

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)

2006

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 2006 calendar year, or tax year beginning 07-01, 2006, and ending 06-30, 2007

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

200706 031530000 29 IB
PRINCETON SENIOR RESOURCE CENTER
45 STOCKTON ST
PRINCETON NJ 08540-6812

IRS

Employer identification number 22-2228083

Telephone number (609) 924-7108

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? (If "No," attach a list See instructions) Yes No

H(d) Is this a separate return filed by an organization 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: WWW.PRINCETONOL.COM

J Organization type (check only one) 501(c)(3) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 363,742

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

Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes sub-rows for contributions, program revenue, membership, interest, dividends, rents, sales of assets, special events, and total revenue/expenses.

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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 a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22 b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a	61,496	45,507	9,839
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	164,761	127,113	13,882
27 Pension plan contributions not included on lines 25a, b, and c	27	12,000	7,080	4,200
28 Employee benefits not included on lines 25a - 27	28	17,799	14,494	2,396
29 Payroll taxes	29	19,654	16,492	2,309
30 Professional fundraising fees	30			
31 Accounting fees	31	2,100		2,100
32 Legal fees	32			
33 Supplies	33	4,401	2,708	1,672
34 Telephone	34	2,760	875	1,885
35 Postage and shipping	35	5,110	1,396	3,057
36 Occupancy	36			
37 Equipment rental and maintenance	37	4,923	2,461	2,155
38 Printing and publications	38	7,275	5,328	1,377
39 Travel	39			
40 Conferences, conventions, and meetings	40	1,979	407	1,572
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	3,274		3,274
43 Other expenses not covered above (itemize):				
a SEE LIST	43a	30,371	16,036	14,335
b ANNUAL APPEAL	43b	393		393
c ANNUAL REPORT	43c	25		25
d CRI-300	43d	150		150
e FEDERAL TAX FORM 990T	43e	352		352
f BUILDING IMPROVEMENTS	43f	1,259		1,259
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	340,082	239,897	65,839

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? ► <u>COUNSELING & ACTIVITIES FOR S</u> 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 <u>See SERVICES</u> (Grants and allocations \$ <u>32,500</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	 189,970
b <u>See SERVICES</u> (Grants and allocations \$ <u>10,000</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	 20,314
c <u>See SERVICES</u> (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	 15,148
d <u>See SERVICES</u> (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	 14,465
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	239,897

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	200	45	200
46	Savings and temporary cash investments	217,733	46	224,066
47 a	Accounts receivable	250		
	47a			
b	Less: allowance for doubtful accounts		47c	250
	47b	2,888		
48 a	Pledges receivable			
	48a			
b	Less: allowance for doubtful accounts		48c	
	48b			
49	Grants receivable		49	
50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
51 a	Other notes and loans receivable (attach schedule)			
	51a			
b	Less: allowance for doubtful accounts		51c	
	51b			
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	3,079	53	2,931
54 a	Investments - publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	84,961	54a	101,373
b	Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a	Investments - land, buildings, and equipment basis			
	55a			
b	Less: accumulated depreciation (attach schedule)		55c	
	55b			
56	Investments - other (attach schedule)		56	
57 a	Land, buildings, and equipment, basis	42,340		
	57a			
b	Less: accumulated depreciation (attach schedule) STM116	37,541	57b	
	57b	6,684	57c	4,799
58	Other assets, including program-related investments (describe ► STM117)		58	11,107
59	Total assets (must equal line 74). Add lines 45 through 58	315,545	59	344,726
60	Accounts payable and accrued expenses	6,078	60	
61	Grants payable		61	
62	Deferred revenue	2,900	62	10,370
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64 a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe ► STM121)	3,600	65	3,600
66	Total liabilities. Add lines 60 through 65	12,578	66	13,970
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	291,267	67	304,049
68	Temporarily restricted	11,700	68	15,600
69	Permanently restricted	0	69	11,107
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	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	302,967	73	330,756
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	315,545	74	344,726

Part VI Other Information (continued)

