	4,013.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	329,479.	64b	311,431.
	65 Other liabilities (describe ▶ _____)		65	
66 <b>Total liabilities</b> (add lines 60 through 65)	331,407.	66	315,444.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	590,306.	67	568,974.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	590,306.	73	568,974.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	921,713.	74	884,418.

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.

<b>Part IV-B</b>	<b>Reconciliation of Expenses per Audited Financial Statements with Expenses per Return</b>
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<b>a</b>	Total expenses and losses per audited financial statements	▶	<b>a</b>	917,949.
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990:			
(1)	Donated services and use of facilities \$ _____			
(2)	Prior year adjustments reported on line 20, Form 990 \$ _____			
(3)	Losses reported on line 20, Form 990 \$ _____			
(4)	Other (specify):			
	<b>STMT 9</b> \$ 16,529.			
	Add amounts on lines (1) through (4) ▶	<b>b</b>	16,529.	
<b>c</b>	Line <b>a</b> minus line <b>b</b> ▶	<b>c</b>	901,420.	
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :			
(1)	Investment expenses not included on line 6b, Form 990 \$ _____			
(2)	Other (specify):			
	\$ _____			
	Add amounts on lines (1) and (2) ▶	<b>d</b>	0.	
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> ) ▶	<b>e</b>	901,420.	

[illegible]

☐ Yes ☒ No

**Part VI Other Information**

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a Enter direct or indirect political expenditures. See line 81 instructions	81a	0.
b Did the organization file Form 1120-POL for this year?	81b	X
82 a 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 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
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
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.		
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h 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	N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 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
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0.; section 4912 <input type="checkbox"/> 0.; section 4955 <input type="checkbox"/> 0.		
b 501(c)(3) and 501(c)(4) organizations. 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
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a List the states with which a copy of this return is filed <input checked="" type="checkbox"/> NEW JERSEY		
b Number of employees employed in the pay period that includes March 12, 2004	90b	34
91 The books are in care of <input checked="" type="checkbox"/> EVELYN GILL Telephone no. <input checked="" type="checkbox"/> 609-695-3739		

Located at ☒ 231 LAWRENCE ROAD LAWRENCEVILLE, NJZIP + 4 ☒ 0864892 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 page 33 of the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a <b>SEE STATEMENT 11</b>					144,532.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	817.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property	531120	8,866.			14,667.
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					51,542.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a <b>CHERISH THE CHILDREN</b>					2,190.
b <b>REIMBURSEMENTS</b>					4,320.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		8,866.		817.	217,251.
105 Total (add line 104, columns (B), (D), and (E))					226,934.

**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 page 34 of 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).
▼	<b>SEE STATEMENT 12</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(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
	%			
N/A	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of 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, it is true, correct, and complete. I am not aware of any information which preparer has any knowledge of.

2/21/05 **EVELYN A. GILL, Executive Dir.**  
Type or print name and title.

Date Check if self- Preparer's SSN or PTIN

**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 Section 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

**2004**

Name of the organization

**PREVENTION EDUCATION INC T/A PEI KIDS**

Employer identification number

**22 2594219**

**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 ▶

**0**

**Part II 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 ▶

**0**

**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.)

1 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

- 3 a 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

- 4 a 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). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 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 5 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.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	645,690.	749,618.	776,457.	602,142.	2,773,907.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	132,017.	86,886.	71,251.	62,028.	352,182.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	36,304.	39,686.	39,537.	10,450.	125,977.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	2,336.	7,520.	30,344.	43,906.	84,106.
<b>23</b> Total of lines 15 through 22	816,347.	883,710.	917,589.	718,526.	3,336,172.
<b>24</b> Line 23 minus line 17	684,330.	796,824.	846,338.	656,498.	2,983,990.
<b>25</b> Enter 1% of line 23	8,163.	8,837.	9,176.	7,185.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					26a 59,680.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 32,820.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 2,983,990.
d Add: Amounts from column (e) for lines: 18 125,977. 19 22 84,106. 26b 32,820.					26d 242,903.
e Public support (line 26c minus line 26d total)					26e 2,741,087.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 91.8598%
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2003) (2002) (2001) (2000)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2003) (2002) (2001) (2000)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
<b>29</b> 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?	<b>29</b>	
<b>30</b> 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?	<b>30</b>	
<b>31</b> 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.)	<b>31</b>	
<hr/>		
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<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> 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.)	<b>32d</b>	
<hr/>		
<hr/>		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	<b>33h</b>	
<hr/>		
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<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</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.	<b>34b</b>	
<b>35</b> 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	<b>35</b>	

