

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)

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

OMB No. 1545-0047

2006Open to Public
Inspection**A** For the 2006 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 Instructions

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

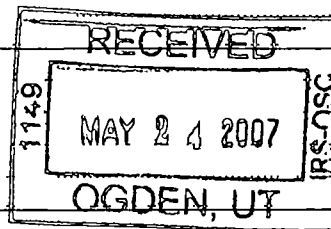
City or town, state or country, and ZIP + 4

LAWRENCEVILLE, NJ 08648

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

D Employer identification number**22-2594219****E** Telephone number**609-695-3739****F** Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶**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 ▶ **N/A****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 organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****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 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 ▶ **1,128,162.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b		69,736.	
	c Indirect public support (not included on line 1a)	1c		24,000.	
	d Government contributions (grants) (not included on line 1a)	1d		764,570.	
	e Total (add lines 1a through 1d) (cash \$ 852,506. noncash \$ 5,800.)				1e 858,306.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)				2 104,927.
	3 Membership dues and assessments				3
	4 Interest on savings and temporary cash investments				4 9,225.
	5 Dividends and interest from securities				5
	6 a Gross rents SEE STATEMENT 1	6a		40,322.	
	b Less: rental expenses SEE STATEMENT 2	6b		16,208.	
c Net rental income or (loss). Subtract line 6b from line 6a				6c 24,114.	
7 Other investment income (describe ▶)				7	
Expenses	8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	b Less: cost or other basis and sales expenses	8a			
	c Gain or (loss) (attach schedule)	8b			
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8c			
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				8d
	a Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a		102,108.	
	b Less: direct expenses other than fundraising expenses	9b		30,407.	
	c Net income or (loss) from special events. Subtract line 9b from line 9a			SEE STATEMENT 3	9c 71,701.
	10 a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b			
Net Assets	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a				10c
	11 Other revenue (from Part VII, line 103)				11 13,274.
	12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11				12 1,081,547.
	13 Program services (from line 44, column (B))				13 878,940.
	14 Management and general (from line 44, column (C))				14 132,352.
	15 Fundraising (from line 44, column (D))				15 1,620.
	16 Payments to affiliates (attach schedule)				16
	17 Total expenses. Add lines 16 and 44, column (A)				17 1,012,912.
	18 Excess or (deficit) for the year. Subtract line 17 from line 12				18 68,635.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))				19 575,141.
20 Other changes in net assets or fund balances (attach explanation)				20 0.	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20				21 643,776.	



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.

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 22a				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . 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				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 5 25a	92,688.	62,101.	30,587.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B 25b	0.	0.	0.	0.
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) 25c				
26 Salaries and wages of employees not included on lines 25a, b, and c 26	563,467.	531,501.	31,966.	
27 Pension plan contributions not included on lines 25a, b, and c 27	14,760.	12,353.	2,407.	
28 Employee benefits not included on lines 25a - 27 28	27,034.	22,736.	4,298.	
29 Payroll taxes 29	53,998.	49,177.	4,821.	
30 Professional fundraising fees 30				
31 Accounting fees 31				
32 Legal fees 32				
33 Supplies 33	14,284.	8,608.	4,056.	1,620.
34 Telephone 34	7,427.	6,627.	800.	
35 Postage and shipping 35	1,304.	967.	337.	
36 Occupancy 36				
37 Equipment rental and maintenance 37	21,161.	15,751.	5,410.	
38 Printing and publications 38	3,893.	3,335.	558.	
39 Travel 39				
40 Conferences, conventions, and meetings 40	3,158.	2,561.	597.	
41 Interest 41	22,438.		22,438.	
42 Depreciation, depletion, etc (attach schedule) 42	26,985.	23,442.	3,543.	
43 Other expenses not covered above (itemize):				
a 43a				
b 43b				
c 43c				
d 43d				
e 43e				
f 43f				
g SEE STATEMENT 4 43g	160,315.	139,781.	20,534.	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	1,012,912.	878,940.	132,352.	1,620.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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? ► SEE STATEMENT 6	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)	
a CHILD ASSAULT PREVENTION, KIDS ON THE BLOCK, PEACEFUL SOLUTIONS AND NO MORE BULLIES ARE THE ASSAULT PREVENTION & CONFLICT MNGMNT PROGRAMS PRESENTED TO STUDENTS. TEACHERS AND PARENT WORKSHOPS ARE ALSO COMPONENTS.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	160,784.
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 \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	122,886.
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 \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	173,351.
d 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 and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	115,976.
e Other program services (attach schedule) SEE STATEMENT 7	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	305,943.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	878,940.