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
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
d Section 162(e) lobbying and political expenditures 85d
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f
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) orgs Enter a Initiation fees and capital contributions included on line 12 86a
b Gross receipts, included on line 12, for public use of club facilities 86b
87 501(c)(12) orgs Enter a Gross income from members or shareholders 87a
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b
88 a 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 88a N/A
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 88b N/A
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911, section 4912; section 4955
b 501(c)(3) and 501(c)(4) orgs. 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
d Enter: Amount of tax on line 89c, above, reimbursed by the organization
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g X
90 a List the states with which a copy of this return is filed NEW JERSEY
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) 90b 6
91 a The books are in care of ORGANIXATION Telephone no. 609-924-7108
Located at 45 STOCKTON ST PRINCETON NJ ZIP + 4 08540
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
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here 92
 and enter the amount of tax-exempt interest received or accrued during the tax year _____

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) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a FEES					36,634
b HOUSING AUTHORITY					12,000
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					101,286
94 Membership dues and assessments					
95 Interest on savings & temporary cash investments					7,767
96 Dividends and interest from securities					2,143
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	27,733	
98 Net rental income or (loss) from personal property					
99 Other investment income			18		1,530
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					23,609
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b UNREALIZED GAIN ON IN					12,689
c CABLE DROP OFF	519100	6,072			
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		6,072		27,733	197,658
105 Total (add line 104, columns (B), (D), and (E))					231,463

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

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).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
	%			
	%			
	%			
	%			

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)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here

11-12-07
 Signature of officer Date
 SUSAN HOSKINS, EXEC DIRECTOR
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature Date 11-12-2007 Check if self-employed Preparer's SSN or PTIN (See Gen Inst X) 800497819
 Firm's name (or yours if self-employed) address, and ZIP + 4 Michael T. Remus, CPA EIN 22-2850413
 2663 Nottingham Way Phone no 609-540-1751
 Hamilton, NJ 08619

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

2006

Department of the Treasury
Internal Revenue Service
Name of the organization

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

PRINCETON SENIOR RESOURCE CENTER

Employer identification number
22-2228083

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 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
SUSAN HOSKINS	EXEC DIRECTO	61,496	0	0

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
NONE		

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

Part III Statements About Activities (See page 2 of the instructions)

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1 through 4g regarding lobbying activities, grants, and donor advised funds.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28.) . . .	113,520	124,065	114,557	116,853	468,995
16 Membership fees received					0
17 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	31,851	28,837	21,501	20,037	102,226
18 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	7,499	2,367	1,962	1,790	13,618
19 Net income from unrelated business activities not included in line 18	5,421	3,175	3,752	4,029	16,377
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 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					0
22 Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	158,291	158,444	141,772	142,709	601,216
24 Line 23 minus line 17	126,440	129,607	120,271	122,672	498,990
25 Enter 1% of line 23	1,583	1,584	1,418	1,427	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 9,980
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 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts . . ▶					26b
c Total support for section 509(a)(1) test Enter line 24, column (e) ▶					26c 498,990
d Add: Amounts from column (e) for lines: 18 13,618 19 16,377					
22 0 26b ▶					26d 29,995
e Public support (line 26c minus line 26d total) ▶					26e 468,995
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 93.99%
27 Organizations described on line 12: 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					
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
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 11b, 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					
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					
17 _____ 20 _____ 21 _____ ▶					27c
d Add: Line 27a total . . _____ and line 27b total . . _____ ▶					27d
e Public support (line 27c total minus line 27d total) ▶					27e
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶					27f 0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 9 of the instructions)

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

N/A

	Yes	No
29 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?	29	
30 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?	30	
31 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.)	31	

32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)		

33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		

35 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	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

Table with columns for line numbers (36-44), descriptions of lobbying expenditures, and columns (a) Affiliated group totals and (b) To be completed for all electing organizations.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Table for 4-Year Averaging Period with columns for Calendar year (or fiscal year beginning in) and sub-columns (a) 2006, (b) 2005, (c) 2004, (d) 2003, and (e) Total. Rows 45-50.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions)

Table for Lobbying Activity with columns Yes, No, and Amount. Rows a-i describing various lobbying activities.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Federal Supporting Statements

2006 PG 01

Name(s) as shown on return

Your Social Security Number

PRINCETON SENIOR RESOURCE CENTER

22-2228083

FORM 990, SCH FOR PART IV, LINE 57
LAND ETC. SCHEDULE

Statement #116

<u>Category or Item</u>	<u>Basis</u>	<u>Accumulated Depreciation</u>	<u>End of Year</u>
FIXED ASSETS	<u>42,340</u>	<u>37,541</u>	<u>4,799</u>
TOTAL	<u>42,340</u>	<u>37,541</u>	<u>4,799</u>

