

" ON EXTENSION "

Form 990

Return of Organization Exempt From Income Tax

2000

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527 or section 4947(a)(1) nonexempt charitable trust

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 2000 calendar year, or tax year period beginning 7/01, 2000, and ending 6/30, 2001

- B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return

Please use IRS label or print or type. See Specific Instructions

C FAMILY SERVICE LEAGUE, INC. 204 CLAREMONT AVENUE MONTCLAIR, NJ 07042

D Employer identification number 22-1487184 E Telephone number (973) 746-0800 F Check if application pending

G Organization type (check only one) 501(c)(3) Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

Note H and I are not applicable to section 527 orgs H(a) Is this a group return filed for affiliates? H(b) If "Yes," enter number of affiliates H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Enter 4-digit group exemption no (GEN) L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

J Accounting method Cash Accrual Other (specify) K Check here if the organization's gross receipts are normally not more than \$25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data Some states require a complete return

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Table with 21 rows and multiple columns for revenue and expenses. Includes sub-rows for contributions, program service revenue, membership dues, interest on savings, dividends, gross rents, net rental income, other investment income, gross amount from sales of assets, special events, gross sales of inventory, other revenue, and total revenue/expenses. Includes handwritten notes like 'STATEMENT 1', 'STATEMENT 2', and 'STATEMENT 3'.

SCANNED MAY 30 2002

FORM 990

**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 Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (att sch ) (cash \$ _____ non cash \$ _____)	22				
23	Specific assistance to individuals (att sch )	23				
24	Benefits paid to or for members (att sch )	24				
25	Compensation of officers, directors, etc	25	82,219	82,219		
26	Other salaries and wages	26	351,726	332,432	19,294	
27	Pension plan contributions	27				
28	Other employee benefits	28	17,988	17,141	847	
29	Payroll taxes	29	38,030	35,303	2,727	
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	3,728	3,378	350	
34	Telephone	34	15,742	13,330	2,412	
35	Postage and shipping	35	1,582	1,290	292	
36	Occupancy	36	10,798	10,798		
37	Equipment rental and maintenance	37	957	380	577	
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41	10,177	5,791	4,386	
42	Depreciation, depletion, etc (attach schedule)	42	14,921		14,921	
43	Other expenses (itemize) a <b>STATEMENT 4</b>	43a	135,765	111,848	23,917	
	b _____	43b				
	c _____	43c				
	d _____	43d				
	e _____	43e				
44	<b>Total functional expenses</b> (add lines 22 thru 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	683,633	613,910	69,723	0

**Reporting of Joint Costs** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  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 Specific Instructions on page 23.)

What is the organization's primary exempt purpose? <b>COUNSELING SERVICES</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a <b>SEE STATEMENT 5</b>	
(Grants and allocations \$ 0)	613,910
b _____	
(Grants and allocations \$ _____)	
c _____	
(Grants and allocations \$ _____)	
d _____	
(Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>613,910</b>

**Part IV Balance Sheets** (See Specific Instructions on page 23)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
<b>ASSETS</b>	45 Cash - non-interest-bearing	21,848	45	113,334	
	46 Savings and temporary cash investments	2,787	46	1,181	
	47a Accounts receivable	42,391			
	b Less allowance for doubtful accounts		47b		
			43,407	47c	42,391
	48a Pledges receivable				
	b Less allowance for doubtful accounts			48c	
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach sch)			50	
	51a Other notes and loans receivable (attach schedule)				
	b Less allowance for doubtful accounts			51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges			53	
	54 Investments - securities (attach schedule) STATEMENT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	8,411	54	3,622	
	55a Investments - land, buildings, and equipment basis	366,061			
b Less accumulated depreciation (attach schedule) STMT 7	100,730		55c		
	343,592		265,331		
56 Investments - other (attach schedule)			56		
57a Land, buildings, and equipment basis					
b Less accumulated depreciation (attach schedule)			57c		
58 Other assets (describe ▶ _____ )			58		
<b>59 Total assets (add lines 45 through 58) (must equal line 74)</b>	<b>420,045</b>	<b>59</b>	<b>436,466</b>		
<b>LIABILITIES</b>	60 Accounts payable and accrued expenses	44,359	60	25,541	
	61 Grants payable		61		
	62 Deferred revenue	3,427	62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule) SEE STATEMENT 8	227,670	64b	168,923	
	65 Other liabilities (describe ▶ SEE STATEMENT 9 )	2,880	65	1,255	
<b>66 Total liabilities (add lines 60 through 65)</b>	<b>278,336</b>	<b>66</b>	<b>195,719</b>		
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>				
	67 Unrestricted	107,966	67	220,138	
	68 Temporarily restricted	18,883	68	5,749	
	69 Permanently restricted	14,860	69	14,860	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>				
	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		
	<b>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)</b>	<b>141,709</b>	<b>73</b>	<b>240,747</b>	
	<b>74 Total liabilities and net assets/fund balances (add lines 66 and 73)</b>	<b>420,045</b>	<b>74</b>	<b>436,466</b>	

