

CHAR 497	2003	STATE OF NEW YORK DEPARTMENT OF LAW CHARITIES BUREAU – REGISTRATION SECTION 120 BROADWAY New York, NY 10271 www.oag.state.ny.us/charities/charities.html
ANNUAL FINANCIAL REPORT <i>(Charitable Organization)</i>		
FOR THE YEAR ENDED 6/30/04		
FULL OFFICIAL NAME AND ADDRESS OF ORGANIZATION		ORGANIZATION'S MAIL ADDRESS, TELEPHONE NUMBER & EMAIL
Official Name:	Peers Influence Peers Partnership	Street Address: PO Box 66
Street Address:	PO Box 66	City, State, ZIP: Putnam Valley, NY 10579
City, State, ZIP:	Putnam Valley, NY 10579	Phone Number: 845-528-8760 Ext: _____
STATE REGISTRATION NUMBER	FEDERAL ID NUMBER	Email: PIPP@pvcsd.org
	06-1472055	Except for information treated as confidential by the United States Internal Revenue Service (for example, Schedule B to IRS Form 990), this form, including any attachments, is a public record and a copy will be provided upon request to any interested persons.

- Executive Law Annual Filing Exemption:** 'X' box if your total contributions did not exceed \$25,000 and you did not engage the services of a professional fund raiser or fund raising counsel during this fiscal year. (See page 7)
- EPTL Annual Filing Exemption:** 'X' box if your total gross receipts for this fiscal year did not exceed \$25,000 and the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year. (For dual registrants only – see page 7)
- Is this a combined report for multiple organizations? (Use CHAR497-C. Do not use this form.)

FINANCIAL SUMMARY	TOTAL
Support and Revenue	
1 Direct public support (line 14, Schedule 1, page 2)	74,075.
2 Indirect public support (line 18, Schedule 1, page 2)	
3 Government grants (line 20, Schedule 1, page 2)	
4 Program service revenue	750.
5 Other revenue	
6 Total support and revenue (add lines 1 through 5)	74,825.
Expenses	
Program services (list individually):	
7 See Statement 1	38,956.
8	
9	
10	
11 Public information combined with fund raising	
12 Payments to affiliates/services to affiliates	
13 Total program services (add lines 7 through 12)	38,956.
14 Management and general expenses	25,430.
15 Fund raising expenses	
16 Total expenses (add lines 13 through 15)	64,386.
17 Excess (deficit) of support and revenue over expenses (line 6 minus line 16)	10,439.
18 Net assets at beginning of year	18,457.
19 Other changes in net assets (attach explanation) See Statement 2	-3,119.
20 Net assets at end of year (add lines 17 through 19)	25,777.
Summary of Balance Sheet (as of 6/30/04)	
21 Assets	25,777.
22 Liabilities	0.
23 Net assets (line 21 minus line 22)	25,777.

Explanation of income and expense items, if required:

SCHEDULE 1: CONTRIBUTIONS

NOTE: Do not report donated services or facilities in this schedule.

Total Amount

Portion Other Than Cash

Direct Public Support

Direct mail	6,005.	
Telephone solicitation campaigns		
Commercial co-venturers (complete Schedule 4)		
Door-to-Door		
Special events (contribution portion only)	13,735.	
Telethon		
Other (specify): Contributions-Direct	23,750.	
Other (specify): Corporate Donations	2,700.	
Other (specify): Fraternal Organizations	17,885.	
Total general public support (add lines 1 through 9)	64,075.	
Foundation and trust grants	10,000.	
Corporate and other business grants		
Legacies and bequests		
Total direct public support (add lines 10 through 13) (Transfer total line 14 to page 1, line 1)	74,075.	

Indirect Public Support

From federated fund raising agencies (e.g., United Way)		
From affiliates		
From other fund raising agencies		
Total indirect public support (add lines 15 through 17) (Transfer total line 18 to page 1, line 2)		

Government Grants

Specify Agency:		
a		
b		
c		
d		
e All other government grants		
Total government grants (add lines 19(a) through 19(e)) (Transfer total line 20 to page 1, line 3)		
Total contributions (sum of lines 14, 18 and 20)	74,075.	

