

Form **990**

# 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)

OMB No 1545-0047

**2005**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>FAMILY SERVICE LEAGUE, INC.</b>		<b>D</b> Employer identification number <b>22-1487184</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>204 CLAREMONT AVENUE</b>		<b>E</b> Telephone number <b>973-746-0800</b>
		City or town, state or country, and ZIP + 4 <b>MONTCLAIR, NJ 07042</b>		<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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).		<b>H and I are not applicable to section 527 organizations</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> If "Yes," enter number of affiliates: <b>N/A</b> <b>H(c)</b> Are all affiliates included? <b>N/A</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list) <b>H(d)</b> Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>I</b> Group Exemption Number: <b>N/A</b>

**G** Website: **WWW.FAMILYSERVICELEAGUE.ORG**

**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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

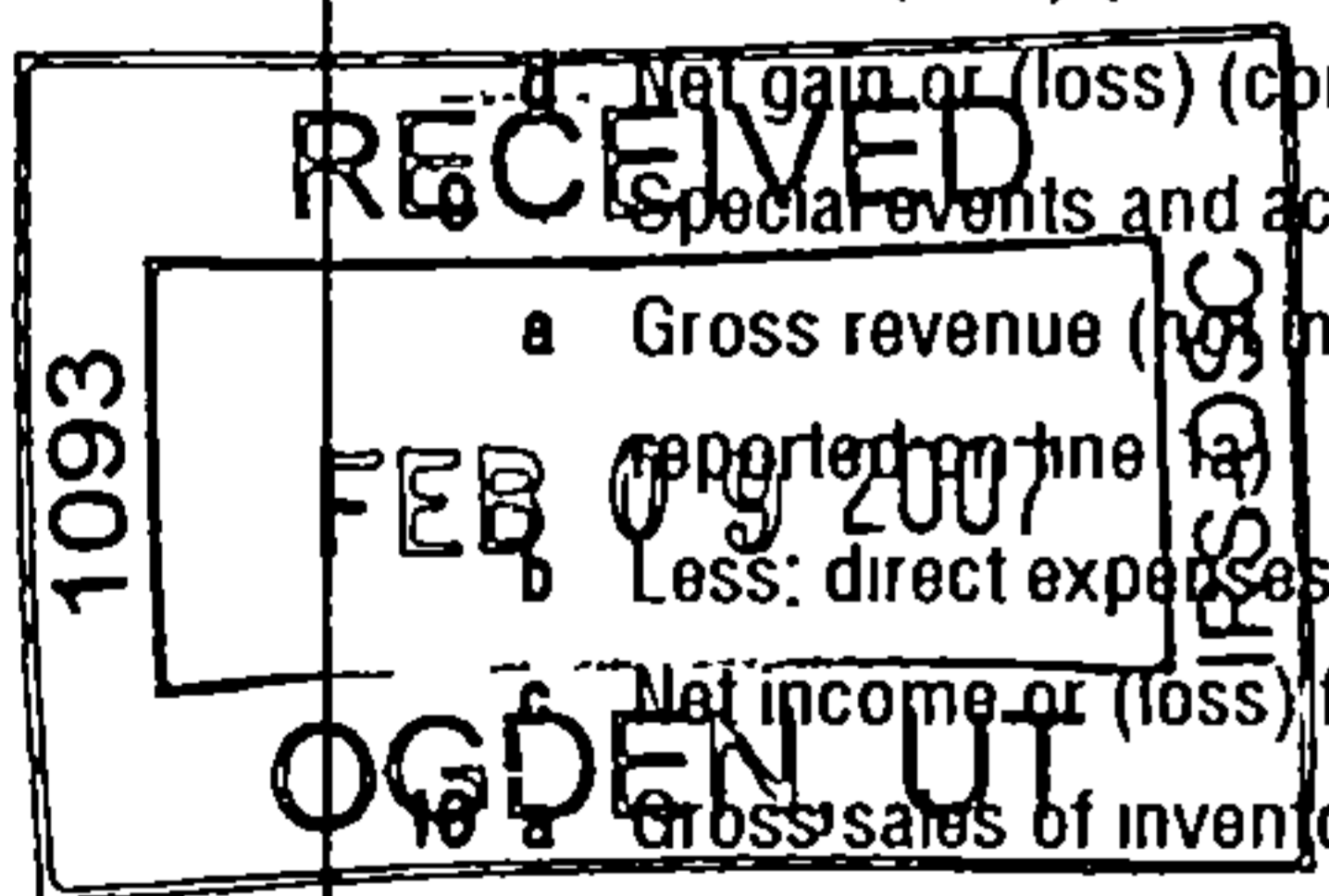
**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: **1,237,410.**

