

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)

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 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007**

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	C Name of organization FAMILY SERVICE LEAGUE, INC.	D Employer identification number 22-1487184	
	Number and street (or P O box if mail is not delivered to street address) Room/suite 204 CLAREMONT AVENUE	E Telephone number 973-746-0800	F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶	
	City or town, state or country, and ZIP + 4 MONTCLAIR, NJ 07042		* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	

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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,274,486.**

H and **I** are not applicable to section 527 organizations

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

H(b) If "Yes," enter number of affiliates ▶ **N/A**

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

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

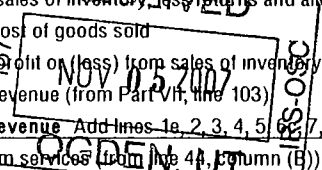
I Group Exemption Number ▶ **N/A**

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

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	186,958.		
c	Indirect public support (not included on line 1a)	1c	365,687.		
d	Government contributions (grants) (not included on line 1a)	1d	383,152.		
e	Total (add lines 1a through 1d) (cash \$ 929,997. noncash \$ 5,800.)	1e		935,797.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		324,371.	
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4		725.	
5	Dividends and interest from securities	5			
6a	Gross rents SEE STATEMENT 1	6a	13,572.		
b	Less rental expenses SEE STATEMENT 2	6b	12,609.		
c	Net rental income or (loss) Subtract line 6b from line 6a	6c		963.	
7	Other investment income (describe ▶)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 3	8c			
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	9d			
a	Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	21.		
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events Subtract line 9b from line 9a SEE STATEMENT 4	9c		21.	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue Add lines 1a, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		1,261,877.	
13	Program services (from line 44, column (B))	13		1,206,829.	
14	Management and general (from line 44, column (C))	14		100,704.	
15	Fundraising (from line 44, column (D))	15			
16	Payments to affiliates (attach schedule)	16			
17	Total expenses Add lines 16 and 44, column (A)	17		1,307,533.	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		-45,656.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		540,831.	
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5	20		3,593.	
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21		498,768.	

SCANNED NOV 16 2007



617 25

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A STMT 7	80,448.	56,314.	24,134.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B STMT 8	29,500.	29,500.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	710,335.	659,955.	50,380.	
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	30,589.	27,804.	2,785.	
29 Payroll taxes	66,194.	59,965.	6,229.	
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	17,603.	17,603.		
34 Telephone	21,024.	18,289.	2,735.	
35 Postage and shipping	2,243.	1,951.	292.	
36 Occupancy				
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel				
40 Conferences, conventions, and meetings				
41 Interest	10,546.	9,784.	762.	
42 Depreciation, depletion, etc (attach schedule)	27,497.	25,620.	1,877.	
43 Other expenses not covered above (itemize)				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 6	311,554.	300,044.	11,510.	
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,307,533.	1,206,829.	100,704.	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

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

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 13	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE STATEMENT 9	
(Grants and allocations \$ 300,500.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	301,595.
b SEE STATEMENT 10	
(Grants and allocations \$ 111,412.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	421,461.
c SEE STATEMENT 11	
(Grants and allocations \$ 157,103.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	166,445.
d SEE STATEMENT 12	
(Grants and allocations \$ 207,492.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	285,886.
e Other program services (attach schedule) SEE STATEMENT 14	
(Grants and allocations \$ 35,000.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31,442.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	1,206,829.

Part IV Balance Sheets (See the instructions)

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	14,347.	45	29,483.
	46 Savings and temporary cash investments	10,744.	46	1,079.
	47 a Accounts receivable	47a 63,274.		
	b Less allowance for doubtful accounts	47b 5,985.	50,462.	47c 57,289.
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable		116,516.	49 64,181.
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		7,960.	53 6,195.
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54a
	b Investments - other securities STMT 18 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		11,335.	54b 14,928.
55 a Investments - land, buildings, and equipment basis	55a 173,109.			
b Less accumulated depreciation STMT 15	55b 84,397.	95,007.	55c 88,712.	
56 Investments - other			56	
57 a Land, buildings, and equipment basis	57a 634,816.			
b Less accumulated depreciation STMT 16	57b 117,915.	447,753.	57c 516,901.	
58 Other assets, including program-related investments (describe ▶ _____)			58	
59 Total assets (must equal line 74) Add lines 45 through 58		754,124.	59 778,768.	
Liabilities	60 Accounts payable and accrued expenses	52,476.	60	75,253.
	61 Grants payable		61	
	62 Deferred revenue		62	14,300.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable STMT 17		159,605.	64b 189,251.
	65 Other liabilities (describe ▶ SECURITY DEPOSITS)		1,212.	65 1,196.
66 Total liabilities. Add lines 60 through 65		213,293.	66 280,000.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		540,831.	67 498,768.
	68 Temporarily restricted			68
	69 Permanently restricted			69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income, or other funds			72
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		540,831.	73 498,768.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		754,124.	74 778,768.	

