

Return of Organization Exempt from Income Tax

2004

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning 7/01, 2004, and ending 6/30, 2005

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. FAMILY SERVICE LEAGUE, INC. 204 CLAREMONT AVENUE MONTCLAIR, NJ 07042. D Employer Identification Number 22-1487184. E Telephone number 973-746-0800. F Accounting method: Cash, Accrual, Other (specify).

G Web site: WWW.FAMILYSERVICELEAGUE.ORG. H and I are not applicable to section 527 organizations. H (a) Is this a group return 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?

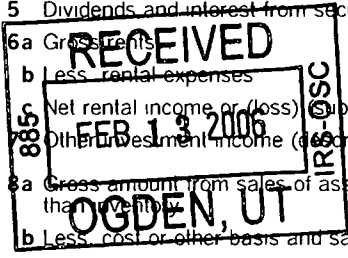
J Organization type (check only one): 501(c) 3. K Check here if the organization's gross receipts are normally not more than \$25,000. L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 1,625,663.

I Group Exemption Number. M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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

Table with columns for line number, description, and amount. Includes rows for contributions, program service revenue, membership dues, interest, dividends, gross receipts, net rental income, gross amount from sales of assets, special events, gross sales of inventory, other revenue, total revenue, program services, management and general, fundraising, payments to affiliates, total expenses, excess or deficit, net assets at beginning and end of year.

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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 (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	85,218.	85,218.		
26 Other salaries and wages	26	529,024.	491,556.	37,468.	
27 Pension plan contributions	27				
28 Other employee benefits	28	32,083.	30,126.	1,957.	
29 Payroll taxes	29	51,897.	48,731.	3,166.	
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	27,177.	25,774.	1,403.	
34 Telephone	34	15,981.	15,156.	825.	
35 Postage and shipping	35	1,826.	1,733.	93.	
36 Occupancy	36	28,419.	26,953.	1,466.	
37 Equipment rental and maintenance	37	564.	534.	30.	
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41	10,667.	10,116.	551.	
42 Depreciation, depletion, etc (attach schedule)	42	20,572.		20,572.	
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 4	43a	241,161.	207,993.	33,168.	
b -----	43b				
c -----	43c				
d -----	43d				
e -----	43e				
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	1,044,589.	943,890.	100,699.	0.

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? <input type="checkbox"/> SEE STATEMENT 5	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a COUNSELING SERVICES ----- ----- (Grants and allocations \$ 160,155.)	360,944.
b AMERICAN RED CROSS - SOCIAL SERVICES ----- ----- (Grants and allocations \$ 187,000.)	176,799.
c RAPE CARE CENTER ----- ----- (Grants and allocations \$ 101,468.)	120,858.
d FAMILY DAY NURSERY ----- ----- (Grants and allocations \$ 102,784.)	285,289.
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	943,890.

**Part IV Balance Sheets** (See Instructions)

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

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	8,220.	45	13,485.
	46 Savings and temporary cash investments	101,664.	46	186,504.
	47a Accounts receivable	47a 47,233.		
	b Less allowance for doubtful accounts	47b 17,000.	31,683.	47c 30,233.
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable		18,858.	49 84,072.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51a Other notes & loans receivable (attach sch)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		6,010.	53 4,410.
	54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	8,327.	54 10,580.
	55a Investments — land, buildings, & equipment basis	55a 721,712.		
	b Less accumulated depreciation (attach schedule) STATEMENT 6	55b 181,008.	766,134.	55c 540,704.
56 Investments — other (attach schedule)			56	
57a Land, buildings, and equipment basis	57a			
b Less accumulated depreciation (attach schedule)	57b		57c	
58 Other assets (describe ▶ _____)			58	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		940,896.	59 869,988.	
LIABILITIES	60 Accounts payable and accrued expenses	36,743.	60	77,278.
	61 Grants payable		61	
	62 Deferred revenue	1,200.	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)		376,841.	64b 172,387.
	65 Other liabilities (describe ▶ SEE STATEMENT 7)		1,202.	65 1,206.
66 <b>Total liabilities</b> (add lines 60 through 65)		415,986.	66 250,871.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		524,910.	67 619,117.
	68 Temporarily restricted			68
	69 Permanently restricted			69
	<b>Organizations that do not follow SFAS 117, check here</b> <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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		524,910.	73 619,117.
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)		940,896.	74 869,988.

