

Return of Organization Exempt From Income Tax

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

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

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

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

C Name of organization
FAMILY SERVICE LEAGUE, INC.
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
204 CLAREMONT AVENUE
 City or town, state or country, and ZIP + 4
MONTCLAIR, NJ 07042

D Employer identification number
22-1487184

E Telephone number
973-746-0800

G Gross receipts \$ **1,056,125.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax exempt status 501(c) (3) (insert no) 4947(a)(1) or 527

J Website: **WWW.FAMILYSERVICELEAGUE.ORG**

K Type of organization Corporation Trust Association Other

L Year of formation **1929** **M State of legal domicile** **NJ**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	THE MISSION OF FAMILY SERVICE LEAGUE IS TO SUPPORT AND STRENGTHEN FAMILIES IN NEED IN ESSEX COUNTY	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5	Total number of employees (Part V, line 2a)	5	41
	6	Total number of volunteers (estimate if necessary)	6	49
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	842,614.	787,827.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	303,144.	251,287.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	413.	383.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	47,727.	-21,785.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,193,898.	1,017,712.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	898,765.	865,240.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25)	67,284.	
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a 11d, 11f-24f)	401,257.	290,240.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 18)	1,300,022.	1,155,480.
	19	Revenue less expenses Subtract line 18 from line 12	-106,124.	-137,768.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	723,789.	657,507.
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20	338,595.	412,741.
			385,194.	244,766.

RECEIVED
MAY 24 2010
OGDEN, UT
IRS-OSC

Part II Signature Block

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.

Sign Here: *[Signature]* Signature of officer Date: **5/11/2010**
NAN JOSEPHSON, EXECUTIVE DIRECTOR
 Type of print name and title

Preparer's signature: *[Signature]* Date: **5/11/10** Check if self-employed: Preparer's identifying number (see instructions):
 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: **22-1487184** Phone no.: **973-472-6250**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED JUL 1 2010

915 8

Part III. Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

TO SUPPORT AND STRENGTHEN FAMILIES IN NEED IN ESSEX COUNTY, NEW JERSEY THROUGH COUNSELING, EDUCATION AND SOCIAL SERVICES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes", describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes", describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code) (Expenses \$ 453,345. including grants of \$ 77,629.) (Revenue \$ 145,044.)
FAMILY COUNSELING PROGRAM:

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, 517 CLIENTS FROM MORE THAN 50 NEW JERSEY TOWNS WERE PROVIDED WITH 5,706 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 MORE THAN HALF QUALIFIED FOR A LOW INCOME FEE. CLIENTS RECEIVE SERVICES TO ADDRESS MYRIAD SOCIAL AND EMOTIONAL PROBLEMS, INCLUDING ANXIETY, ANGER,

4b (Code) (Expenses \$ 225,536. including grants of \$ 277,814.) (Revenue \$)
ESSEX COUNTY RAPE CARE CENTER:

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

4c (Code) (Expenses \$ 308,990. including grants of \$ 215,659.) (Revenue \$ 134,240.)
FAMILY DAY NURSERY SCHOOL:

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 56 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

4d Other program services (Describe in Schedule O)

(Expenses \$ 53,852. including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 1,041,723. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
	1a 3		
b	Enter the number of Forms W-2G included in line 1a Enter 0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
	1c		
2a	Enter the number of employees reported on Form W 3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 41		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	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)?		X
	4a		
b	If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 9022.1, Report of Foreign Bank and Financial Accounts		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
	9b		
10	Section 501(c)(7) organizations. Enter N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter N/A		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	9	
1b	Enter the number of voting members that are independent	8	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	a The organization's CEO, Executive Director, or top management official?	X	
15b	b Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NJ**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **NAN JOSEPHSON - 973-746-0800**
204 CLAREMONT AVENUE, MONTCLAIR, NJ 07042