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.



Part VI Other Information (See Specific Instructions on page 26)		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0	
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III)	82b	25,068	
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? 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	85b	N/A	
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 in 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) organizations Enter			
a	Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>			
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0		
d	Enter Amount of tax in 89c, above, reimbursed by the organization	0		
90 a	List the states with which a copy of this return is filed <u>NONE</u>			
b	Number of employees employed in the pay period that includes March 12, 2000 (See instructions)	90b	20	
91	The books are in care of <u>ORGANIZATION</u> Telephone no <u>(973) 746-0800</u> Located at <u>204 CLAREMONT AVENUE, MONTCLAIR, NJ</u> ZIP code <u>07042</u>			
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	<input type="checkbox"/>

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 30)

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 CNL'G INDIVIDUAL FAMILIES					90,217
b KINDER SCHOOL					17,243
c FAMILY DAY NURSERY					92,643
d HOUSING CONSELING FEES					15,907
e OTHER PROGRAM FEES					1,703
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash investments			14	519	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property	531110	-1,263			
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain/loss from sales of assets other than inventory			18	180,827	
101 Net income or (loss) from special events					3,949
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a MISC INCOME					1,227
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		-1,263		181,346	222,889
105 Total (add line 104, columns (B), (D), and (E))					402,972

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 31)

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 12

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 31)

(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 Specific Instructions on page 31)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
  - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, the information reported on this return is true and correct. I am a preparer of this return and the information reported on this return is based on all information of which I have knowledge.

Date: 11/25/02 Type or print name and title: DONALD FINN  
PRESIDENT & CEO

**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 Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2000**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information - (See separate instructions.)**

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

Name of the organization

FAMILY SERVICE LEAGUE, INC.

Employer identification number

22-1487184

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
EDWARD WEICHERT 302 FRANCIS ST. TEANECK, NJ, 07666	CLINICAL DIR. 40	50,315	0	0
Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part III Statements About Activities**

- 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 ▶ \$ N/A  
 Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities
- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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
- a** Sale, exchange, or leasing of property?
  - b** Lending of money or other extension of credit?
  - c** Furnishing of goods, services, or facilities?
  - d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? **SEE FORM 990, PART V**
  - e** Transfer of any part of its income or assets?  
 If the answer to any question is "Yes," attach a detailed statement explaining the transactions
- 3** Does the organization make grants for scholarships, fellowships, student loans, etc.?
- 4a** Do you have a section 403(b) annuity plan for your employees?
- b** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions)

	Yes	No
<b>1</b>		X
<b>2a</b>		X
<b>2b</b>		X
<b>2c</b>		X
<b>2d</b>	X	
<b>2e</b>		X
<b>3</b>		X
<b>4a</b>		X

**Part IV Reason for Non-Private Foundation Status** (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5**  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6**  A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)
- 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)(v) (Also complete the **Support Schedule** in Part IV-A)
- 11b**  A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12**  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	476,785	405,162	452,552	314,730	1,649,229
16 Membership fees received			2,205	6,157	8,362
17 Gross receipts from admissions merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc. purpose	321,196	335,534	286,433	282,953	1,226,116
18 Gross income from interest dividends amounts received from payments on securities (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	534	1,576	721	1,797	4,628
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 sch Do not include gain or (loss) from sale of capital assets SEE ST 13	1,325	1,026	1,822	1,819	5,992
23 Total of lines 15 through 22	799,840	743,298	743,733	607,456	2,894,327
24 Line 23 minus line 17	478,644	407,764	457,300	324,503	1,668,211
25 Enter 1% of line 23	7,998	7,433	7,437	6,075	