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.

BAA



Part VI Other Information (See instructions.)		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		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		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	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?		X
81a	Enter direct and indirect political expenditures See line 81 instructions		
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
82b	If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members?		N/A
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
85c	Dues, assessments, and similar amounts from members		N/A
85d	Section 162(e) lobbying and political expenditures		N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86a	501(c)(7) organizations Enter Initiation fees and capital contributions included on line 12		N/A
86b	Gross receipts, included on line 12, for public use of club facilities		N/A
87a	501(c)(12) organizations. Enter Gross income from members or shareholders		N/A
87b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		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		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0., section 4912 0., section 4955 0.		
89b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
	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 on line 89c, above, reimbursed by the organization		0.
90a	List the states with which a copy of this return is filed NEW JERSEY		
90b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions)		28
91	The books are in care of ORGANIZATION Telephone number 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		N/A

**Part VII Analysis of Income-Producing Activities** (See instructions)

	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	
<b>Note:</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a CHILD DAY CARE FEES					102,784.
b PROGRAM SERVICE FEES					160,155.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	4,529.	
97 Net rental income or (loss) from real estate					
a debt-financed property	531110	3,000.			
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					165,808.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		3,000.		4,529.	428,747.
105 Total (add line 104, columns (B), (D), and (E))					436,276.

**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 instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	SEE STATEMENT 9

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	0%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions)

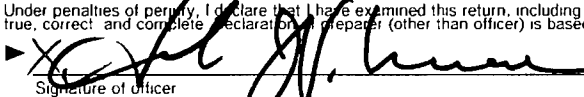
a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).


**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer:  Date: 2/9/06

SARAH WOLMAN EXECUTIVE DIRECTOR

**Paid Preparer's Use Only**

Preparer's signature:  Date: 1/31/06

Check if self-employed:

Preparer's SSN or PTIN (See General Instruction W): P00006746

Firm's name (or yours if self-employed) address and ZIP + 4: SAX MACY FROMM & CO., PC  
855 VALLEY ROAD  
CLIFTON, NJ 07013-2483

EIN: 22-3177927

Phone no: (973) 472-6250

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under  
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

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

OMB No. 1545-0047

**2004**

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 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 and deferred compensation	(e) Expense account and other allowances
EDWARD WEIKERT ----- 302 FRANCIS ST, TEANECK, NJ 07666	CLINICAL DIR. 40	59,230.	0.	0.
URSULA LIEBOWITZ ----- 204 CLAREMONT AVE, MONTCLAIR, NJ	COUNSELOR 40	50,000.	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 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
GENE GITELSON ----- 51 UPPER MONTCLAIR PLZ, 2 FL, MONTCLAIR, NJ	CAREER COUNSELING	101,443.
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part III** Statements About Activities (See instructions )

	Yes	No
<p>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 <b>▶</b> \$ <u>                    N/A                    </u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B )</p> <p>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</p>		X
<p>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 )</p> <p style="text-align: center;"><b>SEE STATEMENT 10</b></p> <p>a Sale, exchange, or leasing of property?</p>		X
<p>b Lending of money or other extension of credit?</p>		X
<p>c Furnishing of goods, services, or facilities?</p> <p style="text-align: right;">SEE FORM 990, PART V</p>		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	X	
<p>e Transfer of any part of its income or assets?</p>		X
<p>3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments )</p>		X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>		X
<p>4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>		X
<p>b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>		X