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

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

Revenue					
<b>1</b>	Contributions, gifts, grants, and similar amounts received:				
<b>a</b>	Direct public support	<b>1a</b>	<b>104,122.</b>		
<b>b</b>	Indirect public support	<b>1b</b>	<b>457,514.</b>		
<b>c</b>	Government contributions (grants)	<b>1c</b>	<b>337,381.</b>		
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <b>899,017.</b> noncash \$ _____)	<b>1d</b>	<b>899,017.</b>		
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>314,997.</b>		
<b>3</b>	Membership dues and assessments	<b>3</b>			
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>	<b>2,852.</b>		
<b>5</b>	Dividends and interest from securities	<b>5</b>			
<b>6 a</b>	Gross rents <b>SEE STATEMENT 1</b>	<b>6a</b>	<b>10,180.</b>		
<b>b</b>	Less: rental expenses <b>SEE STATEMENT 2</b>	<b>6b</b>	<b>10,430.</b>		
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>	<b>-250.</b>		
<b>7</b>	Other investment income (describe _____)	<b>7</b>			
<b>8 a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
<b>b</b>	Less: cost or other basis and sales expenses	<b>8a</b>			
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
<b>9 a</b>	Gross revenue (not including \$ <b>0.</b> of contributions reported on line 1a) Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>9a</b>	<b>7,299.</b>		
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>3,520.</b>		
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>	<b>3,779.</b>		
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b>	Less: cost of goods sold	<b>10b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>	<b>3,065.</b>		
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	<b>1,223,460.</b>		
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	<b>1,184,704.</b>		
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	<b>117,797.</b>		
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>	<b>1,302,501.</b>		
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>-79,041.</b>		
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>619,117.</b>		
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 4</b>	<b>20</b>	<b>755.</b>		
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<b>540,831.</b>		

SCANNED FEB 15 2007



**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 \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 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	77,767.	30,202.	47,565.	0.
26 Other salaries and wages 26	641,335.	604,500.	36,835.	
27 Pension plan contributions 27				
28 Other employee benefits 28	27,315.	24,310.	3,005.	
29 Payroll taxes 29	60,543.	53,452.	7,091.	
30 Professional fundraising fees 30				
31 Accounting fees 31				
32 Legal fees 32				
33 Supplies 33	22,111.	19,521.	2,590.	
34 Telephone 34	17,618.	15,555.	2,063.	
35 Postage and shipping 35	1,412.	1,246.	166.	
36 Occupancy 36	2,000.	2,000.		
37 Equipment rental and maintenance 37	4,545.	4,013.	532.	
38 Printing and publications 38				
39 Travel 39				
40 Conferences, conventions, and meetings 40				
41 Interest 41	6,922.	6,111.	811.	
42 Depreciation, depletion, etc (attach schedule) 42	24,004.	22,350.	1,654.	
43 Other expenses not covered above (itemize)				
a _____ 43a				
b _____ 43b				
c _____ 43c				
d _____ 43d				
e _____ 43e				
f _____ 43f				
g <b>SEE STATEMENT 5</b> 43g	416,929.	401,444.	15,485.	
44 <b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	1,302,501.	1,184,704.	117,797.	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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