Schedule A (Form 990 or 990-EZ) 2004



	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

[illegible]

▶ ☐ Yes ☒ No

N/A

[illegible]

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME	
231 LAWRENCE ROAD, LAWRENCEVILLE, NJ	1	38,127.	
TOTAL TO FORM 990, PART I, LINE 6A		38,127.	

FORM 990	RENTAL EXPENSES	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
BUILDING EXPENSES, 231 LAWRENCE ROAD, LAWRENCEVILLE, NJ		14,594.	
- SUBTOTAL -	1		14,594.
TOTAL TO FORM 990, PART I, LINE 6B			14,594.

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	3
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
GOLF OUTING, DINNER & SILENT AUCTION	68,071.		68,071.	16,529.	51,542.	
TO FM 990, PART I, LINE 9	68,071.		68,071.	16,529.	51,542.	

FORM 990	OTHER EXPENSES			STATEMENT	4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
PROGRAM SUPPLIES	8,908.	8,892.	16.		
INSURANCE	33,152.	31,587.	1,565.		
AUTO EXPENSE	20,517.	20,454.	63.		
CAMPFIRE BOYS AND GIRLS	9,300.	9,300.			
CHERISH CHILDREN	1,376.		1,376.		

LICENSING FEES	4,561.	2,567.	1,994.
UTILITIES	8,352.	7,447.	905.
MISCELLANEOUS	2,628.	295.	2,333.
PROFESSIONAL FEES	38,810.	22,112.	16,698.
BUILDING MAINTENANCE	10,115.	7,662.	2,453.
PROMOTION	14,507.	1,097.	13,410.
TOTAL TO FM 990, LN 43	152,226.	111,413.	40,813.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5  
PART III

## EXPLANATION

PEI IS DEDICATED TO PROMOTING AND MAINTAINING A SAFE ENVIRONMENT FOR ALL CHILDREN. PEI WORKS WITH THE CHILD, FAMILY AND CAREGIVER TO PROVIDE PREVENTION, INTERVENTION, AND ADVOCACY PROGRAMS RELATED TO PERSONAL SAFETY, SEXUAL ABUSE AND THE OVER ALL WELL BEING OF THE CHILD.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

## DESCRIPTION OF PROGRAM SERVICE FOUR

CRISIS INTERVENTION FOR SEXUALLY ABUSED CHILDREN IS AVAILABLE TO ALL WHO LIVE IN MERCER COUNTY. INTERVENTION IS WITHIN 48-72 HOURS AND CHILDREN ARE QUICKLY SCHEDULED FOR CRISIS COUNCELING. PARENT GROUPS ARE ALSO AVAILABLE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		139,873.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 7

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
CAR THEFT PREVENTION		76,397.
ADOPTION RESOURCE CENTER		55,023.
VIOLENCE PREVENTION		52,236.
TOTAL TO FORM 990, PART III, LINE E		183,656.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	8
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DESCRIPTION	AMOUNT
FUNDRAISING EXPENSE	16,529.
TOTAL TO FORM 990, PART IV-A	16,529.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	9
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DESCRIPTION	AMOUNT
FUNDRAISING EXPENSE	16,529.
TOTAL TO FORM 990, PART IV-B	16,529.