**Part IV** Reason for Non-Private Foundation Status (See 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 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 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	512,083.	978,414.	502,160.	377,503.	2,370,160.
<b>16</b> Membership fees received					
<b>17</b> 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	241,625.	221,972.	242,032.	221,662.	927,291.
<b>18</b> 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	895.	720.	1,624.	181,346.	184,585.
<b>19</b> Net income from unrelated business activities not included in line 18	-17,187.	-1,096.	-206.	-1,263.	-19,752.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. SEE STMT 11	5,240.	2,141.	3,761.	1,227.	12,369.
<b>23</b> Total of lines 15 through 22	742,656.	1,202,151.	749,371.	780,475.	3,474,653.
<b>24</b> Line 23 minus line 17	501,031.	980,179.	507,339.	558,813.	2,547,362.
<b>25</b> Enter 1% of line 23	7,427.	12,022.	7,494.	7,805.	
<b>26 Organizations described on lines 10 or 11:</b>	a Enter 2% of amount in column (e), line 24 N/A				<b>26a</b>
<b>b</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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					<b>26b</b>
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e).					<b>26c</b>
<b>d</b> Add. Amounts from column (e) for lines	<b>18</b>	<b>19</b>			<b>26d</b>
	<b>22</b>	<b>26b</b>			
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b>
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> %
<b>27 Organizations described on line 12:</b>					
<b>a</b> 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.					
(2003) _____ 0. (2002) _____ 0. (2001) _____ 0. (2000) _____ 0.					
<b>b</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.					
(2003) _____ 0. (2002) _____ 0. (2001) _____ 0. (2000) _____ 0.					
<b>c</b> Add. Amounts from column (e) for lines	<b>15</b>	<b>16</b>			<b>27c</b>
	<b>17</b>	<b>20</b>			<b>27d</b>
<b>d</b> Add. Line 27a total _____ 0. and line 27b total _____ 0.					<b>27e</b>
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b>
<b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	<b>27f</b> 3,474,653.				
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> 94.90 %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> 5.31 %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

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

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
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 ) ----- ----- -----			
32a	Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff?			
32b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
32c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
32d	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 ) ----- -----			
33a	33 Does the organization discriminate by race in any way with respect to a Students' rights or privileges?			
33b	b Admissions policies?			
33c	c Employment of faculty or administrative staff?			
33d	d Scholarships or other financial assistance?			
33e	e Educational policies?			
33f	f Use of facilities?			
33g	g Athletic programs?			
33h	h Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- ----- -----			
34a	34a Does the organization receive any financial aid or assistance from a governmental agency?			
34b	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			
35	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			

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions )  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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

**Limits on Lobbying Expenditures**

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

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<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 —			
<b>If the amount on line 40 is —</b>	<b>The lobbying nontaxable amount is —</b>		
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	<b>41</b>	
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		
<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>		
<b>Caution:</b> 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 )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(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 non-taxable 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 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

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



FAMILY SERVICE LEAGUE, INC.

22-1487184

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

OTHER ASSETS

DESCRIPTION:	LAND-51 MYRTLE AVE, MONTCLAIR, NJ		
DATE ACQUIRED:	11/09/2002		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	8/25/2004		
TO WHOM SOLD:			
GROSS SALES PRICE:	0.		
COST OR OTHER BASIS:	90,000.		
		GAIN (LOSS)	-90,000.

DESCRIPTION:	BUILDING-51 MYRTLE AVE, MONTCLAIR, NJ		
DATE ACQUIRED:	11/09/2002		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	8/25/2004		
TO WHOM SOLD:			
GROSS SALES PRICE:	646,628.		
COST OR OTHER BASIS:	360,000.		
EXPENSES OF SALE:	48,275.		
DEPRECIATION:	17,455.		
		GAIN (LOSS)	255,808.

TOTAL GAIN (LOSS) OTHER ASSETS \$ 165,808.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 165,808.

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

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI- BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
VARIOUS FUNDRAISING EVENTS	4,496.	4,496.	0.	0.	0.
TOTAL	<u>\$ 4,496.</u>	<u>\$ 4,496.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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

NET APPRECIATION IN INVESTMENTS		\$ 2,253.
TOTAL		<u>\$ 2,253.</u>

## FAMILY SERVICE LEAGUE, INC.

22-1487184

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

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
ADVERTISING	2,337.	2,217.	120.	
BAD DEBTS	17,000.		17,000.	
BANK CHARGES	1,455.		1,455.	
EMPLOYEE TRAINING EXPENSES	1,793.	1,701.	92.	
FOOD EXPENSES	19,869.	19,074.	795.	
FUNDRAISING EVENTS	1,396.		1,396.	
INSURANCE	27,233.	25,828.	1,405.	
MISCELLANEOUS EXPENSES	3,665.	3,476.	189.	
ORGANIZATIONAL DUES & ACCREDIT	3,252.	3,084.	168.	
PAYROLL PROCESSING	1,868.	1,771.	97.	
PROFESSIONAL FEES	135,918.	129,024.	6,894.	
PROGRAM SUPPLIES & ACTIVITIES	1,424.	1,350.	74.	
REAL ESTATE TAXES	2,369.		2,369.	
REPAIRS & MAINTENANCE	20,414.	19,361.	1,053.	
SUBSCRIPTIONS AND PUBLICATIONS	130.	123.	7.	
TRANSPORTATION	1,038.	984.	54.	
<b>TOTAL</b>	<b>\$ 241,161.</b>	<b>\$ 207,993.</b>	<b>\$ 33,168.</b>	<b>\$ 0.</b>

