

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

2001

Open to Public Inspection

A For the 2001 calendar year, or tax year period beginning **JUL 1, 2001** and ending **JUN 30, 2002**

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

G Name of organization

FAMILY SERVICE LEAGUE, INC.

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

204 CLAREMONT AVENUE

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

MONTCLAIR, NJ 07042

D Employer identification number

22-1487184

E Telephone number

(973) 746-0800

F Accounting method Cash Accrual
 Other (specify) ▶

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit GEN ▶

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Web site ▶ **N/A**

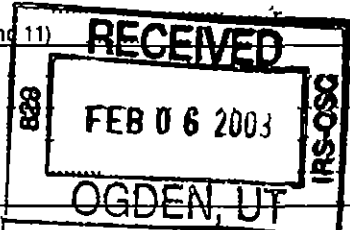
J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **769,071.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

		1a	1b	1c	1d
Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	62,760.			
	b Indirect public support		172,254.		
	c Government contributions (grants)			267,146.	
	d Total (add lines 1a through 1c) (cash \$ 502,160. noncash \$ _____)				502,160.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)				230,301.
	3 Membership dues and assessments				
	4 Interest on savings and temporary cash investments				1,624.
	5 Dividends and interest from securities				
	6 a Gross rents SEE STATEMENT 1	9,000.			
b Less rental expenses SEE STATEMENT 2	9,206.				
c Net rental income or (loss) (subtract line 6b from line 6a)				<206.>	
7 Other investment income (describe ▶)					
8 a Gross amount from sale of assets other than inventory	(A) Securities		(B) Other		
	b Less cost or other basis and sales expenses				
	c Gain or (loss) (attach schedule)				
	d Net gain or (loss) (combine line 8c, columns (A) and (B))				
9 Special events and activities (attach schedule)					
a Gross revenue (not including \$ 0. of contributions reported on line 1a)	22,225.				
b Less direct expenses other than fundraising expenses	10,494.				
c Net income or (loss) from special events (subtract line 9b from line 9a)				11,731.	
10 a Gross sales of inventory, less returns and allowances					
b Less cost of goods sold					
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)					
11 Other revenue (from Part VII, line 103)				3,761.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				749,371.	
Expenses	13 Program services (from line 44, column (B))				643,361.
	14 Management and general (from line 44, column (C))				84,807.
	15 Fundraising (from line 44, column (D))				
	16 Payments to affiliates (attach schedule)				
	17 Total expenses (add lines 16 and 44, column (A))				728,168.
18 Excess or (deficit) for the year (subtract line 17 from line 12)				21,203.	
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))				240,747.
	20 Other changes in net assets or fund balances (attach explanation)				<1,315.>
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)				260,635.



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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	85,617.	64,213.	21,404.
26	Other salaries and wages	26	405,086.	389,178.	15,908.
27	Pension plan contributions	27			
28	Other employee benefits	28	15,892.	14,684.	1,208.
29	Payroll taxes	29	43,732.	40,407.	3,325.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	8,706.	2,123.	6,583.
34	Telephone	34	13,442.	9,893.	3,549.
35	Postage and shipping	35	1,691.	1,562.	129.
36	Occupancy	36	6,300.	6,300.	
37	Equipment rental and maintenance	37	1,237.	491.	746.
38	Printing and publications	38	371.	353.	18.
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41	7,686.	5,095.	2,591.
42	Depreciation, depletion, etc (attach schedule)	42	15,070.		15,070.
43	Other expenses not covered above (itemize)				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 5	43e	123,338.	109,062.	14,276.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44	728,168.	643,361.	84,807.

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **COUNSELING SERVICES**

COUNSELING SERVICES

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

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

a	SEE STATEMENT 6				
			(Grants and allocations \$ _____)		306,283.
b	SEE STATEMENT 7				
			(Grants and allocations \$ _____)		287,134.
c	YOUTH MENTORING-YOUTH MENTORING PROGRAM FOR AREA YOUTH. THE TOTAL NUMBER OF CHILDREN WHO BENEFITED FROM THIS PROGRAM WERE 20.				
			(Grants and allocations \$ _____)		49,944.
d					
			(Grants and allocations \$ _____)		
e	Other program services (attach schedule)		(Grants and allocations \$ _____)		
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)				643,361.