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

a	Total revenue, gains, and other support per audited financial statements		a	1,361,875.
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1	3,593.	
2	Donated services and use of facilities	b2	83,796.	
3	Recoveries of prior year grants	b3		
4	Other (specify) RENTAL EXPENSES	b4	12,609.	
	Add lines b1 through b4			b 99,998.
c	Subtract line b from line a			c 1,261,877.
d	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			d 0.
e	Total revenue (Part I, line 12) Add lines c and d			e 1,261,877.

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

a	Total expenses and losses per audited financial statements		a	1,403,938.
b	Amounts included on line a but not on Part I, line 17			
1	Donated services and use of facilities	b1	83,796.	
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) RENTAL EXPENSES	b4	12,609.	
	Add lines b1 through b4			b 96,405.
c	Subtract line b from line a			c 1,307,533.
d	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			d 0.
e	Total expenses (Part I, line 17) Add lines c and d			e 1,307,533.

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, ESQ. 204 CLAREMONT AVENUE MONTCLAIR, NJ 07042	CHAIRMAN 3.00	0.	0.	0.
DONALD ULLMANN 204 CLAREMONT AVENUE MONTCLAIR, NJ 07042	SECRETARY 2.00	0.	0.	0.
JASON APTER 204 CLAREMONT AVENUE MONTCLAIR, NJ 07042	TRUSTEE 2.00	0.	0.	0.
REV. MICHAEL BURKE, ESQ. 204 CLAREMONT AVENUE MONTCLAIR, NJ 07042	TRUSTEE 2.00	0.	0.	0.
SARAH WOLMAN, ESQ. 204 CLAREMONT AVENUE MONTCLAIR, NJ 07042	EXECUTIVE DIRECTOR 40.00	80,000.	448.	0.
GREGORY PLACE 204 CLAREMONT AVENUE MONTCLAIR, NJ 07042	TRUSTEE 2.00	0.	0.	0.
ANDREW MITCHELL, CPA 204 CLAREMONT AVENUE MONTCLAIR, NJ 07042	TREASURER 2.00	0.	0.	0.
CATHERINE BURNS KONEFAL 204 CLAREMONT AVENUE MONTCLAIR, NJ 07042	TRUSTEE 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?	82a	<input checked="" type="checkbox"/>
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 83,796.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<input checked="" type="checkbox"/>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	<input checked="" type="checkbox"/>
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	<input type="checkbox"/>
	N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	<input type="checkbox"/>
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	<input type="checkbox"/>
	N/A		
c	Dues, assessments, and similar amounts from members	85c	<input type="checkbox"/>
	N/A		
d	Section 162(e) lobbying and political expenditures	85d	<input type="checkbox"/>
	N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	<input type="checkbox"/>
	N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	<input type="checkbox"/>
	N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	<input type="checkbox"/>
	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	<input type="checkbox"/>
	N/A		
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12	86a	<input type="checkbox"/>
	N/A		
b	Gross receipts, included on line 12, for public use of club facilities	86b	<input type="checkbox"/>
	N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	<input type="checkbox"/>
	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	<input type="checkbox"/>
	N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	<input checked="" type="checkbox"/>
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	<input checked="" type="checkbox"/>
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	<input checked="" type="checkbox"/>
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	<input checked="" type="checkbox"/>
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	<input checked="" type="checkbox"/>
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	<input checked="" type="checkbox"/>
90 a	List the states with which a copy of this return is filed <u>NJ</u>		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	<u>29</u>
91 a	The books are in care of <u>ORGANIZATION</u> Telephone no. <u>973-746-0800</u> Located at <u>204 CLAREMONT AVENUE, MONTCLAIR, NJ</u> ZIP + 4 <u>07042</u>		
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 <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	<input checked="" type="checkbox"/>

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country ▶ N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

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

	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					173,271.
b CHILD DAY CARE FEES					151,100.
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	725.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property	531110	963.			
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	21.	
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))		963.		746.	324,371.
105 Total (add line 104, columns (B), (D), and (E))					▶ 326,080.