**STATEMENT 5**  
**FORM 990, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

FAMILY SERVICES LEAGUE IS A COMPREHENSIVE SOCIAL SERVICES ORGANIZATION SPECIALIZING IN SERVICES FOR FAMILIES, INCLUDING COUNSELING, YOUTH MENTORING, CHILDCARE, CAREER COUNSELING, AND CRISIS AND SUPPORT SERVICES FOR RAPE VICTIMS IN THE GREATER ESSEX COUNTY AREA.

**STATEMENT 6**  
**FORM 990, PART IV, LINE 55B**  
**INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 14,619.	\$ 14,619.	\$ 0.
MACHINERY AND EQUIPMENT	33,784.	29,468.	4,316.
BUILDINGS	308,594.	99,575.	209,019.
IMPROVEMENTS	274,492.	33,023.	241,469.
LAND	85,900.		85,900.
MISCELLANEOUS	4,323.	4,323.	0.
<b>TOTAL</b>	<b>\$ 721,712.</b>	<b>\$ 181,008.</b>	<b>\$ 540,704.</b>

FAMILY SERVICE LEAGUE, INC.

22-1487184

STATEMENT 7  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES

SECURITY DEPOSITS

TOTAL \$ 1,206.  
\$ 1,206.

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DONALD FANN 340 GARDEN STREET HOBOKEN, NJ 07030	PRESIDENT & CEO 40	\$ 85,218.	\$ 0.	\$ 0.
LAURENCE SLOUS 250 BELLEVUE AVENUE UPPER MONTCLAIR, NJ 07043	CHAIRMAN AS REQUIRED	0.	0.	0.
ANNE BUTLER 42 OAKRIDGE ROAD BLOOMFIELD, NJ 07003	SECRETARY AS REQUIRED	0.	0.	0.
JASON APTER 27 MALVERN PLACE VERONA, NJ 07044	TRUSTEE AS REQUIRED	0.	0.	0.
REV. MICHAEL BURKE 24 DEGRASSE STREET PATERSON, NJ 07505	TRUSTEE AS REQUIRED	0.	0.	0.
DON GOELTZ 70 PLYMOUTH STREET MONTCLAIR, NJ 07042	TREASURER AS REQUIRED	0.	0.	0.
DONALD ULLMANN 236 ROSELAND AVENUE ESSEX FELLS, NJ 07021	TRUSTEE AS REQUIRED	0.	0.	0.
TOTAL		\$ 85,218.	\$ 0.	\$ 0.

STATEMENT 9  
FORM 990, PART VIII  
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93A	CHILD CARE FEES ARE FOR THE FAMILY DAY NURSERY, A LICENSED, ACCREDITED PRE-KINDERGARTEN PROGRAM SERVING PARENTS WITH CHILDREN AGES 2-1/2 TO 6 YEARS, BASED UPON ABILITY TO PAY.

FAMILY SERVICE LEAGUE, INC.

22-1487184

STATEMENT 9 (CONTINUED)  
 FORM 990, PART VIII  
 RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93B	THIS REVENUE COLLECTED DURING THE YEAR IS FOR THE COUNSELING SERVICES OFFERED TO ADULTS AND YOUTHS.
100	THIS FIGURE REFLECTS THE GAIN REALIZED ON THE PROPERTY AT 51 MYRTLE AVENUE, MONTCLAIR, NJ WHEN IT WAS SOLD.

STATEMENT 10  
 SCHEDULE A, PART III, LINE 2  
 TRANSACTIONS WITH TRUSTEES, DIRECTORS, ETC.