Part IV Balance Sheets

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	113,334.	45	51,323.
	46 Savings and temporary cash investments	1,181.	46	1,191.
	47 a Accounts receivable	47a 70,395.		
	b Less allowance for doubtful accounts	47b	47c	70,395.
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	3,622.	53	6,859.
	54 Investments - securities STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	10,607.	54	9,292.
	55 a Investments - land, buildings, and equipment basis	55a 409,518.		
	b Less accumulated depreciation	55b 119,100.	55c	290,418.
56 Investments - other		56		
57 a Land, buildings, and equipment basis	57a			
b Less accumulated depreciation	57b	57c		
58 Other assets (describe <input type="checkbox"/>)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	436,466.	59	429,478.	
Liabilities	60 Accounts payable and accrued expenses	25,541.	60	12,749.
	61 Grants payable		61	
	62 Deferred revenue		62	12,500.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable STMT 9 STMT 10	168,923.	64b	142,403.
65 Other liabilities (describe <input type="checkbox"/> SECURITY DEPOSITS)	1,255.	65	1,191.	
66 Total liabilities (add lines 60 through 65)	195,719.	66	168,843.	
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	220,138.	67	260,635.
	68 Temporarily restricted	5,749.	68	0.
	69 Permanently restricted	14,860.	69	0.
	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, column (B) must equal line 21)	240,747.	73	260,635.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	436,466.	74	429,478.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 76 through 91 regarding organizational activities, financials, and governance.

91 The books are in care of ORGANIZATION Telephone no (973) 746-0800
Located at 204 CLAREMONT AVENUE MONTCLAIR, NJ ZIP + 4 07042

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

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

2001

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
<u>EDWARD WEIKERT</u> ----- 302 FRANCIS ST. TEANECK, NJ 07666	CLINICAL DR. 40	53,416.		
<u>EVA CHALET</u> ----- 35 BALDWIN ST. BLOOMFIELD, NJ 07003	DR. DAY CARE 40	51,709.		

Total number of other employees paid over \$50,000 ▶	2			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u> -----		

Total number of others receiving over \$50,000 for professional services ▶	0	

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 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		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) SEE STATEMENT 14		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
<i>Note 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</i>		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

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

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

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

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

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	377,503.	476,785.	405,162.	452,552.	1,712,002.
16 Membership fees received				2,205.	2,205.
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	221,662.	321,196.	335,534.	286,433.	1,164,825.
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	181,346.	534.	1,576.	721.	184,177.
19 Net income from unrelated business activities not included in line 18	<1,263.>				<1,263.>
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	1,227.	1,325.	SEE STATEMENT 15 1,026.	1,822.	5,400.
23 Total of lines 15 through 22	780,475.	799,840.	743,298.	743,733.	3,067,346.
24 Line 23 minus line 17	558,813.	478,644.	407,764.	457,300.	1,902,521.
25 Enter 1% of line 23	7,805.	7,998.	7,433.	7,437.	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	N/A
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 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)		26c	N/A
d Add Amounts from column (e) for lines	18 _____ 19 _____ 22 _____ 26b _____	26d	N/A
e Public support (line 26c minus line 26d total)		26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	N/A %

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	(2000)	0.	(1999)	0.	(1998)	0.	(1997)	0.
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year		(2000)	0.	(1999)	0.	(1998)	0.	(1997)	0.
c Add Amounts from column (e) for lines	15 1,712,002. 16 2,205. 17 1,164,825. 20 _____ 21 _____	27c	2,879,032.						
d Add Line 27a total	0. and line 27b total 0.	27d	0.						
e Public support (line 27c total minus line 27d total)		27e	2,879,032.						
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f 3,067,346.	27g	93.8607%						
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27h	6.0044%						
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))									

28 Unusual Grants. For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, 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

NONE

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

N/A

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

		Yes	No
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.)		

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? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	32d	

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? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)	33h	

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? If you answered "Yes" to either 34a or b, please explain using an attached statement.	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 9 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		(e) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred)															
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	N/A													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)														
38	Total lobbying expenditures (add lines 36 and 37)														
39	Other exempt purpose expenditures														
40	Total exempt purpose expenditures (add lines 38 and 39)														
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		
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)														
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36														
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38														

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 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				(e) Total
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	
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 12 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)

Yes	No	Amount
		0.