26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24 **N/A**

b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a Enter the sum of all these excess amounts

c Total support for section 509(a)(1) test Enter line 24, column (e)

d Add Amounts from column (e) for lines 18 \_\_\_\_\_ 19 \_\_\_\_\_  
22 \_\_\_\_\_ 26b \_\_\_\_\_

e Public support (line 26c minus line 26d total)

f Public support percentage (line 26e (numerator) divided by line 26c (denominator))

27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person" Enter the sum of such amounts for each year

(1999) 0 (1998) 0 (1997) 0 (1996) 0

b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year

(1999) 0 (1998) 0 (1997) 0 (1996) 0

c Add Amounts from column (e) for lines 15 1,649,229 16 8,362  
17 1,226,116 20 \_\_\_\_\_ 21 \_\_\_\_\_

d Add Line 27a total 0 and line 27b total 0

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test Enter amount on line 23, column (e) 2,894,327

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 99.63%

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 0.16%

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not include these grants in line 15 (See page 5 of the instructions)

**Part V** **Private School Questionnaire** (See page 5 of the instructions )  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

- 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?
- 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?
- 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.)

	Yes	No
29		
30		
31		

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

32a		
32b		
32c		
32d		

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

33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		

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

34a		
34b		

- 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 7 of the instructions)  
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred )		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - <span style="float: right;"><b>The lobbying nontaxable amount is -</b></span> Not over \$500,000 <span style="float: right;">20% of the amount on line 40</span> Over \$500,000 but not over \$1,000,000 <span style="float: right;">\$100,000 plus 15% of the excess over \$500,000</span> Over \$1,000,000 but not over \$1,500,000 <span style="float: right;">\$175,000 plus 10% of the excess over \$1,000,000</span> Over \$1,500,000 but not over \$17,000,000 <span style="float: right;">\$225,000 plus 5% of the excess over \$1,500,000</span> Over \$17,000,000 <span style="float: right;">\$1,000,000</span>	<b>41</b>	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

**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 9 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See page 9 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

	Yes	No	Amount
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h )			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> 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



**Schedule B**  
(Form 990 or 990-EZ)

**Schedule of Contributors**

OMB No 1545-0047

**2000**

Department of the Treasury  
Internal Revenue Service

Supplementary information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

Name of organization

**FAMILY SERVICE LEAGUE, INC.**

Employer identification number

**22-1487184**

Organization type (check one) - Section

501(c)( 3 ) ◀ (enter number),  527 or  
 4947(a)(1) nonexempt charitable trust

**A Section 501(c)(7), (8), or (10) organizations** - Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see **General rule** below) ▶

Enter here the total gifts received during the year for a religious, charitable, etc., purpose ▶ \$

**Note:** This form is generally not open to public inspection except for section 527 organizations.

**KFA For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ** Schedule B (Form 990 or 990-EZ) (2000)

Name of organization <b>FAMILY SERVICE LEAGUE, INC.</b>	Employer identification number <b>22-1487184</b>
--	---

**Part I** Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>119,350</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if a noncash contribution)
<u>2</u>		\$ <u>29,440</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if a noncash contribution)
<u>3</u>		\$ <u>14,840</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if a noncash contribution)
<u>4</u>		\$ <u>17,355</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if a noncash contribution)
<u>5</u>		\$ <u>72,853</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if a noncash contribution)
<u>6</u>		\$ <u>30,252</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if a noncash contribution)

Name of organization <b>FAMILY SERVICE LEAGUE, INC.</b>	Employer identification number <b>22-1487184</b>
--	---

**Part I Contributors**

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>	_____	\$ <u>25,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>8</u>	_____	\$ <u>26,400</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
_____	_____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
_____	_____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
_____	_____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
_____	_____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )

Name of organization

Employer identification number

FAMILY SERVICE LEAGUE, INC.

22-1487184

**Part II** Noncash Property

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	_____ _____ _____	\$ _____	_____
---	_____ _____ _____	\$ _____	_____
---	_____ _____ _____	\$ _____	_____
---	_____ _____ _____	\$ _____	_____
---	_____ _____ _____	\$ _____	_____
---	_____ _____ _____	\$ _____	_____
---	_____ _____ _____	\$ _____	_____
---	_____ _____ _____	\$ _____	_____
---	_____ _____ _____	\$ _____	_____

Name of organization

Employer identification number

FAMILY SERVICE LEAGUE, INC.