SEE 990 PAGE 4, PART V

STATEMENT 11  
 SCHEDULE A, PART IV-A, LINE 22  
 OTHER INCOME

DESCRIPTION	(A) 2003	(B) 2002	(C) 2001	(D) 2000	(E) TOTAL
OTHER INCOME	\$ 5,240.	\$ 2,141.	\$ 3,761.	\$ 1,227.	\$ 12,369.
TOTAL	<u>\$ 5,240.</u>	<u>\$ 2,141.</u>	<u>\$ 3,761.</u>	<u>\$ 1,227.</u>	<u>\$ 12,369.</u>

**All Business Activities  
Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts)  
**Under Sections 179 and 280F(b)(2))**  
▶ Attach to your tax return. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

Identifying number

**Family Service League**

**1** Enter the gross proceeds from sales or exchanges reported to you for 2004 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)

**1**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)**

(a) Description of property	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
<b>Land</b>						
<b>2</b>	11/09/02	8/25/04			90,000.00	-90,000.00

**3** Gain, if any, from Form 4684, line 39

**3**

**4** Section 1231 gain from installment sales from Form 6252, line 26 or 37

**4**

**5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824

**5**

**6** Gain, if any, from line 32, from other than casualty or theft

**6**

255,807.66

**7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

**7**

165,807.66

**Partnerships (except electing large partnerships) and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**All others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on Schedule D and skip lines 8, 9, 11, and 12 below.

**8** Nonrecaptured net section 1231 losses from prior years (see instructions)

**8**

**9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on Schedule D (see instructions)

**9**

**Part II Ordinary Gains and Losses**

**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less).


**11** Loss, if any, from line 7

**11**

**12** Gain, if any, from line 7 or amount from line 8, if applicable

**12**

**13** Gain, if any, from line 31

**13**

**14** Net gain or (loss) from Form 4684, lines 31 and 38a

**14**

**15** Ordinary gain from installment sales from Form 6252, line 25 or 36

**15**

**16** Ordinary gain or (loss) from like-kind exchanges from Form 8824

**16**

**17** Combine lines 10 through 16

**17**

**18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below

**a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 27, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 22. Identify as from "Form 4797, line 18a." See instructions.

**18a**

**b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14.

**18b**

For Paperwork Reduction Act Notice, see page 8 of the instructions

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255**

19	(a) Description of section 1245, 1250, 1252, 1254, or 1255 property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A	Home	11/09/02	8/25/04
B			
C			
D			
These columns relate to the properties on lines 19A - 19D.		Property A	Property B
20	Gross sales price (Note. See line 1 before completing)	20 646,628.00	
21	Cost or other basis plus expense of sale	21 408,275.07	
22	Depreciation (or depletion) allowed or allowable	22 17,454.73	
23	Adjusted basis Subtract line 22 from line 21	23 390,820.34	
24	Total gain Subtract line 23 from line 20	24 255,807.66	
25	If section 1245 property		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291		
a	Additional depreciation after 1975 (see instructions)	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b	
c	Subtract line 26a from line 24 If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage (see instructions)	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126 (see instructions)	29a	
b	Enter the smaller of line 24 or 29a (see instructions)	29b	

**Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30**

30	Total gains for all properties Add property columns A through D, line 24	30	255,807.66
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33 Enter the portion from other than casualty or theft on Form 4797, line 6	32	255,807.66

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)**

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation See instructions	34	
35 Recapture amount Subtract line 34 from line 33 See the instructions for where to report	35	

**Tax Current Year Disposals**

FYE: 6/30/2005

Asset	Property Description	Disposal Date	Disposal Method	Tax Cost/Basis	Gross Proceeds	Expense of Sale	Unrecovered Tax Cost	Gain/Loss
<b>Group: Property 51 Myrtle</b>								
39	Land	8/25/04	Sold	90,000.00	0.00	0.00	90,000.00	-90,000.00
40	Home	8/25/04	Sold	360,000.00	646,628.00	48,275.07	342,545.27	255,807.66
			<b>Property 51 Myrtle</b>	<u>450,000.00</u>	<u>646,628.00</u>	<u>48,275.07</u>	<u>432,545.27</u>	<u>165,807.66</u>
			<b>Grand Total</b>	<u>450,000.00</u>	<u>646,628.00</u>	<u>48,275.07</u>	<u>432,545.27</u>	<u>165,807.66</u>
					To X-1	To X-1		To X