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	10
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
VINCE PIACENTE 231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	PRESIDENT 5	0.	0.	0.
NOLA BENCZE, ESQ 231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	VICE PRESIDENT 5	0.	0.	0.
SALLY STROUT 231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	TREASURER 5	0.	0.	0.
SASA OLESSI MONTANO 231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	SECRETARY 5	0.	0.	0.
MARLENE BARNHART-MOHR 231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	TRUSTEE 5	0.	0.	0.

THOMAS A BARTLETT 231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	TRUSTEE 5	0.	0.	0.
NICHOLAS VENTURA 231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	TRUSTEE 5	0.	0.	0.
DENISE PRACTICO 231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	TRUSTEE 5	0.	0.	0.
WILLIAM NESTER 231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	TRUSTEE 5	0.	0.	0.
VINCENT SCOZZARI, JR 231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	TRUSTEE 5	0.	0.	0.
ANDREW T ZALESCIK 231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	TRUSTEE 5	0.	0.	0.
ELAINE B ZEITZ, LCSW 231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	TRUSTEE 5	0.	0.	0.
EVELYN A GILL 231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	EXECUTIVE DIRECTOR 40	72,256.	8,602.	0.
TOTALS INCLUDED ON FORM 990, PART V		72,256.	8,602.	0.

FORM 990	PROGRAM SERVICE REVENUE				STATEMENT 11
DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME
CHILD ASSAULT PROGRAM					79,545.
TRANSPORTATION PLUS					742.
VIOLENCE PREVENTION					45,245.
AUTO THEFT PREVENTION					9,166.
KIDS ON THE BLOCK					4,785.
CHILD SEXUAL ABUSE CRISIS INTERVENTION					5,049.
TO FORM 990, PART VII, LINE 93					144,532.



FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO  
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 12

## LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

93A REVENUE RECEIVED FROM EDUCATION, INTERVENTION AND TRAINING PROGRAMS  
 97A RENTAL INCOME RECEIVED FROM ANOTHER TAX-EXEMPT ENTITY WHOS PURPOSE IS  
 97A RELATED TO PREVENTION EDUCATION INC'S PRIMARY EXEMPT PURPOSE  
 101 FUNDRAISING REVENUE NET OF EXPENSES  
 103 REIMBURSEMENTS AND OTHER MISC REVENUE

SCHEDULE A

OTHER INCOME

STATEMENT 13

DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
OTHER REVENUES	2,336.	7,520.	30,344.	43,906.
TOTAL TO SCHEDULE A, LINE 22	2,336.	7,520.	30,344.	43,906.

