

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

Department of the Treasury Internal Revenue Service

A For the 2002 calendar year, or tax year beginning 07/01, 2002, and ending 06/30/2003

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

C Name of organization: FAMILY SERVICE OF WINNETKA-NORTHFIELD, INC. Number and street (or P O box if mail is not delivered to street address) Room/suite: 992 1/2 GREEN BAY ROAD City or town, state or country, and ZIP + 4: WINNETKA, IL 60093-1779

D Employer identification number: 36-2167064 E Telephone number: F Accounting method: Cash [X] Accrual [] Other (specify)

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

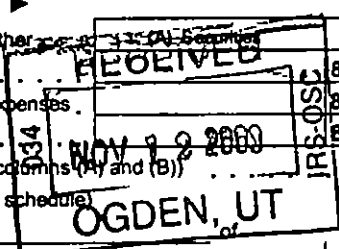
H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? Yes [] No [X] H(b) If "Yes" enter number of affiliates: H(c) Are all affiliates included? Yes [] No [X] H(d) Is this a separate return filed by an organization covered by a group ruling? Yes [] No [X] I Enter 4-digit GEN: M Check [] If the organization is not required to attach Sch B (Form 990, 990-EZ or 990-PF)

G Website: N/A J Organization type (check only one): [X] 501(c)(3) (insert no) 4947(a)(1) or 527 K Check here [] if the organization's gross receipts are normally not more than \$25,000 L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 517,552

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Rows include Contributions (110,266), Program service revenue (111,548), Other investment income (279,051), Total revenue (341,160), Total expenses (379,004), and Net assets at end of year (507,896).

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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. (See page 21 of the instructions.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation depletion, etc. (attach schedule), 43 Other expenses not covered above (itemize) STMT 3, 44 Total functional expenses (add lines 22 through 43).

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 [X] No

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

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

Part III Statement of Program Service Accomplishments (See page 24 of the instructions.)

What is the organization's primary exempt purpose? STMT 4

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

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

Table with 2 columns: Description of Program Service, Program Service Expenses. Rows include: a CLINICAL SERVICES - INDIVIDUAL, MARITAL AND FAMILY COUNSELING, b COMMUNITY SERVICES, c, d, e Other program services (attach schedule), f Total of Program Service Expenses (should equal line 44, column (B), Program services).

Part IV Balance Sheets (See page 24 of 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		45	
	46 Savings and temporary cash investments	96,681	46	89,461
	47a Accounts receivable	47a 59,440		
	b Less allowance for doubtful accounts	47b	47c	59,440
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	57,633	52	59,956
	53 Prepaid expenses and deferred charges	2,772	53	4,370
	54 Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b	55c	
56 Investments - other (attach schedule)	226,093	56	241,497	
57a Land, buildings, and equipment basis	57a 126,253			
b Less accumulated depreciation (attach schedule)	57b 22,642	57c	103,611	
58 Other assets (describe _____)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	584,565	59	558,335	
Liabilities	60 Accounts payable and accrued expenses	38,825	60	50,439
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe _____)		65	
66 Total liabilities (add lines 60 through 65)	38,825	66	50,439	
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	461,740	67	455,896
	68 Temporarily restricted	84,000	68	52,000
	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, column (B) must equal line 21)	545,740	73	507,896
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	584,565	74	558,335

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

Part VI Other Information (See page 27 of the instructions)

Table with columns for question number, question text, and Yes/No columns. Includes questions 76 through 92 regarding organizational activities, financials, and tax status.

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a COUNSELING FEES					111,548.
b					
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	11,647.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
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	102,659.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b OTHER INCOME					5,040.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				114,306.	116,588.
105 Total (add line 104, columns (B), (D), and (E))					230,894.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of 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	THE ORGANIZATION PROVIDES INDIVIDUAL, MARITAL AND FAMILY COUNSELING.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of 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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of 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)

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

Kobulyn Mondrossian, Ph.D. 13 November 03
 Signature of officer Date

 _____, Ph.D.; Executive Director

Date: _____ Check if self-Preparer's SSN or PTIN (See Gen. Inst. W)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions.)

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

OMB No 1545-0047

2002

Name of the organization

FAMILY SERVICE OF WINNETKA-NORTHFIELD, INC

Employer identification number

36-2167064

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>ROBERT MARDIROSSIAN, PHD</u> 992 1/2 GREENBAY ROAD WINNETKA, IL 60093	EXECUTIVE DIRECTOR 35 HRS	78,000.	NONE	NONE
<u>TOM BASS</u> 992 1/2 GREENBAY ROAD WINNETKA, IL 60093	CLINICAL DIRECTOR 35 HRS	51,000.	NONE	NONE

Total number of other employees paid over \$50,000 ▶	NONE			

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

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

Total number of others receiving over \$50,000 for professional services ▶	NONE	

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

Table with 3 columns: Question, Yes, No. Contains questions 1-4 regarding lobbying activities, grants, and annuity plans. Includes a 'Note' about charitable programs.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)

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

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

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

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above.