Asset #	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Sec 168(k) Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Group: Accounting Software</b>											
24	Accounting Software	6/30/00	4,323.00	0.00	0.00	4,323.00	0.00	4,323.00	0.00	S/L	3 0
	<b>Accounting Software</b>		<b>4,323.00</b>	<b>0.00c</b>	<b>0.00</b>	<b>4,323.00</b>	<b>0.00</b>	<b>4,323.00</b>	<b>0.00</b>		
<b>Group: Building Improvements</b>											
7	Building - Montclair	6/30/93	133,352.00	0.00	0.00	50,934.80	4,849.16	55,783.96	77,568.04	S/L	27 5
8	Montclair Improvements	6/30/93	39,757.00	0.00	0.00	14,577.55	1,445.71	16,023.26	23,733.74	S/L	27 5
25	204 Claremont Ave	5/01/01	17,935.00	0.00	0.00	5,679.42	1,793.50	7,472.92	10,462.08	S/L	10 0
31	Carpet	11/23/01	4,483.00	0.00	0.00	1,601.05	640.43	2,241.48	6,187.50	S/L	7 0
32	Electrical Upgrade	12/19/01	7,500.00	0.00	0.00	937.50	375.00	1,312.50	8,250.00	S/L	20 0
33	Parking, landscaping and signs-	12/19/01	10,000.00	0.00	0.00	1,250.00	500.00	1,750.00	8,250.00	S/L	20 0
34	Painting	12/19/01	8,500.00	0.00	0.00	3,035.72	1,214.29	4,250.01	4,249.99	S/L	7 0
35	Carpet	12/19/01	7,000.00	0.00	0.00	2,500.00	1,000.00	3,500.00	3,500.00	S/L	7 0
38	Sidewalks, ramps and basement wtr	3/26/03	55,000.00	0.00	0.00	4,125.00	2,750.00	6,875.00	48,125.00	S/L	20 0
45	Building Improvements	12/15/04	25,067.00	0.00c	0.00	0.00	365.56	365.56	24,701.44	S/L	40 0
	<b>Building Improvements</b>		<b>308,594.00</b>	<b>0.00c</b>	<b>0.00</b>	<b>84,641.04</b>	<b>14,933.65</b>	<b>99,574.69</b>	<b>209,019.31</b>		
<b>Sum of 1 = 583,086 To G</b>											
<b>Group: Equipment - Montclair</b>											
2	Furniture (Various)	6/30/90	3,392.00	0.00	0.00	3,392.00	0.00	3,392.00	0.00	S/L	7 0
3	Furniture (Various)	6/30/90	2,987.00	0.00	0.00	2,987.00	0.00	2,987.00	0.00	S/L	7 0
4	Furniture (Various)	6/30/90	3,491.00	0.00	0.00	3,491.00	0.00	3,491.00	0.00	S/L	7 0
5	Gas Range	6/30/90	303.00	0.00	0.00	303.00	0.00	303.00	0.00	S/L	7 0
13	Computer Equipment - Caldwell	6/30/98	3,140.00	0.00	0.00	3,140.00	0.00	3,140.00	0.00	S/L	3 0
14	Air Conditioning	6/04/98	589.00	0.00	0.00	589.00	0.00	589.00	0.00	S/L	7 0
15	Refrigerator	5/08/98	609.00	0.00	0.00	521.91	87.09	609.00	0.00	S/L	7 0
16	Computer Equipment	6/30/98	1,900.00	0.00	0.00	1,900.00	0.00	1,900.00	0.00	S/L	3 0
17	Copier	6/30/98	900.00	0.00	0.00	706.85	128.57	835.42	64.58	S/L	7 0
18	Air Conditioner	6/30/98	512.00	0.00	0.00	402.70	73.14	475.84	36.16	S/L	7 0
19	Air Conditioner	6/30/98	1,100.00	0.00	0.00	864.76	157.14	1,021.90	78.10	S/L	7 0
21	Flooring	7/20/99	1,325.00	0.00	0.00	460.56	132.50	593.06	731.94	S/L	10 0
22	Computer Equipment Caldwell	3/17/00	700.00	0.00	0.00	700.00	0.00	700.00	0.00	S/L	3 0
23	Computer Equipment Caldwell	7/26/99	1,690.00	0.00	0.00	1,690.00	0.00	1,690.00	0.00	S/L	7 0
27	Computer Equipment	8/09/01	458.00	0.00	0.00	381.66	76.34	458.00	0.00	S/L	3 0
28	Computer Equipment	11/23/01	2,700.00	0.00	0.00	2,249.98	450.02	2,700.00	0.00	S/L	3 0
29	Computer Equipment	5/24/02	1,046.00	0.00	0.00	871.71	174.29	1,046.00	0.00	S/L	3 0
30	Computer equipment	6/25/02	1,106.00	0.00	0.00	921.67	184.33	1,106.00	0.00	S/L	3 0
36	Telephone System	7/26/02	1,095.00	0.00	0.00	547.50	365.00	912.50	182.50	S/L	3 0
37	Computer Equipment	3/27/03	1,267.00	0.00	0.00	633.33	422.33	1,055.66	211.34	S/L	3 0
41	Refrigerator	3/21/02	665.00	0.00	0.00	237.00	95.00	332.00	333.00	S/L	7 0
47	Computer	6/21/05	1,499.99	0.00c	0.00	0.00	0.00	0.00	1,499.99	S/L	5 0
49	Computer	12/20/04	1,308.51	0.00c	0.00	0.00	130.85	130.85	1,177.66	S/L	5 0
	<b>Equipment - Montclair</b>		<b>33,783.50</b>	<b>0.00c</b>	<b>0.00</b>	<b>26,991.63</b>	<b>2,476.60</b>	<b>29,468.23</b>	<b>4,315.27</b>		
	<b>Equipment - Montclair</b>		<b>33,783.50</b>	<b>0.00c</b>	<b>0.00</b>	<b>26,991.63</b>	<b>2,476.60</b>	<b>29,468.23</b>	<b>4,315.27</b>		