22-1487184

Part III Section 501(c)(7), (8), or (10) organizations that received more than \$1,000 in charitable gifts during the year-

Enter the total gifts that were from contributors who gave \$1,000 or less during the year for a religious, charitable, etc., purpose (see instructions) > \$

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

**STATEMENT 1**  
**FORM 990, PART I, LINE 8**  
**NET GAIN (LOSS) FROM NONINVENTORY SALES**

OTHER ASSETS:

DESCRIPTION:	SALE OF BUILDING	
DATE ACQUIRED:	6/30/82	
HOW ACQUIRED:	PURCHASED	
DATE SOLD:	5/02/01	
TO WHOM SOLD:		
GROSS SALES PRICE:	285,000	
COST OR OTHER BASIS:	181,616	
EXPENSES OF SALE:	24,475	
DEPRECIATION:	101,918	
	<hr/>	
GAIN (LOSS)		\$ 180,827
GAIN (LOSS) FROM OTHER ASSETS		<hr/> 180,827
TOTAL GAIN (LOSS)		<hr/> <u>\$ 180,827</u>

**STATEMENT 2**  
**FORM 990, PART I, LINE 9**  
**NET INCOME (LOSS) FROM SPECIAL EVENTS**

SPECIAL EVENTS:

A) FUND RAISING EVENTS

B)

C)

OTHER:

SPECIAL EVENTS	A	B	C	OTHER	TOTAL
GROSS RECEIPTS	\$ 6,753	<hr/>	<hr/>	0	6,753
LESS: CONTRIBUTIONS	0	<hr/>	<hr/>	0	0
GROSS REVENUE	6,753	<hr/>	<hr/>	0	6,753
LESS: DIRECT EXPENSES	2,804	<hr/>	<hr/>	0	2,804
NET INCOME (LOSS)	<hr/> <u>\$ 3,949</u>	<hr/>	<hr/>	<hr/> 0	<hr/> <u>3,949</u>

**STATEMENT 3**  
**FORM 990, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

UNREALIZED GAIN IN INVESTMENTS .....	\$ 2,196
TOTAL	<u>\$ 2,196</u>

CLIENT 106820

FAMILY SERVICE LEAGUE, INC.

22-1487184

**STATEMENT 4  
FORM 990, PART II, LINE 43  
OTHER EXPENSES**

OTHER EXPENSES	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	\$ 825	451	374	
BANK CHARGES	337	49	288	
EMPLOYEE TRAINING EXPENSE	28	28		
FOOD EXPENSE	23,167	22,615	552	
INSURANCE	19,638	18,218	1,420	
MISCELLANEOUS	2,765	107	2,658	
MOVING EXPENSE	10,042	690	9,352	
ORGANIZATIONAL DUES	1,778	1,005	773	
PAYROLL PROCESSING	1,516	1,409	107	
PROFESSIONAL FEES	21,202	20,516	686	
PROGRAM SUPPLIES & ACTIVITIES	10,624	9,861	763	
RECRUITING EXPENSE	837	837		
RENTAL EXPENSES	5,388	5,388		
REPAIRS & MAINTENANCE	21,877	17,521	4,356	
SUBSCRIPTIONS & PUBLICATIONS	307	283	24	
TRANSPORTATION	1,285	166	1,119	
UTILITIES	14,149	12,704	1,445	
<b>TOTAL</b>	<b>\$ 135,765</b>	<b>111,848</b>	<b>23,917</b>	<b>0</b>

**STATEMENT 5  
FORM 990, PART III, LINE A  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
COUNSELING - A PROGRAM WHICH USES PROFESSIONALLY TRAINED COUNSELORS IN ENABLING FAMILIES & INDIVIDUALS TO COME TO DEAL WITH EMOTIONAL PROBLEMS, TEMPORARY STRESS. THE TOTAL NUMBER OF INDIVIDUALS WHO BENEFITED FROM THIS PROGRAM WERE 527.	\$ 0	256,570
FAMILY DAY NURSERY - OPERATION OF A CHILD CARE PROGRAM FOR FAMILIES OF THE TOWN OF BLOOMFIELD AND NEIGHBORING COMMUNITIES FOR FAMILIES GENERALLY UNABLE TO AFFORD A DAY CARE SERVICE. THE TOTAL NUMBER OF CHILDREN WHO BENEFITED FROM THIS PROGRAM WERE 62.	0	235,404
FELLS KINDER SCHOOL - OPERATION OF A CHILD CARE KINDER SCHOOL IN VERONA. THE TOTAL NUMBER OF CHILDREN WHO BENEFITED FROM THIS PROGRAM WERE 35.	0	67,059

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FAMILY SERVICE LEAGUE, INC.