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

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
RESIDENTIAL PROPERTY - MONTCLAIR	1	9,000.
TOTAL TO FORM 990, PART I, LINE 6A		9,000.

FORM 990 RENTAL EXPENSES STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENT RELATED EXPENSES		9,206.	
- SUBTOTAL -	1		9,206.
TOTAL TO FORM 990, PART I, LINE 6B			9,206.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
FUNDRAISING EVENTS	22,225.		22,225.	10,494.	11,731.
TO FM 990, PART I, LINE 9	22,225.		22,225.	10,494.	11,731.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
NET DEPRECIATION IN INVESTMENTS	<1,315.>
TOTAL TO FORM 990, PART I, LINE 20	<1,315.>

FORM 990

OTHER EXPENSES

STATEMENT 5

DESCRIPTION	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
ADVERTISING	279.	75.	204.	
BANK CHARGES	330.	40.	290.	
EMPLOYEE TRAINING EXPENSES	2,484.	2,484.		
FOOD EXPENSES	25,895.	24,602.	1,293.	
INSURANCE	18,152.	16,656.	1,496.	
MISC. EXPENSES	1,981.	65.	1,916.	
MOVING EXPENSES	960.		960.	
ORGANIZATIONAL DUES AND ACCREDITATION	2,855.	1,775.	1,080.	
OUTSIDE SERVICES	5,280.	5,280.		
PAYROLL PROCESSING	1,695.	1,566.	129.	
PROGRAM SUPPLIES AND ACTIVITIES	15,668.	14,477.	1,191.	
RECRUITING EXPENSES	645.	645.	0.	
REPAIRS AND MAINTENANCE	18,813.	16,902.	1,911.	
TRANSPORTATION	1,143.	288.	855.	
UTILITIES	9,700.	8,516.	1,184.	
PROFESSIONAL FEES.	17,458.	15,691.	1,767.	
TOTAL TO FM 990, LN 43	123,338.	109,062.	14,276.	

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE ONE

COUNSELING- A PROGRAM WHICH USES PROFESSIONALLY TRAINED COUNSELORS IN ENABLING FAMILIES&INDIVIDUALS TO COME TO DEAL WITH EMOTIONAL PROBLEMS & TEMPORARY STRESSES. THE TOTAL NUMBER OF INDIVIDUALS THAT BENEFITED WAS 712.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		306,283.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE TWO

FAMILY DAY NURSERY-OPERATION OF A CHILD CARE PROGRAM FOR FAMILIES OF THE TOWN OF BLOOMFIELD & NEIGHBORING COMMUNITIES FOR FAMILIES GENERALLY UNABLE TO AFFORD A DAY CARE SERVICE. THE NO. OF CHILDREN WHO BENEFITED WAS 66.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		287,134.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 8

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE STOCK	9,292.				9,292.
TO 990, LN 54 COL B	9,292.				9,292.

FORM 990

MORTGAGES PAYABLE

STATEMENT 9

DESCRIPTION

BALANCE DUE

WASHINGTON MUTUAL

108,848.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B

108,848.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 10

LENDER'S NAME TERMS OF REPAYMENT

AMERICAN SAVINGS BANK

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
	01/23/12	56,219.	4.70%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
	WORKING CAPITAL

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	33,555.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B 33,555.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 11

DESCRIPTION	AMOUNT
SPECIAL EVENTS	10,494.
TOTAL TO FORM 990, PART IV-A	10,494.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 12

DESCRIPTION	AMOUNT
SPECIAL EVENTS	10,494.
TOTAL TO FORM 990, PART IV-B	10,494.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 13
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	COUNSELING FEES BASED UPON ABILITY TO PAY FOR BOTH INDIVIDUAL AND FAMILY
93B	CHILD CARE FEES FOR NURSERY WHICH IS BASED UPON ABILITY TO PAY
93C	OTHER REVENUE FEES THAT WERE COLLECTED DURING THE YEAR RELATED TO THE OVERALL COUNSELING AND CHILD CARE PROGRAM.
101	FEES EARNED DURING SPECIAL EVENTS THAT TOOK PLACE FOR FUNDRAISING PURPOSES
103A	OTHER MISC. INCOME THAT WAS EARNED DURING YEAR WHILE RUNNING DAY TO DAY OPERATIONS.

SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH STATEMENT 14
 SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS,
 CREATORS, KEY EMPLOYEES, ETC.,
 PART III, LINE 2

SEE FORM 990 PART V

SCHEDULE A OTHER INCOME STATEMENT 15

DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
OTHER INCOME	1,227.	1,325.	1,026.	1,822.
TOTAL TO SCHEDULE A, LINE 22	1,227.	1,325.	1,026.	1,822.

4562

Form (Rev March 2002) Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property) 990

See separate instructions Attach to your tax return.

OMB No 1545-0172

2001

Attachment Sequence No 67

Name(s) shown on return: FAMILY SERVICE LEAGUE, INC. Business or activity to which this form relates: FORM 990 PAGE 2 Identifying number: 22-1487184

Part I Election To Expense Certain Tangible Property Under Section 179 Note If you have any listed property, complete Part V before you complete Part I

1 Maximum amount See instructions for a higher limit for certain businesses 24,000.
2 Total cost of section 179 property placed in service (see instructions)
3 Threshold cost of section 179 property before reduction in limitation \$200,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions
6 (a) Description of property (b) Cost (business use only) (c) Elected cost
7 Listed property Enter amount from line 29
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7
9 Tentative deduction Enter the smaller of line 5 or line 8
10 Carryover of disallowed deduction from line 13 of your 2000 Form 4562
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11
13 Carryover of disallowed deduction to 2002 Add lines 9 and 10, less line 12

Note Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14 Special depreciation allowance for certain property (other than listed property) acquired after September 10 2001 (see instructions)
15 Property subject to section 168(f)(1) election (see instructions)
16 Other depreciation (including ACRS) (see instructions) 15,070.

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A
17 MACRS deductions for assets placed in service in tax years beginning before 2001
18 If you are electing under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here

Section B - Assets Placed in Service During 2001 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3 year, 5 year, 7 year, 10 year, 15 year, 20 year, 25 year property, Residential rental property, Nonresidential real property.

Section C - Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows include 12-year, 40 year.

Part IV Summary (See instructions)

21 Listed property Enter amount from line 29
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 15,070.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Part V Listed Property (include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)
Note For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution See instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for listed property acquired after September 10, 2001, and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L		
		%				S/L		
		%				S/L		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
 If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? Note If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2001 tax year					
43 Amortization of costs that began before your 2001 tax year					43
44 Total Add amounts in column (f) See instructions for where to report					44

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

President/CEO

Donald Fann, 340 Garden Street, Hoboken NJ 07030
Mobile Phone 973-229-5614
e-mail dfann@familyserviceleague.org

Chairman

Laurence Slous, Esq 250 Bellevue Ave., Upper Montclair NJ 07043
Home 973-571-1986 Bus 973-744-2100 Bus Fax 973 509-9521
e-mail Lslous@montclairlaw.com

Vice Chairman

William Brunner, Esq 7 Mill Street, Fairfield, NJ 07004
Bus BRUNNER 165 Valley St South Orange, NJ 07079
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 AnneButler@msow.com

Treasurer

Robert Brunner, 3 Mill Street, Fairfield, NJ 07004
Home 973-228-3132 Bus 973-783-4500 Bus Fax 973-618-9818
Mobile Phone 973-723-1708
e-mail firstmountain@msn.com

Members-at-Large

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

Donald Ullmann, 236 Roseland Avenue, Essex Fells, NJ 07021
Home 973-228-2973

Application for Extension of Time To File an Exempt Organization Return

▶ 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

Type or print	Name of Exempt Organization	Employer identification number
	FAMILY SERVICE LEAGUE, INC.	22-1487184
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P O box, see instructions	
	204 CLAREMONT AVENUE	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	MONTCLAIR, NJ 07042	

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

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990 T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990 T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990 PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> 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) _____ If this is for the whole group, 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 FEBRUARY 18, 2003 to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ calendar year _____ or

▶ tax year beginning JUL 1, 2001, and ending JUN 30, 2002

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 \$ _____

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 \$ _____

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 \$ N/A

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 ▶ Victoria D'Ambrosio Title ▶ CPA Date ▶ 1/11/02

LHA For Paperwork Reduction Act Notice, see instruction