**Tax Asset Detail 7/01/04 - 6/30/05**

FYE: 6/30/2005

Asset #	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Sec 188(k) Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period	
<b>Group: Furnishings - Montclair</b>												
43	Furnishings	6/30/90	14,619.00	0.00	0.00	14,619.00	0.00	14,619.00	0.00	S/L	7.0	
	<b>Furnishings - Montclair To G</b>		<b>14,619.00</b>	<b>0.00c</b>	<b>0.00</b>	<b>14,619.00</b>	<b>0.00</b>	<b>14,619.00</b>	<b>0.00</b>			
<b>Group: Land</b>												
44	Montclair	6/30/99	85,900.00	0.00	0.00	0.00	0.00	0.00	85,900.00	Memo	0.0	
	<b>Land To G</b>		<b>85,900.00</b>	<b>0.00c</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>85,900.00</b>			
<b>Group: LI (Bloomfield)</b>												
1	(Various) Bloomfield	6/30/80	6,000.00	0.00	0.00	6,000.00	0.00	6,000.00	0.00	S/L	10.0	
6	Carpet	6/30/90	1,437.00	0.00	0.00	1,437.00	0.00	1,437.00	0.00	S/L	10.0	
9	Various Improvements	6/30/94	3,491.00	0.00	0.00	3,491.00	0.00	3,491.00	0.00	S/L	7.0	
10	Window Blinds	6/30/95	590.00	0.00	0.00	590.00	0.00	590.00	0.00	S/L	7.0	
11	Carpet	6/30/95	1,299.00	0.00	0.00	1,299.00	0.00	1,299.00	0.00	S/L	7.0	
12	Painting	6/30/95	3,220.00	0.00	0.00	3,220.00	0.00	3,220.00	0.00	S/L	7.0	
20	Playground Equipment	11/01/99	25,000.00	0.00	0.00	11,250.00	2,500.00	13,750.00	11,250.00	S/L	10.0	
26	Building Improvements	5/01/01	3,900.00	0.00	0.00	1,235.00	390.00	1,625.00	2,275.00	S/L	10.0	
42	Plumbing	6/30/87	2,600.00	0.00	0.00	1,443.89	82.54	1,526.43	1,073.57	S/L	31.5	
46	Carpeting	6/21/05	3,810.00	0.00c	0.00	0.00	0.00	0.00	3,810.00	S/L	10.0	
48	Building Improvements	6/30/05	178,030.72	0.00c	0.00	0.00	0.00	0.00	178,030.72	S/L	40.0	
50	Burglar Alarm	6/19/05	1,219.00	0.00c	0.00	0.00	0.00	0.00	1,219.00	S/L	5.0	
51	Fire Alarm	6/30/05	3,393.50	0.00c	0.00	0.00	0.00	0.00	3,393.50	S/L	5.0	
52	Leasehold Improvements	5/17/05	40,500.00	0.00c	0.00	0.00	84.38	84.38	40,415.62	S/L	40.0	
	<b>LI (Bloomfield) To G</b>		<b>274,492.22</b>	<b>0.00c</b>	<b>0.00</b>	<b>29,965.89</b>	<b>3,056.92</b>	<b>33,022.81</b>	<b>241,469.41</b>			
<b>Group: Property 51 Myrtle</b>												
39	Land	11/09/02	90,000.00	0.00	0.00	0.00	0.00	0.00	90,000.00	Memo	0.0	
40	Home	11/09/02	360,000.00	0.00	0.00	15,272.91	2,181.82	17,454.73	342,545.27	S/L	27.5	
	<b>Property 51 Myrtle To G</b>		<b>450,000.00</b>	<b>0.00c</b>	<b>0.00</b>	<b>15,272.91</b>	<b>2,181.82</b>	<b>17,454.73</b>	<b>432,545.27</b>			
	<b>*Less: Dispositions</b>		<b>450,000.00</b>	<b>0.00</b>	<b>0.00</b>	<b>15,272.91</b>	<b>0.00</b>	<b>17,454.73</b>	<b>432,545.27</b>			
	<b>Net Property 51 Myrtle To G</b>		<b>0.00</b>	<b>0.00c</b>	<b>0.00</b>	<b>0.00</b>	<b>2,181.82</b>	<b>0.00</b>	<b>0.00</b>			
	<b>Grand Total</b>		<b>1,171,711.72</b>	<b>0.00c</b>	<b>0.00</b>	<b>175,813.47</b>	<b>22,648.99</b>	<b>198,462.46</b>	<b>973,249.26</b>			
	<b>Less: Dispositions</b>		<b>450,000.00</b>	<b>0.00</b>	<b>0.00</b>	<b>15,272.91</b>	<b>0.00</b>	<b>17,454.73</b>	<b>432,545.27</b>			
	<b>Net Grand Total</b>		<b>721,711.72</b>	<b>0.00c</b>	<b>0.00</b>	<b>160,540.56</b>	<b>22,648.99</b>	<b>181,007.73</b>	<b>540,703.99</b>			