Form 990 (2006)

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) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	131,430.	45	139,806.	
	46 Savings and temporary cash investments	100,000.	46	50,000.	
	47 a Accounts receivable	47a 35,311.			
	b Less: allowance for doubtful accounts	47b	47c	35,311.	
	48 a Pledges receivable	48a	48c		
	b Less: allowance for doubtful accounts	48b			
	49 Grants receivable		49		
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b		
	51 a Other notes and loans receivable	51a	51c		
	b Less: allowance for doubtful accounts	51b			
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	21,793.	53	24,032.	
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a		
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
	55 a Investments - land, buildings, and equipment: basis	55a	55c		
	b Less: accumulated depreciation	55b			
	56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a 1,033,966.				
b Less: accumulated depreciation	57b 210,332.	707,029.	57c	823,634.	
58 Other assets, including program-related investments (describe ▶ LOAN ORIGATION FEE, NET)		6,512.	58	6,184.	
59 Total assets (must equal line 74) Add lines 45 through 58		1,018,548.	59	1,078,967.	
Liabilities	60 Accounts payable and accrued expenses	4,905.	60	20,725.	
	61 Grants payable		61		
	62 Deferred revenue	13,409.	62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable	425,093.	64b	414,466.	
	65 Other liabilities (describe ▶)		65		
	66 Total liabilities. Add lines 60 through 65		443,407.	66	435,191.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	575,141.	67	643,776.	
	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 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)		575,141.	73	643,776.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		1,018,548.	74	1,078,967.

Form 990 (2006)

Yes	No
-----	----

14

75b

X

75c

X

75d

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address NONE	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
----- ----- -----				
----- ----- -----				
----- ----- -----				
----- ----- -----				
----- ----- -----				
----- ----- -----				
----- ----- -----				
----- ----- -----				

	Yes	No
--	-----	----

76

X

77

X

78a

78b

--	--

79

X

--	--

80a

x

--	--

[illegible]

1

81a

0.

81b

X

Part VI Other Information (continued)

		Yes	No
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?		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?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		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 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		X
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		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 0.; section 4912 0.; section 4955 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		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
89c	0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
89d	0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
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?		X
89g			
90 a	List the states with which a copy of this return is filed NJ		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	35
91 a	The books are in care of EVELYN GILL Telephone no. 609-695-3739 Located at 231 LAWRENCE ROAD LAWRENCEVILLE, NJ ZIP + 4 08648		
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)? If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country **N/A**

92 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 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 SEE STATEMENT 9					104,927.
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	9,225.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property	531120	9,591.			14,523.
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					71,701.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS OTHER					7,959.
b TRAINING AND CONFERENCES					5,315.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		9,591.		9,225.	204,425.
105 Total (add line 104, columns (B), (D), and (E))					223,241.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 10

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
N/A	%			
	%			
	%			
	%			

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). **N/A**

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				

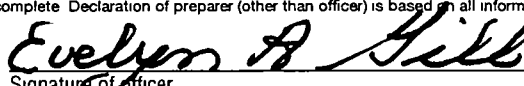
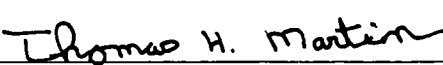
Yes	No
-----	----

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.

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

Yes	No
-----	----

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?