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

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

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

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

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

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

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

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

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) **N/A**

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
Totals					

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
Totals					

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here: Signature of officer: *Sarah B. Wolman* Date: 10/1/07

Type or print name and title: SARAH B. WOLMAN

Paid Preparer's Use Only: Preparer's signature: *[Signature]* Date: 8-17-07 Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. X): P00006748

Firm's name (or yours if self-employed) address and ZIP + 4: SARAH MARY 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

2006

Name of the organization: **FAMILY SERVICE LEAGUE, INC.** Employer identification number: **22 1487184**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>EDWARD WEIKERT</u> 204 CLAREMONT AVE, MONTCLAIR, NJ 0704	CLINICAL DIR. 40.00	59,000.	3,981.	
<u>URSULA LIEBOWITZ</u> 204 CLAREMONT AVE, MONTCLAIR, NJ 0704	DIR RAPE CARE CTR 40.00	54,000.	302.	
<u>EVA CHALET</u> 204 CLAREMONT AVE, MONTCLAIR, NJ 0704	CHILD CARE DIR. 40.00	53,500.	301.	

Total number of other employees paid over \$50,000 ▶	0			

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

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

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

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>INDIVIDUALS & SYSTEMS</u> 51 UPPER MONTCLAIR PLAZA, UPPER MONTCLAIR, NJ 070	CONTRACT/CONSULT	138,380.

Total number of other contractors receiving over \$50,000 for other services ▶	0	

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

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		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? SEE STATEMENT 19	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)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?		X
c	Did the organization make a distribution to a donor, donor advisor, or related person?		X
d	Enter the total number of donor advised funds owned at the end of the tax year		0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		0.
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6 A school. Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total			
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)	893,573.	635,053.	512,083.	978,414.	3,019,123.			
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	327,108.	262,939.	241,625.	221,972.	1,053,644.			
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	2,852.	4,529.	895.	720.	8,996.			
19 Net income from unrelated business activities not included in line 18	-250.	3,000.	-17,187.	-1,096.	-15,533.			
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.	2,141.	173,189.			
23 Total of lines 15 through 22	1,223,283.	1,071,329.	742,656.	1,202,151.	4,239,419.			
24 Line 23 minus line 17	896,175.	808,390.	501,031.	980,179.	3,185,775.			
25 Enter 1% of line 23	12,233.	10,713.	7,427.	12,022.				
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts				26b 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.							
	(2005)	0.	(2004)	0.	(2003)	0.	(2002)	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.							
	(2005)	0.	(2004)	0.	(2003)	0.	(2002)	0.
	c Add: Amounts from column (e) for lines: 15 3,019,123. 16 _____ 17 1,053,644. 20 _____ 21 _____				27c 4,072,767.			
	d Add: Line 27a total 0. and line 27b total 0.				27d 0.			
	e Public support (line 27c total minus line 27d total)				27e 4,072,767.			
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)				27f 4,239,419.			
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g 96.0690%			
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h .2122%			
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15	NONE							

Part V Private School Questionnaire (See page 9 of the instructions)

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)		

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

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

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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

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

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

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

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
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)			0.

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

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2A

STATEMENT 19

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME
RESIDENTIAL PROPERTY - MONTCLAIR		1	13,572.
TOTAL TO FORM 990, PART I, LINE 6A			13,572.

FORM 990	RENTAL EXPENSES	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INSURANCE		2,379.	
UTILITIES		695.	
PROPERTY & MAINTENANCE		868.	
DEPRECIATION		2,279.	
MORTGAGE INTEREST		701.	
SUPPLIES		3,107.	
ACCOUNTING		2,580.	
- SUBTOTAL -	1		12,609.
TOTAL TO FORM 990, PART I, LINE 6B			12,609.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
DISPOSITION OF ASSETS	VARIOUS	06/30/07	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	35,301.	0.	35,301.	0.
TO FM 990, PART I, LN 8		35,301.	0.	35,301.	0.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 4

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
FUND RAISING	21.		21.		21.
TO FM 990, PART I, LINE 9	21.		21.		21.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 5

DESCRIPTION	AMOUNT
NET APPRECIATION IN INVESTMENTS	3,593.
TOTAL TO FORM 990, PART I, LINE 20	3,593.