- 14 [] An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 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

Table with columns for Calendar year (or fiscal year beginning in) and rows for various income and support items (15-27h). Includes sub-rows for public support calculations and unusual grants.

Part V Private School Questionnaire (See page 7 of the instructions) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 29 through 35 regarding racial nondiscrimination policies, financial aid, and compliance requirements.

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
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 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	41	
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 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

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		X	
b Paid staff or management (include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
I Total lobbying expenditures (Add lines c through h)			

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with columns: Question, Yes, No. Rows include: a Transfers from the reporting organization to a noncharitable exempt organization of (i) Cash, (ii) Other assets; b Other transactions (i) Sales or exchanges of assets, (ii) Purchases of assets, (iii) Rental of facilities, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services; c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Schedule table with columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [] Yes [X] No

b If "Yes," complete the following schedule

Schedule table with columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES
 =====

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
THRIFT SHOP	279,051.	176,392.	102,659.
TOTALS	279,051.	176,392.	102,659.

FORM 990, PART II - OTHER EXPENSES
 =====

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
COMMUNICATIONS	12,072.	8,435.	173.	3,464.
UTILITIES	10,135.	9,201.	778.	156.
MISCELLANEOUS EXPENSES	10,061.	7,583.	826.	1,652.
TOTALS	32,268.	25,219.	1,777.	5,272.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

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A SOCIAL SERVICE AGENCY SERVING THE RESIDENTS OF THE VILLAGES OF
WINNETKA AND NORTHFIELD.

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

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DESCRIPTION	AMOUNT
-----	-----
THRIFT SHOP	176,392.

TOTAL	176,392.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

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DESCRIPTION	AMOUNT
-----	-----
THRIFT SHOP	176,392.
TOTAL	----- 176,392. =====

SCHEDULE A, PART IV-A - OTHER INCOME

=====

DESCRIPTION	2001	2000	1999	1998	TOTAL
OTHER INCOME	682.	2,468.	1,385.	1,086.	5,621.
TOTALS	682.	2,468.	1,385.	1,086.	5,621.

FAMILY SERVICE OF WINNETKA-NORTHFIELDFEIN 36-21670642002-2003 List of Board of Directors

<u>Name & Address</u>	<u>Title & Average Hrs per wk devoted to position</u>	<u>Contributions to Compensation</u>	<u>empl benefit plans</u>	<u>Expense acct & other allowances</u>
Karen R Templeton-Fell 889 Willow Rd Winnetka, IL 60093	President 4 hr/wk	0	0	0
Karen Hedberg 384 Elder Lane Winnetka, IL 60093	Vice President 4 hr/wk	0	0	0
Nancy Randall 96 Glenwood Winnetka, IL 60093	Secretary 4 hr/wk	0	0	0
Betsy Westhoff 630 Locust St Northfield, IL 60093	Asst Secretary 4 hr/wk	0	0	0
Anne Wilder 1096 Spruce St Winnetka, IL 60093	Treasurer 4 hr/wk	0	0	0
Robert C Geraghty 1372 Sunview Lane Winnetka, IL 60093	Asst Treasurer 3 hr/wk	0	0	0
Marilyn Garcia 1039 Fisher Lane Winnetka, IL 60093	Com Member 3 hr/wk	0	0	0
Paul Gitlin 244 Woodlawn Winnetka, IL 60093	Com Member 3 hr/wk	0	0	0
Harry Grace 1337 Asbury Winnetka, IL 60093	Com Member 3 hr/wk	0	0	0
Yvonne J Held 1010 Hubbard Pl Winnetka, IL 60093	Com Member 2 hr/wk	0	0	0

FAMILY SERVICE OF WINNETKA-NORTHFIELDFEIN 36-21670642001-2002 List of Board of Directors cont'd

<u>Name & Address</u>	<u>Title & Average Hrs per wk devoted to position</u>	<u>Contributions to Compensation</u>	<u>empl benefit plans</u>	<u>Expense acct & other allowances</u>
Sandy Johnson 1071 Ash Street Winnetka, IL 60093	Com Member 1 hr/wk	0	0	0
Brenda Rossini 550 Sheridan Rd Winnetka, IL 60093	Com Member 1 hr/wk	0	0	0
Julie Sanders 1063 Ash Winnetka, IL 60093	Com Member 2 hr/wk	0	0	0
Gary Segal 1138 Scott St Winnetka, IL 60093	Com Member 3 hr/wk	0	0	0
Pamela Solon 774 Green Bay Rd Winnetka, IL 60093	Com Member 2 hr/wk	0	0	0
Lynn Steffen 918 Green Bay Rd Winnetka, IL 60093	Com Member 4 hr/wk	0	0	0
Janet Stevens 142 Church St Winnetka, IL 60093	Com Member 3 hr/wk	0	0	0
Nano Younger 110 Enid Northfield, IL 60093	Com Member 2 hr/wk	0	0	0