22-1487184

STATEMENT 5 (CONTINUED)  
FORM 990, PART III, LINE A  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
YOUTH MENTORING - YOUTH MENTORING PROGRAM FOR AREA YOUTH. THE TOTAL NUMBER OF CHILDREN WHO BENEFITED FROM THIS PROGRAM WERE 27.	\$ 0	54,877
	<u>\$ 0</u>	<u>613,910</u>

STATEMENT 6  
FORM 990, PART IV, LINE 54  
INVESTMENTS - SECURITIES

CORPORATE STOCKS	VALUATION METHOD	AMOUNT	TOTAL
CORPORATE STOCK	MARKET VALUE	\$ 10,607	
			\$ 10,607
	TOTAL		<u>\$ 10,607</u>

STATEMENT 7  
FORM 990, PART IV, LINE 55B  
INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT

ASSET	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	\$ 41,580	34,767	6,813
BUILDINGS	238,581	65,963	172,618
LAND	85,900		85,900
TOTAL	<u>\$ 366,061</u>	<u>100,730</u>	<u>265,331</u>

STATEMENT 8  
FORM 990, PART IV, LINE 64B  
MORTGAGES AND OTHER NOTES PAYABLE

MORTGAGES PAYABLE	BALANCE DUE
FLEET BANK	\$ 111,898

STATEMENT 8 (CONTINUED)  
FORM 990, PART IV, LINE 64B  
MORTGAGES AND OTHER NOTES PAYABLE

	<u>\$ 111,898</u>
<u>OTHER NOTES PAYABLE</u>	
LENDER'S NAME:	AMERICAN SAVINGS BANK
RELATIONSHIP OF LENDER:	NONE
MATURITY DATE:	1/23/12
INTEREST RATE:	6.7%
PURPOSE OF LOAN:	WORKING CAPITAL
ORIGINAL AMOUNT:	56,219
BALANCE DUE:	\$ 56,219
LENDER'S NAME:	SOFTWARE LEASE
PURPOSE OF LOAN:	SOFTWARE
BALANCE DUE:	806
	<u>\$ 57,025</u>
TOTAL	<u>\$ 168,923</u>

STATEMENT 9  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES

	<u>ENDING</u>
SECURITY DEPOSITS .....	\$ 1,255
TOTAL	<u>\$ 1,255</u>

STATEMENT 10  
FORM 990, PART IV-A, LINE B(4)  
OTHER AMOUNTS

NET ASSETS RELEASED FROM RESTRICTION .....	\$ 13,134
SPECIAL EVENTS .....	2,804
TOTAL	<u>\$ 15,938</u>

STATEMENT 11  
FORM 990, PART IV-B, LINE B(4)  
OTHER AMOUNTS

SPECIAL EVENTS .....	\$ 2,804
TOTAL	<u>\$ 2,804</u>

CLIENT 106820

FAMILY SERVICE LEAGUE, INC.

22-1487184

STATEMENT 12  
FORM 990, PART VIII  
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93 (A)	COUNSELING FEES BASED UPON ABILITY TO PAY FROM BOTH INDIVIDUALS & FAMILIES
93 (B)	CHILD CARE FEES FOR KINDER SCHOOL WHICH IS BASED ON MONTHLY TUITION FEES
93 (C)	CHILD CARE FEES FOR NURSERY WHICH IS BASED UPON ABILITY TO PAY
93 (D)	HOUSING COUNSELING FEES
93 (E)	OTHER REVENUE FEES THAT WERE COLLECTED DURING THE YEAR RELATED TO THE OVERALL COUNSELING AND CHILD CARE PROGRAM
101	FEES THAT WERE EARNED DURING THE SPECIAL EVENTS THAT TOOK PLACE FOR FUND RAISING PURPOSES
103 (A)	OTHER MISCELLANEOUS INCOME THAT WAS EARNED DURING THE YEAR WHILE RUNNING THE DAY TO DAY OPERATIONS OF THE ORGANIZATION