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTINA A. COTTON SECRETARY	3.00	X		X				0.	0.	0.
DONALD ULLMANN PRESIDENT	2.00	X		X				0.	0.	0.
JASON APTER TRUSTEE	2.00	X						0.	0.	0.
SARAH WOLMAN, ESQ. EXECUTIVE DIRECTOR	40.00	X		X			35,765.	0.	0.	
GREGORY PLACE TRUSTEE	2.00	X						0.	0.	0.
CATHERINE BURNS KONEFAL TRUSTEE	2.00	X						0.	0.	0.
JACQUELINE BAILLARGEON TRUSTEE	2.00	X						0.	0.	0.
LAURENCE SLOUS, ESQ. TRUSTEE	2.00	X						0.	0.	0.
DIANE I. WILEY TRUSTEE	2.00	X						0.	0.	0.
ANDREW MITCHELL, CPA TREASURER	2.00	X		X				0.	0.	0.
REV. MICHAEL J. BURKE TRUSTEE	2.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								35,765.	0.	0.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events	91,437.				
	d	Related organizations					
	e	Government grants (contributions)	498,791.				
	f	All other contributions, gifts, grants, and similar amounts not included above	197,599.				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		787,827.			
	Program Service Revenue	2 a	PROGRAM SERVICE FEE	900099	127,829.	127,829.	
b		CHILD DAY CARE FEES	900099	123,458.	123,458.		
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		251,287.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		383.		383.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real	12,930.			
			(ii) Personal				
			Less rental expenses	2,246.			
			Rental income or (loss)	10,684.			
	d	Net rental income or (loss)		10,684.		10,684.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			Less cost or other basis and sales expenses				
			Gain or (loss)				
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ 83,052. of contributions reported on line 1c) See Part IV, line 18	a				
			b	36,167.			
Net income or (loss) from fundraising events				-36,167.	-36,167.		
9 a	Gross income from gaming activities See Part IV, line 19	a					
		b					
		Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a					
		b					
		Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11 a	MISCELLANEOUS INCOME	900099	3,698.	3,698.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		3,698.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		1017712.	218,818.	0.	11,067.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	74,649.	52,254.	7,465.	14,930.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	690,043.	647,233.	10,949.	31,861.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	32,620.	29,838.	786.	1,996.
10 Payroll taxes	67,928.	62,136.	1,636.	4,156.
11 Fees for services (non employees)				
a Management				
b Legal	19,150.	16,925.	1,263.	962.
c Accounting	22,001.	19,579.	1,309.	1,113.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	3,208.	2,823.	225.	160.
12 Advertising and promotion	1,637.	1,441.	114.	82.
13 Office expenses	21,136.	18,639.	1,438.	1,059.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	14,302.	12,610.	976.	716.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,607.	28,200.	1,399.	3,008.
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a INSURANCE	31,502.	27,855.	2,064.	1,583.
b UTILITIES	24,312.	21,443.	1,651.	1,218.
c FOOD EXPENSES	23,521.	20,697.	1,648.	1,176.
d BAD DEBT EXPENSE	22,615.	22,615.		
e TELEPHONE	20,745.	18,256.	1,452.	1,037.
f All other expenses	53,504.	39,179.	12,098.	2,227.
25 Total functional expenses Add lines 1 through 24f	1,155,480.	1,041,723.	46,473.	67,284.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	23,817.	1	13,036.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	29,578.	3	28,169.
	4 Accounts receivable, net	63,748.	4	7,640.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,708.	9	5,946.
	10a Land, buildings, and equipment cost basis	10a 843,349.		
	b Less accumulated depreciation Complete Part VI of Schedule D	10b 245,451.	592,460.	10c 597,898.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11	7,478.	12	4,818.
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		723,789.	16	657,507.
Liabilities	17 Accounts payable and accrued expenses	111,893.	17	123,576.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	225,502.	23	287,962.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities Complete Part X of Schedule D	1,200.	25	1,203.
	26 Total liabilities. Add lines 17 through 25		338,595.	26
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	382,694.	27	239,266.
	28 Temporarily restricted net assets	2,500.	28	5,500.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances		385,194.	33	244,766.
34 Total liabilities and net assets/fund balances		723,789.	34	657,507.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits?	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

FAMILY SERVICE LEAGUE, INC.

Employer identification number

22-1487184

Part I Reason for Public Charity Status (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 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 exempt 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)**. (Complete the Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (i) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	700,267.	899,017.	935,797.	842,614.	787,827.	4,165,522.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	262,939.	314,997.	324,371.	303,144.	251,287.	1,456,738.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5	963,206.	1,214,014.	1,260,168.	1,145,758.	1,039,114.	5,622,260.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						5,622,260.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	963,206.	1,214,014.	1,260,168.	1,145,758.	1,039,114.	5,622,260.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,529.	2,852.	725.	11,983.	13,313.	33,402.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4,529.	2,852.	725.	11,983.	13,313.	33,402.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	3,000.	-250.	963.			3,713.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	165,808.	10,364.	21.	70,493.	3,698.	250,384.
13 Total support (Add lines 9, 10c, 11 and 12)						5,909,759.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	95.14 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	96.14 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	.57 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	.21 %

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

Schedule D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

FAMILY SERVICE LEAGUE, INC.

Employer identification number

22-1487184

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes...