Please Sign Here	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 5/14/07	
	Type or print name and title EVELYN A. GILL, EXECUTIVE DIRECTOR			
Paid Preparer's Use Only	Preparer's signature	 Date 5/11/07	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4	KLATZKIN & COMPANY, LLP 1670 WHITEHORSE HAM SQ RD HAMILTON, NJ 08690-3513		EIN 21-0650289 Phone no. (609) 890-9189

Form 990 (2006)

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 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

2006

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 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
MARTINA A. DAVIDSON 231 LAWRENCE ROAD, LAWRENCEVILLE, NJ	OPERATIONS OFFICER 40.00	51,106.	1,314.	
JUANITA J BROOKS 231 LAWRENCE ROAD, LAWRENCEVILLE, NJ	DIR OF CLINICAL SERV 40.00	57,593.	1,325.	
MELODY L POWELL 231 LAWRENCE ROAD, LAWRENCEVILLE, NJ	DIR OF PREVENTN SRV 40.00	50,028.	5,732.	
Total number of other employees paid over \$50,000	0			

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	0	

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	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.) 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.	1		X
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)? SEE PART V-A, FORM 990	2d	X	
e Transfer of any part of its income or assets?	2e		X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b Did the organization make any taxable distributions under section 4966?	4b		X
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		X
d Enter the total number of donor advised funds owned at the end of the tax year			0
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			0.
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Schedule A (Form 990 or 990-EZ) 2006

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.)

Schedule A (Form 990 or 990-EZ) 2006

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.)	720,570.	678,044.	645,690.	749,618.	2,793,922.
16 Membership fees received					
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	140,945.	212,603.	132,017.	86,886.	572,451.
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	41,446.	38,780.	36,304.	39,686.	156,216.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	27,726.	6,510.	SEE STATEMENT 11 2,336.	7,520.	44,092.
23 Total of lines 15 through 22	930,687.	935,937.	816,347.	883,710.	3,566,681.
24 Line 23 minus line 17	789,742.	723,334.	684,330.	796,824.	2,994,230.
25 Enter 1% of line 23	9,307.	9,359.	8,163.	8,837.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 59,885.
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 2,115.
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 2,994,230.
d Add: Amounts from column (e) for lines: 18 156,216. 19 22 44,092. 26b 2,115. ▶					26d 202,423.
e Public support (line 26c minus line 26d total) ▶					26e 2,791,807.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 93.2396%
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: N/A	(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: N/A	(2005)	(2004)	(2003)	(2002)	
c Add: Amounts from column (e) for lines: 15 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 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.)

N/A

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

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?

Yes No

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?

31

If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)

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.)

34 a 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

Schedule A (Form 990 or 990-EZ) 2006

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)**N/A**(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.)		(a) Affiliated group totals	(b) To be completed for all electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table -														
<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>		If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

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.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

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

Yes	No	Amount
		0.

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME	
231 LAWRENCE ROAD, LAWRENCEVILLE, NJ	1	40,322.	
TOTAL TO FORM 990, PART I, LINE 6A		40,322.	

FORM 990	RENTAL EXPENSES	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
BUILDING EXPENSES, 231 LAWRENCE ROAD, LAWRENCEVILLE, NJ		16,208.	
- SUBTOTAL -	1		16,208.
TOTAL TO FORM 990, PART I, LINE 6B			16,208.

FORM 990	SPECIAL EVENTS AND ACTIVITIES			STATEMENT	3
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
DINNER	69,380.		69,380.	21,421.	47,959.
GOLF OUTING	24,588.		24,588.	4,931.	19,657.
WINE TASTING	8,140.		8,140.	4,055.	4,085.
TO FM 990, PART I, LINE 9	102,108.		102,108.	30,407.	71,701.

FORM 990	OTHER EXPENSES			STATEMENT	4
	(A)	(B)	(C)	(D)	
DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING	
PROGRAM SUPPLIES	34,873.	34,873.			
INSURANCE	36,067.	36,755.	-688.		
AUTO EXPENSE	18,677.	18,677.			
CAMPFIRE BOYS AND GIRLS	9,796.	9,796.			

LICENSING FEES	3,110.	1,667.	1,443.
UTILITIES	10,069.	9,025.	1,044.
MISCELLANEOUS	4,886.	280.	4,606.
PROFESSIONAL FEES	37,350.	24,591.	12,759.
PROMOTION	5,487.	4,117.	1,370.
TOTAL TO FM 990, LN 43	160,315.	139,781.	20,534.