STATEMENT 13  
SCHEDULE A, PART IV-A, LINE 22  
OTHER INCOME

DESCRIPTION	(A) 1999	(B) 1998	(C) 1997	(D) 1996	(E) TOTAL
OTHER INCOME	\$ 1,325	\$ 1,026	\$ 1,822	\$ 1,819	\$ 5,992
TOTAL	<u>\$ 1,325</u>	<u>\$ 1,026</u>	<u>\$ 1,822</u>	<u>\$ 1,819</u>	<u>\$ 5,992</u>

# Depreciation and Amortization

## (Including Information on Listed Property)

OMB No 1545-0172

**2000**

Attachment  
Sequence No **67**

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions

▶ Attach this form to your return.

Name(s) shown on return

**FAMILY SERVICE LEAGUE, INC.**

Identifying number

**22-1487184**

Business or activity to which this form relates

**FORM 990/990-PF**

**Part I Election To Expense Certain Tangible Property (Section 179)** Note: If you have any "listed property," complete Part V before you complete Part I

1 Maximum dollar limitation If an enterprise zone business, see page 2 of the instructions	1	\$20,000
2 Total cost of section 179 property placed in service See page 2 of the instructions	2	
3 Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see page 2 of the instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	

7 Listed property Enter amount from line 27	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from 1999 See page 3 of the instructions	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2001 Add lines 9 and 10, less line 12	13	

Note Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement) Instead, use Part V for listed property

**Part II MACRS Depreciation for Assets Placed in Service Only During Your 2000 Tax Year (Do not include listed property)**

**Section A - General Asset Account Election**

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box See page 3 of the instructions ▶

**Section B - General Depreciation System (GDS) (See page 3 of the instructions)**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C - Alternative Depreciation System (ADS). (See page 5 of the instructions)**

16a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part III Other Depreciation (Do not include listed property) (See page 5 of the instructions)**

17 GDS and ADS deductions for assets placed in service in tax years beginning before 2000	17	
18 Property subject to section 168(f)(1) election	18	
19 ACRS and other depreciation	19	14,921

**Part IV Summary (See page 6 of the instructions)**

20 Listed property Enter amount from line 26	20	
21 Total Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	21	14,921
22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

**Family Service League, Inc.  
Board of Trustees  
2001-2002**

**President/CEO**

*Donald Fann*, 14 Grove Road, Basking Ridge, NJ 07920  
Mobile Phone 973-229-5614  
e-mail [dfann@familyserviceleague.org](mailto:dfann@familyserviceleague.org)

**Chairman**

*Michelle Stefanelli*, 194 Horseneck Road, Fairfield, NJ 07004  
Home 973-882-3630

**Vice Chairman**

*Laurence Sious, Esq.*, 250 Bellevue Ave., Upper Montclair, NJ 07043  
Home 973-744-3398 Bus 973-744-2100 Bus Fax 973-509-9521

**Vice Chairman**

*William Brunner, Esq.*, 7 Mill Street, Fairfield, NJ 07004  
Bus BRUNNER, 28 3<sup>rd</sup> St., South Orange, NJ 07079 (send mail to Bus)  
Home 973-228-7522 Bus So Or 973-763-4400 Fax So Or 973-763-0157  
Bus Verona 973-239-5491 Fax Verona 973-239-9163 Bill's own fax in So Or 973-763-0430

**Secretary**

*Anne Butler*, 126 Forest Ave., Glen Ridge, NJ 07028  
Home 973-680-1519 Home Fax 973-680-1525  
Bus 212-761-4417 Bus Fax 212-761-3990  
e-mail [Anne.Butler@msdw.com](mailto:Anne.Butler@msdw.com)

**Treasurer**

*Robert Brunner*, 3 Mill Street, Fairfield, NJ 07004  
Home 973-228-0132 Bus 973-618-9006 Bus Fax 973-618-9818

**Members-at-Large**

*Barbara Anelle*, 51 Colton Circle, West Orange, NJ 07052  
Bus P O Box 624, 21 Camelot Dnve, Livingston, NJ 07039  
Home 973-736-1669 Home Fax 9973-736-1783  
Mobile Phone 973-960-0092  
e-mail [broadmoor624@aol.com](mailto:broadmoor624@aol.com)