Federal Supporting Statements

2006 PG 01

Name(s) as shown on return

PRINCETON SENIOR RESOURCE CENTER

Your Social Security Number

22-2228083

FORM 990, SCH FOR PART IV, LINE 58
OTHER ASSETS SCHEDULE 2

Statement #117

<u>Description</u>	<u>Beginning of year</u>	<u>End of year</u>
ENDOWMENT FUND		11,107
TOTAL		11,107

Federal Supporting Statements

2006 PG 01

Name(s) as shown on return

Your Social Security Number

PRINCETON SENIOR RESOURCE CENTER

22-2228083

FORM 990, SCH FOR PART IV, LINE 65
OTHER LIABILITIES SCHEDULE 2

Statement #121

<u>Description</u>	<u>Beginning of year</u>	<u>End of year</u>
SECURITY DEPOSITS PA	<u>3,600</u>	<u>3,600</u>
TOTAL	<u><u>3,600</u></u>	<u><u>3,600</u></u>

Statement of Program Service Accomplishments

2006 01

Name(s) as shown on return

Your Social Security Number

PRINCETON SENIOR RESOURCE CENTER

22-2228083

FORM 990, PART III (d)

Grants and Allocations \$0
Program Service Expenses \$14465
Includes Foreign Grants NO

Explanation

LINK MATCHED HIGH SCHOOL VOLUNTEERS DOING COMMUNIT SERVICE WITH OLDER & DISABLED ADULTS FOR INTERGENERA IONAL FRIENDSHIP & LIGHT ASSISTANCE.

Statement of Program Service Accomplishments

2006 01

Name(s) as shown on return

Your Social Security Number

PRINCETON SENIOR RESOURCE CENTER

22-2228083

FORM 990, PART III (c)

Grants and Allocations \$0
Program Service Expenses \$15148
Includes Foreign Grants NO

Explanation

GRAND PALS PROGRAM OLDER ADULT VOLUNTEERS WORK WITH CHILDREN IN THE PRINCETON PUBLIC SCHOOLS TO PRO MOTE A LOVE OF LEARNING AND FORGE INTERGENERATIONAL

Statement of Program Service Accomplishments**2006 01**

Name(s) as shown on return

Your Social Security Number

PRINCETON SENIOR RESOURCE CENTER

22-2228083

FORM 990, PART III (b)

Grants and Allocations \$10000
Program Service Expenses \$20314
Includes Foreign Grants NO

Explanation

HOMEFRIENDS A FRIENDLY VISITOR PROGRAM FOR HOME BASED OLDER & DISABLED ADULTS. WEEKLY VISITS & LIGHT ASSISTANCE. NO FEES ARE CHARGED FOR THIS SERVICE.

Statement of Program Service Accomplishments**2006 01**

Name(s) as shown on return

Your Social Security Number

PRINCETON SENIOR RESOURCE CENTER

22-2228083

FORM 990, PART III (a)

Grants and Allocations	\$32500
Program Service Expenses	\$189970
Includes Foreign Grants	NO

Explanation

SENIOR PROGRAMS & ACTIVITIES/ELDERLY TENANTS/SOCIAL SERVICES:AN ARRAY OF SERVICES TO SENIOR CITIZENS & THEIR FAMILIES INCLUDING COUNSELING & SUPPORT

Form 990 - Exempt Organization Tax return
 Line 9a - Special Fund Raising Events and Activities

Description of Event	Gross Receipts	Contrib	Exp
Main Event	20,749	4,218	6,978
Flu Shots & Other	5,620		
Total	<u>26,369</u>	<u>4,218</u>	<u>6,978</u>

Form 990 - Exempt Organization Tax return
 Line 43 - Other Expenses

	Total	Program Services	Mgmt. & General	Fund-raising
Consultants	4,277		4,277	
Instructors & consultant's	11,007	11,007		
Dues	205	205		
Volenteer Recognition	1,223	1,223		
Miscellaneous	6,454	2,971	3,483	
Insurance	6,160		6,160	
Advertising	1,045	630	415	
	<u>30,371</u>	<u>16,036</u>	<u>14,335</u>	<u>0</u>

Form 990 - Part IV - Balance Sheets
 Line 54 - Investments - Securities

Description	Amount
Vanguard Index Fund	61,836
Vanguard Wellington Fund	39,537
	<u>101,373</u>

PSRC BOARD OF TRUSTEES -2006-7

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Assist. Sec: Roger Moseley
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