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 1 column: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		85,900.		85,900.
b Buildings	178,267.	560,815.	233,182.	505,900.
c Leasehold improvements				
d Equipment	4,430.	13,937.	12,269.	6,098.
e Other				

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) ▶ 597,898.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,017,712.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,155,480.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-137,768.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,660.
9	Total adjustments (net) Add lines 4-8	9	-2,660.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-140,428.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,124,465.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	71,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	38,413.
e	Add lines 2a through 2d	2e	109,413.
3	Subtract line 2e from line 1	3	1,015,052.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	2,660.
c	Add lines 4a and 4b	4c	2,660.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,017,712.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,264,893.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	71,000.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	38,413.
e	Add lines 2a through 2d	2e	109,413.
3	Subtract line 2e from line 1	3	1,155,480.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,155,480.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

PART XI, LINE 8 - OTHER ADJUSTMENTS:

NET DEPRECIATION IN INVESTMENTS: -2660.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES: 2246.

FUNDRAISING EXPENSES: 36167.

Part XIV Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

NET UNREALIZED LOSS ON INVESTMENTS: 2660.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES: 2246.

FUNDRAISING EXPENSES: 36167.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))	
		GALA CELEBRATION (event type)	(event type)	NONE (total number)		
Revenue	1	Gross receipts	83,052.		83,052.	
	2	Less Charitable contributions	83,052.		83,052.	
	3	Gross revenue (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes	1,284.		1,284.	
	6	Rent/facility costs	18,320.		18,320.	
	7	Other direct expenses	16,563.		16,563.	
	8	Direct expense summary. Add lines 4 through 7 in column (d)				36,167.
	9	Net income summary. Combine lines 3 and 8 in column (d)				-36,167.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)			

- 9 Enter the state(s) in which the organization operates gaming activities _____
- a Is the organization licensed to operate gaming activities in each of these states?
b If "No," Explain _____
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
b If "Yes," Explain _____
- 11 Does the organization operate gaming activities with nonmembers?
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

		Yes	No
13 Indicate the percentage of gaming activity operated in a The organization's facility	13a	%	
b An outside facility	13b	%	
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records Name ▶ _____ Address ▶ _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
c If "Yes," enter name and address Name ▶ _____ Address ▶ _____			
16 Gaming manager information Name ▶ _____ Gaming manager compensation ▶ \$ _____ Description of services provided ▶ _____ _____ _____ <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

FAMILY SERVICE LEAGUE, INC.

Employer identification number

22-1487184

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

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.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

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

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2008

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Employer identification number

22-1487184

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, 2007 THROUGH JUNE 30, 2008, THE ECRCC ANSWERED 670 HOTLINE CALLS, PROVIDED 69 ACCOMPANIMENTS TO EMERGENCY DEPARTMENTS, POLICE STATIONS AND COURTS, PROVIDED 670 FREE COUNSELING SESSIONS TO 188 SURVIVORS AND THEIR FAMILIES AND PROVIDED 89 EDUCATIONAL COMMUNITY PROGRAMS TO 1,820 YOUNG PEOPLE THROUGHOUT ESSEX COUNTY. IN ADDITION, THE CENTER PROVIDED 23 PROFESSIONAL TRAININGS TO HEALTH CARE, LAW ENFORCEMENT AND SOCIAL SERVICE PROFESSIONALS WHO WORK WITH VICTIMS OF CRIME OF THIS TYPE. ALL OF THESE SERVICES WERE OFFERED AT NO COST TO CLIENTS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS 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.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY WELLNESS PROGRAM/CAREER BREAKTHROUGHS:

THE COMMUNITY WELLNESS PROGRAM PROVIDES A WIDE RANGE OF PROGRAMS THROUGHOUT ESSEX COUNTY AND THE SURROUNDING AREAS. THESE PROGRAMS

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Employer identification number

22-1487184

INCLUDE SERVICE IN ELEMENTARY, MIDDLE AND HIGH SCHOOLS, GROUPS AND REFERRAL SERVICES FOR OTHER COMMUNITY PROVIDERS. THIS PAST YEAR, CLINICAL STAFF PROVIDED WEEKLY PROGRAMS IN THE SCHOOL SYSTEMS OF PASSAIC, ORANGE, MONTCLAIR AND BLOOMFIELD. AGES AND TOPICS ARE TAILORED TO THE NEEDS OF PARTICULAR SCHOOLS AND COMMUNITIES. COMMUNITY CRISIS RESPONSE PROGRAMMING IS ALSO PROVIDED ON AN AS NEEDED BASIS, AND THE AGENCY HAS RESPONDED TO MANY CRISIS SITUATIONS ON BOTH THE LOCAL AND NATIONAL LEVELS, INCLUDING SEPTEMBER 11, HURRICANE KATRINA, THE MONTCLAIR POST OFFICE SHOOTINGS AND OTHERS. THE KEY PROGRAM SERVING SEPTEMBER 11 CLIENTS THIS YEAR - IN ADDITION TO ON-SITE COUNSELING SERVICES PROVIDED TO CLIENTS - WAS THE CAREER BREAKTHROUGHS PROGRAM. THIS PROGRAM PROVIDED TRAUMA-SENSITIVE CAREER SERVICES AND MENTAL HEALTH SERVICES TO CLIENTS WHO EXPERIENCED UNEMPLOYMENT OR UNDEREMPLOYMENT AS A RESULT OF SEPTEMBER 11. THE PROGRAM SERVED 165 CLIENTS AND HELPED THEM ACHIEVE PERSONAL AND CAREER GOALS AND RECEIVE THE MENTAL HEALTH SERVICES THEY NEED. THE PROGRAM WAS CONCLUDED ON DECEMBER 31, 2007.