FORM 990 OTHER EXPENSES STATEMENT 6

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROFESSIONAL FEES	14,620.	14,620.		
FOOD EXPENSES	20,111.	17,496.	2,615.	
INSURANCE	27,196.	25,733.	1,463.	
PROGRAM SUPPLIES & ACTIVITIES	170,338.	168,999.	1,339.	

FAMILY SERVICE LEAGUE, INC.

22-1487184

TRANSPORTATION	3,830.	3,333.	497.
ORGANIZATIONAL DUES & ACCREDIT	1,685.	1,467.	218.
REPAIRS & MAINTENANCE	20,450.	20,450.	
ADVERTISING	8,839.	8,561.	278.
PAYROLL PROCESSING	2,061.	1,792.	269.
BANK CHARGES	656.		656.
BAD DEBT EXPENSE	4,985.	4,985.	
RECRUITING EXPENSE	2,416.	2,103.	313.
RENTAL EXPENSE	12,417.	10,803.	1,614.
UTILITIES	21,950.	19,702.	2,248.
TOTAL TO FM 990, LN 43	311,554.	300,044.	11,510.

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25A

STATEMENT 7

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
SARAH WOLMAN, ESQ.	80,000.	448.		80,448.
A. PROGRAM SERVICES	56,000.	314.		56,314.
B. MANAGEMENT AND GENERAL	24,000.	134.		24,134.
C. FUNDRAISING				
TOTAL PROGRAM SERVICES				56,314.
TOTAL MANAGEMENT AND GENERAL				24,134.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				80,448.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 9

DESCRIPTION OF PROGRAM SERVICE ONE

THE CAREER BREAKTHROUGHS PROGRAM, FUNDED BY THE AMERICAN RED CROSS SEPTEMBER 11 RECOVERY GRANT PROGRAM, PROVIDED TRAUMA-SENSITIVE CAREER SERVICES AND MENTAL HEALTH SERVICES TO CLIENTS WHO EXPERIENCE UNEMPLOYMENT OR UNDEREMPLOYMENT AS A RESULT OF SEPTEMBER 11. THE PROGRAM HAS SERVED 168 CLIENTS AND ACHIEVED HIGH RATES OF SUCCESS IN HELPING CLIENTS ACHIEVE PERSONAL AND CAREER GOALS, AS WELL AS RECEIVING THE MENTAL HEALTH SERVICES THEY NEED.

TO FORM 990, PART III, LINE A

GRANTS

EXPENSES

300,500.

301,595.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 10

DESCRIPTION OF PROGRAM SERVICE TWO

THE FAMILY COUNSELING PROGRAM PROVIDES PROFESSIONAL COUNSELING SERVICES TO INDIVIDUALS, COUPLES AND FAMILIES AT TWO LOCATIONS: ONE IN MONTCLAIR AND ONE IN BLOOMFIELD. LAST YEAR, 1,030 CLIENTS FROM MORE THAN 50 NEW JERSEY TOWNS WERE PROVIDED WITH 5,456 SESSIONS OF COUNSELING FROM THE AGENCY'S HIGHLY TRAINED STAFF OF FAMILY THERAPISTS, INCLUDING SERVICES IN SPANISH. FEES ARE DETERMINED ON A SLIDING SCALE, AND NO CLIENT IS EVER REFUSED TREATMENT FOR FINANCIAL REASONS. IN FACT, MORE THAN 99 PERCENT OF CLIENTS RECEIVE SOME LEVEL OF SUBSIDY AND 40 PERCENT QUALIFIED FOR A LOW INCOME FEE. CLIENTS RECEIVE SERVICES TO ADDRESS MYRIAD SOCIAL AND EMOTIONAL PROBLEMS, INCLUDING ANXIETY, ANGER, DEPRESSION, VIOLENCE, LOSS, EATING DISORDERS, SUBSTANCE ABUSE, DOMESTIC VIOLENCE, AND MANY OTHERS. PRIVATE AND CONFIDENTIAL SESSIONS ARE HELD AT BOTH LOCATIONS. THE CLINICAL EMPHASIS IS ON SEEING FAMILIES AS A WHOLE WHENEVER APPROPRIATE AND POSSIBLE, SO THAT FAMILIES CAN ACCESS THEIR OWN RESOURCES TO HEAL, TO COPE AND TO THRIVE. THE PROGRAM ALSO INCLUDES THE HIGHLY ACCLAIMED CLINICAL FELLOW PROGRAM FOR INTERNS FROM THE AREA'S LEADING SCHOOLS OF SOCIAL WORK, INCLUDING COLUMBIA, NYU AND OTHERS, AS WELL AS THE ADVANCED CLINICAL TRAINING PROGRAM FOR PROFESSIONALS COMMITTED TO DEVELOPING EXPERTISE IN FAMILY THERAPY.