\*\* SEE STATEMENT 6

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 11</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> <u>SEE STATEMENT 7</u>	
(Grants and allocations \$ <u>374,000.</u> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<u>374,404.</u>
<b>b</b> <u>SEE STATEMENT 8</u>	
(Grants and allocations \$ <u>151,336.</u> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<u>383,410.</u>
<b>c</b> <u>SEE STATEMENT 9</u>	
(Grants and allocations \$ <u>110,560.</u> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<u>154,163.</u>
<b>d</b> <u>SEE STATEMENT 10</u>	
(Grants and allocations \$ <u>163,661.</u> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<u>272,727.</u>
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b><u>1,184,704.</u></b>

**Part IV Balance Sheets** (See the instructions)

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	45	Cash - non-interest-bearing	13,485.	45	14,347.
	46	Savings and temporary cash investments	186,504.	46	10,744.
	47 a	Accounts receivable	55,351.		
		b Less allowance for doubtful accounts	4,889.	47c	50,462.
	48 a	Pledges receivable			
		b Less allowance for doubtful accounts		48c	
	49	Grants receivable	84,072.	49	116,516.
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable			
		b Less allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	4,410.	53	7,960.
	54	Investments - securities <b>STMT 14</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	10,580.	54	11,335.
	55 a	Investments - land, buildings, and equipment basis	173,109.		
		b Less accumulated depreciation <b>STMT 12</b>	78,102.	55c	95,007.
56	Investments - other		56		
57 a	Land, buildings, and equipment basis	577,488.			
	b Less accumulated depreciation <b>STMT 13</b>	129,735.	57c	447,753.	
58	Other assets (describe <input type="checkbox"/> )		58		
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58	869,988.	59	754,124.	
<b>Liabilities</b>	60	Accounts payable and accrued expenses	77,278.	60	52,476.
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
		b Mortgages and other notes payable	172,387.	64b	159,605.
	65	Other liabilities (describe <input type="checkbox"/> <b>SECURITY DEPOSITS</b> )	1,206.	65	1,212.
66	<b>Total liabilities.</b> Add lines 60 through 65)	250,871.	66	213,293.	
<b>Net Assets or Fund Balances</b>	<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	619,117.	67	540,831.
	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)	619,117.	73	540,831.	
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	869,988.	74	754,124.	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	1,277,735.
<b>b</b>	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1	755.	
2	Donated services and use of facilities	b2	50,000.	
3	Recoveries of prior year grants	b3		
4	Other (specify) <b>FUNDRAISING EXPENSES</b>	b4	3,520.	
	Add lines b1 through b4			<b>b</b> 54,275.
<b>c</b>	Subtract line b from line a			<b>c</b> 1,223,460.
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2			<b>d</b> 0.
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines c and d			<b>e</b> 1,223,460.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	1,356,021.
<b>b</b>	Amounts included on line a but not on Part I, line 17			
1	Donated services and use of facilities	b1	50,000.	
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) <b>FUNDRAISING EXPENSES</b>	b4	3,520.	
	Add lines b1 through b4			<b>b</b> 53,520.
<b>c</b>	Subtract line b from line a			<b>c</b> 1,302,501.
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2			<b>d</b> 0.
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines c and d			<b>e</b> 1,302,501.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
LAURENCE SLOUS 250 BELLEVUE AVENUE UPPER MONTCLAIR NJ 07043	CHAIRMAN 3.00	0.	0.	0.
DONALD ULLMANN 236 ROSELAND AVENUE ESSEX FELLS NJ 07021	SECRETARY 2.00	0.	0.	0.
JASON APTER 27 MALVERN PLACE VERONA NJ 07044	TRUSTEE 2.00	0.	0.	0.
REV. MICHAEL BURKE 24 DEGRASSE STREET PATERSON NJ 07505	TRUSTEE 2.00	0.	0.	0.
SARAH WOLMAN 117 CHRISTOPHER STREET MONTCLAIR NJ 07042	EXECUTIVE DIRECTOR 40.00	66,667.	448.	0.
GREGORY PLACE 52 LEWELLYN ROAD MONTCLAIR NJ 07042	TRUSTEE 2.00	0.	0.	0.
ANDREW MITCHELL 258 PARK STREET UPPER MONTCLAIR NJ 07043	TREASURER 2.00	0.	0.	0.



Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
	82b 50,000.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
	N/A		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
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.
90 a	List the states with which a copy of this return is filed NJ		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	26
91 a	The books are in care of ORGANIZATION Telephone no. 973-746-0800 Located at 204 CLAREMONT AVENUE, MONTCLAIR, NJ ZIP + 4 07042		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country N/A	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

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

**Note:** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a PROGRAM SERVICE FEE					151,336.
b CHILD DAY CARE FEES					163,661.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	2,852.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property	531110	-250.			
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	3,779.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a RECOVERY OF BAD DEBT					3,065.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		-250.		6,631.	318,062.
105 Total (add line 104, columns (B), (D), and (E))					324,443.

**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 the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	CHILD CARE FEES ARE FOR THE FAMILY DAY NURSERY, A LICENSED, ACCREDITED
93B	THIS REVENUE COLLECTED DURING THE YEAR IS FOR THE COUNSELING SERVICES
103A	THIS WAS A CONTRIBUTION COLLECTED THIS YEAR FROM A PRIOR YEAR

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

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

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

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

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

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

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: *[Signature]* Date: 1/25/07 Type or print name and title: EXECUTIVE DIRECTOR

Paid Preparer's Use Only: Preparer's signature: *[Signature]* Date: 1/19/07 Check if self-employed:  Preparer's SSN or PTIN: 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 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

**2005**

Name of the organization <b>FAMILY SERVICE LEAGUE, INC.</b>	Employer identification number <b>22-1487184</b>
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**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> <u>302 FRANCIS ST, TEANECK, NJ 07666</u>	CLINICAL DIR. 40.00	58,000.	3,864.	
<u>URSULA LIEBOWITZ</u> <u>204 CLAREMONT AVE, MONTCLAIR, NJ</u>	COUNSELOR 40.00	53,000.	302.	
<u>EVA CHALET</u> <u>BLOOMFIELD, NJ</u>	FAMILY DAY CARE DIR. 40.00	59,514.	297.	
<u>MICHAEL LAPUTKA</u> <u>JERSEY CITY, NJ</u>	DIR CAREER DEVEL 40.00	51,282.	3,819.	
Total number of other employees paid over \$50,000 ▶	<b>4</b>			

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

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

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

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>INDIVIDUALS &amp; SYSTEMS</u>	CONTRACT/CONSULT	208,756.
Total number of other contractors receiving over \$50,000 for other services ▶	<b>1</b>	

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

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B ) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
a	Sale, exchange, or leasing of property?		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)? <b>SEE PART V-A, FORM 990</b>	X	
e	Transfer of any part of its income or assets?		X
3 a	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.)		X
b	Do you have a section 403(b) annuity plan for your employees?		X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

**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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ►  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	635,053.	512,083.	978,414.	502,160.	2,627,710.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	262,939.	241,625.	221,972.	242,032.	968,568.
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	4,529.	895.	720.	1,624.	7,768.
19 Net income from unrelated business activities not included in line 18	3,000.	-17,187.	-1,096.	-206.	-15,489.
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	165,808.	5,240.	SEE STATEMENT 15 2,141.	3,761.	176,950.
23 Total of lines 15 through 22	1,071,329.	742,656.	1,202,151.	749,371.	3,765,507.
24 Line 23 minus line 17	808,390.	501,031.	980,179.	507,339.	2,796,939.
25 Enter 1% of line 23	10,713.	7,427.	12,022.	7,494.	
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 2001 through 2004 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: (2004) 0. (2003) 0. (2002) 0. (2001) 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 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) 0. (2003) 0. (2002) 0. (2001) 0.					
c Add Amounts from column (e) for lines: 15 2,627,710. 16 _____ 17 968,568. 20 _____ 21 _____					27c 3,596,278.
d Add Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 3,596,278.
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f 3,765,507.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 95.5058%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .2063%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.)		
<hr/> <hr/> <hr/>			
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	
<hr/> <hr/> <hr/>			
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	
<hr/> <hr/> <hr/>			
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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		<b>N/A</b>													
<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 -														
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><b>If the amount on line 40 is -</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is -</b></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>	<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	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>41</b>	
<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														
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>													