SCHEDULE 2: PROFESSIONAL FUND RAISERS (PFR)

Schedule 2, page ___ of ___

Did the organization contract with or use the services of any professional fund raisers for fund raising activity in New York State? YES NO

• If YES, fill out the following schedule for each such arrangement. Use one sheet per arrangement.

1 PFR Contact Information	Name: _____ Address: _____ Phone: _____
2 Contract period	Start Date: _____ End Date: _____
3 Was the contract reviewed and approved by the organization's governing body?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4 How many bids, if any, were reviewed by the organization's governing body prior to engaging the PFR?	
5 Describe the campaign, sale, event and/or services conducted by the PFR	
6 Describe whether the contract provides for solicitations of new contributors or those who have previously contributed to the organization	
7 Amount of all payments received by the PFR	\$ _____
8 Amount of all fund raising expenses of the PFR and/or the organization	\$ _____
9 Total expenses, including payments to PFR	\$ _____
10 Total gross revenue (DO NOT exclude amounts retained by PFR – e.g., amounts reported on line 9)	\$ _____
11 Net proceeds to the organization	\$ _____
12 Total uncollected pledges	\$ _____
13 Accounting method use in preparing this report	<input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other
14 Did the services result in solicitation in New York State?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SCHEDULE 3: FUND RAISING COUNSEL (FRC)

Schedule 3, page ___ of ___

Did the organization contract with or use the services of any fund raising counsel for fund raising activity in New York State? YES NO

- If YES, fill out the following schedule for each such arrangement. Use one sheet per arrangement.

1 FRC Contact Information	Name: _____ Address: _____ Phone: _____
2 Contract period	Start Date: _____ End Date: _____
3 Was the contract reviewed and approved by the organization's governing body?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4 Describe the campaign, sale, event and/or services conducted by the FRC	
5 Amount of all payments received by the FRC	\$ _____
6 Did the services result in solicitation in New York State?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SCHEDULE 4: COMMERCIAL CO-VENTURERS (CCV)

Did the organization contract with or use the services of any commercial co-venturer for fund raising activity in New York State? YES NO

- If YES, fill out the following schedule for each such arrangement. Use one sheet per arrangement.

<p>1 CCV Contact Information</p>	<p>Name: _____ Address: _____ Phone: _____</p>
<p>2 Contract period</p>	<p>Start Date: _____ End Date: _____</p>
<p>3 Was the contract reviewed and approved by the organization's governing body?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>4 Describe the campaign, sale, event and/or services conducted by the CCV</p>	<p>_____</p>
<p>5 Describe briefly the financial terms and conditions of the written contract</p>	<p>_____</p>
<p>6 Did the organization receive an accounting from the CCV as required by Subsection 173-a(3) of Article 7-A of the Executive Law?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

SCHEDULE 5: ACTIVITY STATEMENTS

1 Have your books/records been audited by or for any government agency/funding source this fiscal year? YES* NO

*If YES, specify:

Agency/Funding Source: _____

Period audited: _____

2 Does your organization allocate costs of multipurpose activities among program services, management and general, and fund raising; i.e., Direct Mail, Telethon? YES* NO

*If YES, See IRS Instructions – Reporting Joint Costs of Multi-Purpose Activities.

3 Did your organization receive donated services or the use of materials, equipment or facilities at no charge or at substantially less than fair rental value? YES* NO

*If YES, indicate the value: \$ _____ . (Do not include this amount as support or as an expense.)

CERTIFICATION BY CHARITABLE ORGANIZATION

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

	<u>Patricia Cassio</u>	<u>Treasurer</u>	
Signature of President or Authorized Officer	Printed Name	Title	Date Signed

	Printed Name	Title	Date Signed
--	--------------	-------	-------------

for this report has been executed by two distinct officials, please send it with the appropriate **attachments** and **fee** to:

**State of New York Department of Law
Charities Bureau – Registration Section
120 Broadway
New York, NY 10271-0332**

Forms and instructions for registration and annual financial filing are available on the Charities Bureau website at www.oag.state.ny.us/charities/charities.html

COPY