TO FORM 990, PART III, LINE B

GRANTS

EXPENSES

111,412.

421,461.

DESCRIPTION OF PROGRAM SERVICE THREE

THE ESSEX COUNTY RAPE CARE CENTER OF FAMILY SERVICE LEAGUE IS THE STATE OF NEW JERSEY'S OFFICIAL, "DESIGNATED" RAPE CARE CENTER FOR ESSEX COUNTY. THE CORE SERVICES OF THE ESSEX COUNTY RAPE CARE CENTER ARE: (1) A CONFIDENTIAL, 24-HOUR CRISIS RESPONSE HOTLINE FOR SURVIVORS AND THEIR FAMILIES AND LOVED ONES, AS WELL AS FOR HEALTH CARE AND LAW ENFORCEMENT PROFESSIONALS; (2) ACCOMPANIMENT OF SURVIVORS OF SEXUAL VIOLENCE TO HOSPITAL EMERGENCY DEPARTMENTS, POLICE PRECINCTS AND COURTS; (3) INFORMATION, REFERRALS AND GUIDANCE TO SURVIVORS ABOUT RIGHTS AND RESPONSIBILITIES, MEDICAL AND LEGAL PROCEDURES, INCLUDING THE FORENSIC EXAM AND RAPE KIT, VICTIMS' COMPENSATION, HOUSING, PRIVACY AND SAFETY AND OTHER ISSUES; (4) OUTREACH AND EDUCATION AT JUNIOR HIGH AND HIGH SCHOOLS, COLLEGES AND UNIVERSITIES, HEALTH FAIRS, CHURCHES AND COMMUNITY CENTERS TO EDUCATE ADOLESCENTS AND ADULTS ABOUT SEXUAL VIOLENCE; (5) TRAINING FOR HOSPITAL STAFF, EMS PERSONNEL AND POLICE AND COURT OFFICIALS ON STRATEGIES AND PROCEDURES FOR RESPONDING TO SURVIVORS OF SEXUAL VIOLENCE; AND (6) UNLIMITED, ON-SITE COUNSELING FOR SURVIVORS WITH A TRAINED THERAPIST. FROM THE PERIOD OF JULY 1, 2006 THROUGH JUNE 30, 2007, THE ECRCC ANSWERED 430 HOTLINE CALLS, PROVIDED 82 ACCOMPANIMENTS TO EMERGENCY DEPARTMENTS, POLICE STATIONS AND COURTS, PROVIDED 446 COUNSELING SESSIONS TO 42 CLIENTS AND PROVIDED 41 COMMUNITY PROGRAMS TO 1,641 YOUNG PEOPLE THROUGHOUT ESSEX COUNTY. ALL OF THESE SERVICES WERE OFFERED AT NO COST TO CLIENTS.

TO FORM 990, PART III, LINE C

GRANTS

EXPENSES

157,103.

166,445.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 12

DESCRIPTION OF PROGRAM SERVICE FOUR

LOCATED IN THE HEART OF BLOOMFIELD, THE FAMILY DAY NURSERY SCHOOL IS A FULLY ACCREDITED AND LICENSE CHILD CARE AND PRE-SCHOOL PROGRAM. THE SCHOOL IS OPEN FROM 7:30 A.M. TO 5:30 P.M. MONDAY THROUGH FRIDAY, THROUGHOUT THE YEAR. THE PROGRAM SEEKS TO INSTILL IN EACH CHILD A SENSE OF SELF-WORTH, SELF-DISCIPLINE AND SELF-RESPECT THROUGH A WIDE RANGE OF EDUCATIONAL AND SOCIAL ACTIVITIES INCLUDING ART, MUSIC, MOVEMENT, STORYTELLING, DRAMATIC PLAY AND OTHER ACTIVITIES. THE ADULT TO CHILD RATIO IS 7:1. THE PROGRAM CURRENTLY SERVES APPROXIMATELY 40-50 CHILDREN (DEPENDING ON THE SEASON), AGES 2.5 TO 5. CURRENTLY, 100 PERCENT OF CHILDREN COME FROM NEW AMERICAN FAMILIES FROM MORE THAN 40 COUNTRIES AND SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. APPROXIMATELY 75 PERCENT OF FAMILIES SPEAK SPANISH AND 98 PERCENT OF CHILDREN ARE CHILDREN OF COLOR. TUITION IS BASED ON FAMILY INCOME AND NO FAMILY IS EVER TURNED AWAY FOR FINANCIAL REASONS. A MAJORITY OF CHILDREN ALSO RECEIVE FREE OR REDUCED LUNCH AND PARTICIPATE IN STATE-FUNDED SLOTS FOR LOW INCOME FAMILIES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D	207,492.	285,886.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 13
PART III