**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				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> 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 11 of the instructions.)

**N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (Add lines c through h.)			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	10,180.
TOTAL TO FORM 990, PART I, LINE 6A			10,180.

FORM 990	RENTAL EXPENSES	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INSURANCE		2,098.	
UTILITIES		2,188.	
PROPERTY & MAINTENANCE		1,973.	
DEPRECIATION		2,825.	
MORTGAGE INTEREST		1,346.	
- SUBTOTAL -	1		10,430.
TOTAL TO FORM 990, PART I, LINE 6B			10,430.

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	3
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
FUND RAISING	7,299.		7,299.	3,520.	3,779.	
TO FM 990, PART I, LINE 9	7,299.		7,299.	3,520.	3,779.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
DESCRIPTION			AMOUNT
NET APPRECIATION IN INVESTMENTS			755.
TOTAL TO FORM 990, PART I, LINE 20			755.

FORM 990

OTHER EXPENSES

STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROFESSIONAL FEES	23,337.	20,604.	2,733.	
FOOD EXPENSES	21,217.	18,733.	2,484.	
INSURANCE	23,768.	20,985.	2,783.	
PROGRAM SUPPLIES & ACTIVITIES	289,480.	289,346.	134.	
TRANSPORTATION	2,142.	1,891.	251.	
ORGANIZATIONAL DUES & ACCREDIT	250.	219.	31.	
REPAIRS & MAINTENANCE	13,818.	12,200.	1,618.	
ADVERTISING	10,750.	9,491.	1,259.	
PAYROLL PROCESSING	1,984.	1,752.	232.	
SUBSCRIPTIONS AND PUBLICATIONS	179.	159.	20.	
BANK CHARGES	483.		483.	
EMPLOYEE TRAINING EXPENSES	1,695.	1,496.	199.	
MISCELLANEOUS EXPENSES	956.	844.	112.	
RECRUITING EXPENSE	108.	96.	12.	
RENTAL EXPENSE	11,440.	10,100.	1,340.	
UTILITIES	15,322.	13,528.	1,794.	
<b>TOTAL TO FM 990, LN 43</b>	<b>416,929.</b>	<b>401,444.</b>	<b>15,485.</b>	

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 6  
 PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
SARAH WOLMAN	66,667.	448.		67,115.
A. PROGRAM SERVICES	30,000.	202.		30,202.
B. MANAGEMENT AND GENERAL	36,667.	246.		36,913.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DONALD FANN	10,652.			10,652.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	10,652.			10,652.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				30,202.
TOTAL MANAGEMENT AND GENERAL				47,565.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				<u>77,767.</u>

DESCRIPTION OF PROGRAM SERVICE ONE

THE AMERICAN RED CROSS CAREER BREAKTHROUGHS FOR 9/11 FAMILIES:

THE PROGRAM OFFERS CAREER ASSISTANCE TO INJURED SURVIVORS, FAMILIES OF SURVIVORS, AND RESCUE AND RECOVERY WORKERS WHO WERE DISPLACED, TRAUMATIZED OR IMPACTED BY THE TERRORIST ATTACKS. SERVICES INCLUDE A TWO-PART SIX HOUR SEMINAR ON THE ROADMAP TO RECOVERY AND NEW CAREER OPPORTUNITIES AND CAREER COUNSELING SESSIONS ON THE TRANSITION PROCESS INCLUDING SELF-ASSESSMENT, CAREER EXPLORATION AND THE JOB SEARCH. SINCE ITS INCEPTION THE PROGRAM HAS SERVED 214 INDIVIDUALS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	374,000.	374,404.