EXPENSES \$ 53852. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MENTORING PROGRAM

FORM 990, PART VI, SECTION A, LINE 10: A COPY OF FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW. IF THE BOARD OF DIRECTORS APPROVES OF THE FORM 990 AND AGREES WITH ITS CONTENT, A FORMAL VOTE IS TAKEN, SECONDED AND SO RECORDED IN THE MINUTES. THE FORM 990 IS THEN FILED.

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information

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2008

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Name of the organization

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Employer identification number

22-1487184

FORM 990, PART VI, SECTION B, LINE 12C: BOTH THE STAFF AND THE BOARD OF DIRECTORS MUST REVIEW AND SIGN A CONFLICT OF INTEREST POLICY ONCE ANNUALLY. EXISTING EMPLOYEES USUALLY SIGN THE POLICY AT THE ORGANIZATION'S ANNUAL RETREAT. NEW EMPLOYEES MUST SIGN A COPY OF THE AGREEMENT WITH THEIR NEW HIRE DOCUMENTATION.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING COMPENSATION INCLUDES A REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS. LAST YEAR, THE ORGANIZATION STRUGGLED FINANCIALLY DUE TO THE ECONOMIC CLIMATE. AS A RESULT, THE BOARD IMPLEMENTED SALARY CUTS FOR SOME OF THE STAFF.

FORM 990, PART VI, SECTION C, LINE 19: SINCE THE PUBLIC ACCESS REQUIREMENTS HAVE BEEN SIGNIFICANTLY EXPANDED, REQUIRING THAT COPIES OF A NONPROFIT'S 990, 1023, AND AUDITED FINANCIALS BE PROVIDED UPON REQUEST UNLESS THE ORGANIZATION MAKES THESE DOCUMENTS WIDELY AVAILABLE, WE ARE CONSIDERING TWO POSSIBILITIES FOR MAKING OUR DOCUMENTS AVAILABLE TO THE PUBLIC. "WIDELY AVAILABLE" CURRENTLY MEANS PUBLICATION OF THESE DOCUMENTS ON THE WORLD WIDE WEB IN AN ACCEPTABLE FORMAT.

1) PUBLISH OUR DOCUMENTS ON AN ARCHIVING, CENTRALIZED SITE SUCH AS NPO PUBLIC DISCLOSURE SITE,

OR

2) PUBLISH OUR DOCUMENTS ON OUR WEBSITE (THE WEBSITE IS CURRENTLY UNDER RENOVATION) AND

3) PUBLISH OUR FINANCIALS IN A PRINTED ANNUAL REPORT (WE ARE CURRENTLY

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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2008

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Name of the organization

FAMILY SERVICE LEAGUE, INC.

Employer identification number

22-1487184

DESIGNING OUR NEW ANNUAL REPORT).

PART XI, LINE 2C EXPLANATION

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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)

A corporation required to file Form 990-T and requesting an automatic 6 month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3 month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

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

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

- | | | |
|--------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" 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-F (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 |

NAN JOSEPHSON

• The books are in the care of ▶ 204 CLAREMONT AVENUE - MONTCLAIR, NJ 07042
Telephone No ▶ 973-746-0800 FAX No ▶ 973-746-2822

- 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 corporation required to file Form 990-T) extension of time until MAY 15, 2010, 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, 2008, and ending JUN 30, 2009

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	3a	\$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$ 0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$ 0.

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part-II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)		
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	FAMILY SERVICE LEAGUE, INC.	22-1487184
	Number, street, and room or suite no. If a P O box, see instructions 204 CLAREMONT AVENUE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions MONTCLAIR, NJ 07042	

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

Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

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

NAN JOSEPHSON

• The books are in the care of **▶ 204 CLAREMONT AVENUE - MONTCLAIR, NJ 07042**
 Telephone No **▶ 973-746-0800** FAX No **▶ 973-746-2822**

- 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 is for _____

4 I request an additional 3-month extension of time until **MAY 15, 2010**

5 For calendar year _____, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension _____

AWAITING ADDITIONAL INFORMATION IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

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

Signature **▶** _____ Title **▶ EXECUTIVE DIRECTOR** Date **▶** _____