EXPLANATION

THE MISSION OF FAMILY SERVICE LEAGUE IS TO SUPPORT AND STRENGTHEN FAMILIES IN NEED IN ESSEX COUNTY NEW JERSEY THROUGH COUNSELING, EDUCATION, AND SOCIAL SERVICES. THE PROGRAMS ARE EXPRESSLY DESIGNED TO ASSIST FAMILIES AND INDIVIDUALS WHO COULD NOT OTHERWISE ACCESS THE HELP THEY NEED. THEY PROVIDE A RANGE OF SERVICES TO THE PUBLIC WITHOUT COST, INCLUDING THEIR MENTOR PROGRAM, COMMUNITY WELLNESS PROGRAM, COMMUNITY RESPONSE AND SCHOOL PROGRAMS. NEARLY 95% OF THE FAMILY COUNSELING CLIENTS RECEIVE SERVICES AT REDUCED RATES. ALSO 90% OF THE CHILDREN ENROLLED IN FAMILY DAY NURSERY SCHOOL FALL INTO THE FEDERAL INCOME GUIDELINES FOR THE FREE OR REDUCED RATE LUNCH PROGRAM.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT 14	
DESCRIPTION OF OTHER PROGRAM SERVICES		GRANTS AND ALLOCATIONS	EXPENSES
MENTORING PROGRAM		35,000.	31,442.
TOTAL TO FORM 990, PART III, LINE E		35,000.	31,442.

FORM 990	DEPRECIATION OF ASSETS HELD FOR INVESTMENT		STATEMENT 15
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDING & IMPROVEMENTS - MONTCLAIR	173,109.	84,397.	88,712.
TOTAL TO FORM 990, PART IV, LN 55	173,109.	84,397.	88,712.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT		STATEMENT 16
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LEASEHOLD IMPROVEMENTS BUILDING & IMPROVEMENTS - 29 PARK	292,864.	39,402.	253,462.
BUILDING & IMPROVEMENTS - MONTCLAIR	26,229.	1,082.	25,147.
FURNITURE & FIXTURES	186,066.	45,567.	140,499.
LAND	43,757.	31,864.	11,893.
	85,900.	0.	85,900.
TOTAL TO FORM 990, PART IV, LN 57	634,816.	117,915.	516,901.

FORM 990	MORTGAGES PAYABLE	STATEMENT 17
DESCRIPTION		BALANCE DUE
AMERICAN SAVINGS BANK LINE OF CREDIT		107,893.
BANK OF AMERICA		81,358.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B		189,251.

FORM 990	OTHER SECURITIES	STATEMENT 18
SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
INVESTMENTS	FMV	14,928.
TO FORM 990, LINE 54B, COL B		14,928.

SCHEDULE A	OTHER INCOME			STATEMENT 20
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
OTHER INCOME	0.	0.	5,240.	2,141.
SALE OF ASSETS	0.	165,808.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	0.	165,808.	5,240.	2,141.



Main Office
204 Claremont Avenue
Montclair, NJ 07042
973 746 0800

Bloomfield Office
29 Park Street
Bloomfield, NJ 07003
973 743 3737

Family Day Nursery School
224 Broad Street
Bloomfield, NJ 07003
973 743 6688

Board of Trustees

Laurence Slous, Esq. *Chairman*

Donald Ullmann *Secretary*

Andrew A. Mitchell, C.P.A. *Treasurer*

Jason L. Apter

Reverend Michael Burke, Esq.

Catherine Burns Konefal

Gregory P. Place

Sarah B. Wolman, Esq.