DESCRIPTION OF PROGRAM SERVICE TWO

THE CLINICAL PROGRAM WORKS WITH FAMILIES, COUPLES AND INDIVIDUALS TO HELP THEM CONSIDER AND THEN IMPLEMENT SOLUTIONS FOR IMPROVING THEIR EMOTIONAL LIVES AND THEIR RELATIONSHIPS. ISSUES THAT ARE ADDRESSED CONSIST OF PERSONAL AND FAMILY ISSUES, INCLUDING MARITAL CONFLICT, DOMESTIC VIOLENCE, DEPRESSION, LOSS, LONELINESS, SUBSTANCE ABUSE, FINANCIAL HARDSHIP, JOB STRESS, AND ASOCIAL ADOLESCENTS. THE PROGRAM SERVED 683 FAMILIES AND INDIVIDUALS LAST YEAR.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B	151,336.	383,410.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 9

DESCRIPTION OF PROGRAM SERVICE THREE

THE RAPE CARE CENTER PROVIDES A CONFIDENTIAL, 24-HOUR CRISIS RESPONSE HOTLINE FOR SURVIVORS, FAMILY, AND LOVED ONES, AND HEALTH CARE AND LAW ENFORCEMENT PROFESSIONALS; ACCOMPANIMENT OF SURVIVORS OF SEXUAL VIOLENCE TO HOSPITALS, POLICE PRECINCTS AND COURTS; INFORMATION, REFERRALS AND GUIDANCE ON FORENSIC EXAM AND RAPE KIT, VICTIMS' COMPENSATION, HOUSING, AND SAFETY; TRAINING FOR HOSPITAL STAFF, EMS, AND COUNSELING FOR SURVIVORS. ALL OF THESE SERVICES ARE AT NO COST. THE STAFF HAS PRESENTED TO OVER 2700 YOUTH IN ESSEX COUNTY, AND PROVIDED ASSISTANCE AND ACCOMPANIMENT TO OVER 150 SURVIVORS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C	110,560.	154,163.
	110,560.	154,163.



FORM 990                      DEPRECIATION OF ASSETS HELD FOR INVESTMENT                      STATEMENT 12

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDING & IMPROVEMENTS - MONTCLAIR	173,109.	78,102.	95,007.
TOTAL TO FORM 990, PART IV, LN 55	173,109.	78,102.	95,007.

FORM 990                      DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT                      STATEMENT 13

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDING & IMPROVEMENTS	367,341.	43,539.	323,802.
ACCOUNTING SOFTWARE	4,323.	4,323.	0.
EQUIPMENT	33,784.	30,830.	2,954.
FURNISHINGS	14,619.	14,619.	0.
LAND	85,900.	0.	85,900.
BUILDING & IMPROVEMENTS	71,521.	36,424.	35,097.
TOTAL TO FORM 990, PART IV, LN 57	577,488.	129,735.	447,753.

FORM 990                      OTHER SECURITIES                      STATEMENT 14

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
INVESTMENTS	FMV	11,335.
TO FORM 990, LINE 54, COL B		11,335.

SCHEDULE A                      OTHER INCOME                      STATEMENT 15

DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
OTHER INCOME	0.	5,240.	2,141.	3,761.
SALE OF ASSETS	165,808.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	165,808.	5,240.	2,141.	3,761.

# 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).
- 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).

Type or print	Name of Exempt Organization <b>FAMILY SERVICE LEAGUE, INC.</b>	Employer identification number <b>22-1487184</b>
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 <b>204 CLAREMONT AVENUE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>MONTCLAIR, NJ 07042</b>	

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 |

- 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 **FEBRUARY 15, 2007** 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, 2005**, and ending **JUN 30, 2006**
- 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**

**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.