*Jason Apter*, 27 Malvern Place, Verona, NJ 07044  
Home 973-857-2179 Home Fax 973-857-4008 (fax here)  
Bus 908-273-7222 Bus Fax 908-273-7660 Beeper 1-800-636-5248

*Rev Michael Burke*, Catholic Family & Community Services  
24 DeGrasse Street, Paterson, NJ 07505  
Home: 973-790-8169 Home Fax 973-790-7753 (leave phone message first)  
Bus 973-279-7100x40 Bus Fax 973-523-1150  
e-mail [mburke@catholiccharities.org](mailto:mburke@catholiccharities.org)

**Family Service League, Inc. – Board of Trustees 2001-02**

p.2

*Kathleen Ginis*, Globe Motor Car, 1230 Bloomfield Ave , Fairfield, NJ 07004  
Bus 973-227-3600 Bus Fax 973-575-7835

*Alyce Hackett*, 4 Garden Street, Chatham Township, NJ 07928  
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*Marcello Huaranga*, 475 Washington Ave , Apt B5, Belleville, NJ 07109  
Bus Hospice of New Jersey, 400 Broadacres Drive Bloomfield, NJ 07003  
Home 973-759-0140 Bus 973-893-0818 Bus Fax 973-893-0828  
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*June Mayer*, 158 Birchwood Drive, Belleville, NJ 07109  
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Home 973-743-4437 Mobile Phone 973-985-3061

*Maureen Mingle*, 33 Holton Lane, Essex Felis, NJ 07021  
Home 973-226-5971

*Michele Torre*, 115 Walnut Street, Bloomfield, NJ 07003  
Home 973-743-6430 Bus 973-893-0818 Bus Fax 973-893-0828

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Name of Exempt Organization: FAMILY SERVICE LEAGUE, INC.
Employer Identification Number: 22-1487184
Address: 204 CLAREMONT AVENUE, MONTCLAIR, NJ 07042

Check type of return to be filed (file a separate application for each return)

- Form 990 (checked)
Form 990-T (corporation)
Form 990-T (Section 401(a) or 408(a) trust)
Form 990-T (trust other than above)
Form 1041-A
Form 4720
Form 5227
Form 6069
Form 8870

- If the organization does not have an office or place of business in the United States, check this box
If this is for a group return, enter the organization's four digit Group Exemption Number (GEN)
check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 2/15, 20 02, to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year 20 or tax year beginning 7/01, 20 00, and ending 6/30, 20 01
2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ 0
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ 0
c Balance Due Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ 0

Signature and Verification

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, and that I am authorized to prepare this form

Signature: Todd W. [Signature] Title: CPA Date: 11/01/01
KFA For Paperwork Reduction Act Notice, see Instructions Form 8868 (12-2000)

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Name of Exempt Organization: FAMILY SERVICE LEAGUE, INC.
Employer Identification Number: 22-1487184
204 CLAREMONT AVENUE
MONTCLAIR, NJ 07042

Check type of return to be filed (file a separate application for each return)

Form 990 [checked], Form 990-EZ, Form 990-T, Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069

Stop Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

If the organization does not have an office or place of business in the United States, check this box. If this is for a group return, enter the organizations four digit Group Exemption Number (GEN). If it is part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

I request an additional 3-month extension of time until 5/15, 2002. For calendar year, or other tax year beginning 7/01, 2000 and ending 6/30, 2001. State in detail why you need the extension: TAXPAYER RESPECTFULLY REQUEST ADDITIONAL TIME TO GATHER THE INFORMATION THAT IS NEEDED IN ORDER TO PREPARE AN ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. c Balance due Subtract line 8b from line 8a.

Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete and that I am authorized to prepare this form.

Signature: [Handwritten Signature] Title: CPA Date: 2/8/02

Notice to Applicant - To be Completed by the IRS

We have approved this application. We have not approved this application. We have not approved this application. We cannot consider this application because it was filed after the due date of the return for which an extension was requested.

EXTENSION APPROVED FEB 27 2002 LINDA WEISKOPF, FIELD DIRECTOR SUBMISSION PROCESSING, OGDEN

Director By Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Name: SAX MACY FROMM & CO., PC
Number and Street (include suite, room, or apartment number) or a P O Box Number: 855 VALLEY RD
City or Town, Province or State, and Country (including postal or ZIP code): CLIFTON, NJ 07013-2483