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25A

STATEMENT 5

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
EVELYN A GILL	80,843.	6,845.		87,688.
A. PROGRAM SERVICES	54,165.	4,586.		58,751.
B. MANAGEMENT AND GENERAL	26,678.	2,259.		28,937.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
EVELYN A GILL - BONUS PAY	5,000.			5,000.
A. PROGRAM SERVICES	3,350.			3,350.
B. MANAGEMENT AND GENERAL	1,650.			1,650.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				62,101.
TOTAL MANAGEMENT AND GENERAL				30,587.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				92,688.

FORM 990

STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE
PART III

STATEMENT 6

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	OTHER PROGRAM SERVICES	STATEMENT	7
----------	------------------------	-----------	---

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
AUTO THEFT PREVENTION	0.	130,567.
ADOPTION RESOURCE CENTER	0.	50,435.
VIOLENCE PREVENTION	0.	71,179.
SUICIDE PREVENTION	0.	53,762.
TOTAL TO FORM 990, PART III, LINE E		305,943.

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	8
----------	--	-----------	---

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 1.00	0.	0.	0.
NOLA BENCZE, ESQ 231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	VICE PRESIDENT 1.00	0.	0.	0.
SALLY STROUT 231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	TREASURER 1.00	0.	0.	0.
GEORGE C. MEYER 231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	SECRETARY 1.00	0.	0.	0.
THOMAS A BARTLETT 231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	TRUSTEE 1.00	0.	0.	0.
JAMES BORTOLOTTI 231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	TRUSTEE 1.00	0.	0.	0.

MARTIN DEITCHMAN 231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	TRUSTEE 1.00	0.	0.	0.
JANE LOWE-RODRIGUEZ 231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	TRUSTEE 1.00	0.	0.	0.
DENISE PRATICO 231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	TRUSTEE 1.00	0.	0.	0.
VINCENT SCOZZARI, JR 231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	TRUSTEE 1.00	0.	0.	0.
KEITH SMITH 231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	TRUSTEE 1.00	0.	0.	0.
NICHOLAS VENTURA 231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	TRUSTEE 1.00	0.	0.	0.
ANDREW T. ZALESCIK 231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	TRUSTEE 1.00	0.	0.	0.
EVELYN A GILL 231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	EXECUTIVE DIRECTOR 40.00	80,843.	6,845.	0.
EVELYN A GILL - BONUS PAY 231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	EXECUTIVE DIRECTOR 40.00	5,000.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		85,843.	6,845.	0.

FORM 990	PROGRAM SERVICE REVENUE				STATEMENT	9
DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME	
CHILD ASSAULT PROGRAM					29,560.	
CAR THEFT PREVENTION					48,000.	
VIOLENCE PREVENTION					24,231.	
ADOPTION RESOURCE CENTER					-338.	
CHILD SEXUAL ABUSE CRISIS INTERVENTION					3,474.	
TO FORM 990, PART VII, LINE 93					104,927.	

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 10

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

93 REVENUE RECEIVED FROM EDUCATION, INTERVENTION AND TRAINING PROGRAMS
 97A RENTAL INCOME RECEIVED FROM ANOTHER TAX-EXEMPT ENTITY WHOSE PURPOSE IS
 97A RELATED TO PREVENTION EDUCATION INC'S PRIMARY EXEMPT PURPOSE
 101 FUNDRAISING REVENUE NET OF EXPENSES, FUNDRAISERS ARE HELD TO RAISE
 PUBLIC AWARENESS OF THE ORGANIZATION'S EXEMPT MISSION
 103 EXEMPT PURPOSE CONFERENCE INCOME AND OTHER MISCELLANEOUS INCOME

SCHEDULE A

OTHER INCOME

STATEMENT 11

DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
OTHER REVENUES	431.	6,510.	2,336.	7,520.
CONFERENCE AND TRAINING	27,295.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	27,726.	6,510.	2,336.	7,520.