To W To GA

## 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)
- 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)

**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*

**Electronic Filing (e-file)** Form 8868 can be filed electronically if you want a 3 month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However you cannot file it electronically if you want the additional (not automatic) 3 month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

<b>Type or print</b> File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>FAMILY SERVICE LEAGUE, INC.</b>	Employer identification number <b>22-1487184</b>
	Number, street, and room or suite number. If a P.O. box, see instructions. <b>204 CLAREMONT AVENUE</b>	
	City, town or post office. For a foreign address, see instructions. <b>MONTCLAIR, NJ 07042</b>	
	state	ZIP code

**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 (section 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 |

• The books are in the care of ▶ ORGANIZATION -----

Telephone No ▶ 973-746-0800 FAX No ▶ \_\_\_\_\_

- 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-months for a **Form 990-T corporation**) extension of time until 2/15, 20 06, 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 04, and ending 6/30, 20 05

**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.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

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.

Form section for Name of Exempt Organization (FAMILY SERVICE LEAGUE, INC.), Employer identification number (22-1487184), and address (204 CLAREMONT AVENUE, MONTCLAIR, NJ 07042).

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

Grid of checkboxes for Form 990, Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T, and Form 4720.

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

The books are in care of ORGANIZATION

Telephone No 973-746-0800

FAX No

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 this is for the whole group, check this box 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

4 I request an additional 3 month extension of time until 5/15, 20 06
5 For calendar year, or other tax year beginning 7/01, 20 04, and ending 6/30, 20 05
6 If this tax year is for less than 12 months, check reason Initial return, Final return, Change in accounting period
7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND 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. See instructions
b 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. 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

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, Title (CPA), Date (1/17/06)

Notice to Applicant - To be Completed by the IRS

Grid of checkboxes for IRS approval status: We have approved this application, We have not approved this application (with grace period), We have not approved this application (no grace period), We cannot consider this application because it was filed after the extended due date, Other

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

Form section for Name (SAX MACY FROMM & CO., PC), Number and street (855 VALLEY ROAD), and City or town (CLIFTON, NJ 07013-2483)