Asset	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Sec 168(k) Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Group: Building</b>											
33	Building	8/01/00	470,883	0	0	47,345	12,074	59,419	411,464	S/L	39.0000
35	231 LAWRENCE ROAD IMPROV	5/15/01	49,117	0	0	3,358	1,260	4,618	44,499	S/L	39.0
44	Building - Roof	10/31/04	50,972	0c	0	0	218	218	50,754	S/L	39.0
45	Sign	4/15/04	820	0c	0	0	62	62	758	S/L	10.0
46	Paving	10/31/04	2,300	0c	0	0	38	38	2,262	S/L	10.0
47	Boiler	12/28/04	417	0c	0	0	0	0	417	Memo	0.0
	Building		574,509	0c	0	50,703	13,652	64,355	510,154		
<b>Group: Equipment</b>											
1	Computer-Pres4508	11/08/97	1,200	0	0	1,200	0	1,200	0	200DB	5.0
10	COMPUTER	1/20/93	1,590	0	0	1,590	0	1,590	0	S/L	5.0
11	FILE CABINETS	2/14/95	512	0	0	512	0	512	0	S/L	7.0
12	SECRETARIAL DESK	3/21/95	660	0	0	660	0	660	0	S/L	5.0
13	COMPUTER & PRINTER	12/06/95	954	0	0	954	0	954	0	S/L	5.0
14	OFFICE EQUIPMENT	12/31/94	2,644	0	0	2,644	0	2,644	0	S/L	5.0
15	COMPUTER	12/31/96	850	0	0	850	0	850	0	S/L	5.0
16	MISC EQUIPMENT	6/01/87	1,453	0	0	1,453	0	1,453	0	200DB	5.0
17	MISC EQUIPMENT	6/01/88	843	0	0	843	0	843	0	200DB	5.0
18	MISC EQUIPMENT	6/01/91	4,119	0	0	4,119	0	4,119	0	S/L	5.0
19	FAX MACHINE	10/01/92	399	0	0	399	0	399	0	S/L	5.0
20	COPIER	10/01/92	1,682	0	0	1,682	0	1,682	0	S/L	5.0
21	FILE CABINET	7/01/92	250	0	0	250	0	250	0	S/L	10.0
22	VIDEO CART	11/01/92	199	0	0	199	0	199	0	S/L	10.0
26	Computer-Packard Bell	12/05/98	800	0	0	800	0	800	0	200DB	5.0
27	Telephone System	12/04/98	5,378	0	0	5,378	0	5,378	0	200DB	5.0
30	equipment	6/30/99	650	0	0	613	37	650	0	200DB	5.0
36	TECH CONCEPTS FURN	5/17/01	265	0	0	149	32	181	84	200DB	5.0
37	GELL OFFICE FURN	5/25/01	2,195	0	0	1,234	274	1,508	687	200DB	7.0
41	Shelving	6/15/02	734	0	0	116	74	190	544	S/L	10.0
48	Computer network	11/15/04	13,253	0c	0	0	447	447	12,806	S/L	5.0
	Equipment		40,630	0c	0	25,645	864	26,509	14,121		
<b>Group: Land</b>											
34	Land	8/01/00	172,675	0	0	0	0	0	172,675	Land	0.0
	Land		172,675	0c	0	0	0	0	172,675		
<b>Group: Software</b>											
24	ADOBE SOFTWARE	11/01/95	153	0	0	153	0	153	0	S/L	3.0
	Software		153	0c	0	153	0	153	0		

NEEDS TO BE RECLASSIFIED TO EQ FROM SOFTWARE

574 PREVENTION EDUCATION, INC 02/09/2005 11:08 AM  
 22-2594219 Tax Asset Detail 1/01/04 - 12/31/04 Page 2  
 FYE: 12/31/2004

Asset	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Sec 168(k) Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Group: Vehicles</b>											
5	AUTOMOBILE	2/01/92	8,585	0	0	8,585	0	8,585	0	2000DB	5.0
31	99 Lumina (White) in trade (SV)	7/13/99	14,497	0	0	13,663	834	14,497	0	2000DB	5.0
38	02 CHEVY IMPALA -BRONZE	12/28/01	17,608	0	5,282	11,269	2,536	13,805	3,803	2000DB	5.0
39	01 CHEVY IMPALA-SILVER	9/04/01	16,943	0	0	7,907	3,388	11,295	5,648	S/L	5.0
40	CHEVY IMPALA-SANDRIPT	9/21/01	18,234	0	0	8,205	3,647	11,852	6,382	S/L	5.0
42	03 Impala	3/11/03	16,934	0	0	2,822	3,387	6,209	10,725	S/L	5.0
43	03 red Impala	5/15/03	15,587	0	0	2,078	3,118	5,196	10,391	S/L	5.0
	<b>Vehicles</b>		<b>108,388</b>	<b>0c</b>	<b>5,282</b>	<b>54,529</b>	<b>16,910</b>	<b>71,439</b>	<b>36,949</b>		
			<i>TP</i>					<i>TP</i>			
	<b>Grand Total</b>		<b>896,355</b>	<b>0c</b>	<b>5,282</b>	<b>131,030</b>	<b>31,426</b>	<b>162,456</b>	<b>733,899</b>		

27740<sup>00</sup> Dep Exp #7006  
 36860<sup>00</sup> Rental Dep #4750  
31,426<sup>00</sup>

Per discussion w/ EG, no assets were disposed of in 2004.