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
Group: Building											
33	Building	8/01/00	470,883	0	0	71,493	12,074	83,567	387,316	S/L	39,0000
35	231 LAWRENCE ROAD IMPROV	5/15/01	49,117	0	0	5,877	1,260	7,137	41,980	S/L	39,0
44	Building - Roof	10/31/04	50,972	0	0	1,525	1,307	2,832	48,140	S/L	39,0
45	Sign	4/15/04	820	0	0	144	82	226	594	S/L	10,0
46	Paving	10/31/04	2,300	0	0	268	230	498	1,802	S/L	10,0
47	Boiler	1/01/05	417	0	0	11	10	21	396	S/L	39,0
49	Boiler - replacement	1/01/05	6,080	0	0	156	156	312	5,768	S/L	39,0
50	Building Renovations	12/31/06	135,329	0c	0	0	0	0	135,329	S/L	39,0
	Building		715,998	0c	0	79,474	15,119	94,593	621,325		
			721,718	TB 5 1620 4 1621				TB	627,125		
Group: Equipment											
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	200DB	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	650	0	650	0	200DB	5,0
36	TECH CONCEPTS FURN	5/17/01	265	0	0	205	23	228	37	200DB	7,0
37	GILL OFFICE FURN	5/25/01	2,195	0	0	1,703	194	1,897	298	200DB	7,0
41	Shelving	6/15/02	734	0	0	263	73	336	398	S/L	10,0
48	Computer network	11/15/04	13,253	0	0	3,097	2,651	5,748	7,505	S/L	5,0
51	Phone System Add	12/31/06	1,618	0c	0	0	0	0	1,618	S/L	7,0
52	Furniture	12/31/06	1,158	0c	0	0	0	0	1,158	S/L	7,0
53	Computer	12/31/06	911	0c	0	0	0	0	911	S/L	5,0
54	Equipment	12/31/06	2,529	0c	0	0	0	0	2,529	S/L	7,0
	Equipment		46,846	0c	0	29,451	2,941	32,392	14,454		
	*Less: Dispositions		7,076	0	0	7,076	0	7,076	0		
	Net Equipment		39,770	0c	0	22,375	2,941	25,316	14,454		
			TB					TB			
Group: Land											
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		
			TB					TB			

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
Group: Software											
24 *	ADOBE SOFTWARE	11/01/95	153	0	0	153	0	153	0	S/L	3.0
31	Software		153	0c	0	153	0	153	0		
38	*Less: Dispositions		153	0	0	153	0	153	0		
	Net Software		0	0c	0	0	0	0	0		
Group: Vehicles											
5 *	AUTOMOBILE	2/01/92	8,585	0	0	8,585	0	8,585	0	200DB	5.0
31	99 Lumina (White) in trade (SV)	7/13/99	14,497	0	0	14,497	0	14,497	0	200DB	5.0
38	02 CHEVY IMPALA -BRONZE	12/28/01	17,608	0	5,282	15,154	1,181	16,335	1,273	200DB	5.0
39	01 CHEVY IMPALA-SILVER	9/04/01	16,943	0	0	14,684	2,259	16,943	0	S/L	5.0
40	CHEVY IMPALA-SANDRIFT	9/21/01	18,234	0	0	15,499	2,735	18,234	0	S/L	5.0
42	03 Impala	3/11/03	16,934	0	0	9,596	3,387	12,983	3,951	S/L	5.0
43	03 red impala	5/15/03	15,587	0	0	8,313	3,117	11,430	4,157	S/L	5.0
	Vehicles		108,388	0c	5,282	86,328	12,679	99,007	9,381		
	*Less: Dispositions		8,585	0	0	8,585	0	8,585	0		
	Net Vehicles		99,803	0c	5,282	77,743	12,679	90,422	9,381		
			TB					TB			
	Grand Total		1,043,980	0c	5,282	195,406	30,739	226,145	817,835		
	Less: Dispositions		15,814	0	0	15,814	0	15,814	0		
	Net Grand Total		1,028,166	0c	5,282	179,592	30,739	210,331	817,835		
			1,033,966						823,635		