

**Return of Organization Exempt From Income Tax**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>FAMILY SERVICE OF WINNETKA-NORTHFIELD, INC.</b> Number and street (or P.O. box if mail is not delivered to street address) <b>992 1/2 GREEN BAY ROAD</b> City or town, state or country, and ZIP + 4 <b>WINNETKA, IL 60093-1779</b>	<b>D</b> Employer identification number <b>36-2167064</b>
	F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶	<b>E</b> Telephone number <b>847-446-8060</b>	

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

**G** Website: ▶ **FAMILYSERVICENW.ORG**

**J** Organization type (check only one) ▶  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527

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

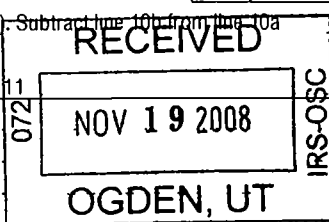
**H** and **I** are not applicable to section 527 organizations  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶ **N/A**  
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number ▶ **N/A**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **702,828.**

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

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

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received:						
a	Contributions to donor advised funds	1a					
b	Direct public support (not included on line 1a)	1b	230,347.				
c	Indirect public support (not included on line 1a)	1c					
d	Government contributions (grants) (not included on line 1a)	1d					
e	<b>Total</b> (add lines 1a through 1d) (cash \$ 230,347. noncash \$ )	1e				230,347.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2				102,026.	
3	Membership dues and assessments	3					
4	Interest on savings and temporary cash investments	4				19,786.	
5	Dividends and interest from securities	5					
6 a	Gross rents	6a					
b	Less: rental expenses	6b					
c	Net rental income or (loss). Subtract line 6b from line 6a	6c					
7	Other investment income (describe ▶ )	7					
8 a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other			
b	Less: cost or other basis and sales expenses	8a					
c	Gain or (loss) (attach schedule)	8b					
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c					
8d		8d					
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>						
a	Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a				33,247.	
b	Less: direct expenses other than fundraising expenses	9b					
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c				33,247.	
10 a	Gross sales of inventory, less returns and allowances	10a				317,015.	
b	Less: cost of goods sold	10b					
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c				317,015.	
11	Other revenue (from Part VII, line 103)	11				407.	
12	<b>Total revenue</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12				702,828.	
13	Program services (from line 44, column (B))	13				571,445.	
14	Management and general (from line 44, column (C))	14				40,283.	
15	Fundraising (from line 44, column (D))	15				23,961.	
16	Payments to affiliates (attach schedule)	16					
17	<b>Total expenses.</b> Add lines 16 and 44, column (A)	17				635,689.	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18				67,139.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19				559,600.	
20	Other changes in net assets or fund balances (attach explanation)	20				<17,711.>	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21				609,028.	



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**FAMILY SERVICE OF WINNETKA-  
NORTHFIELD, INC.**

Form 990 (2007)

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**Part II Statement of  
Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	98,820.	68,241.	24,650.	5,929.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	323,628.	310,834.	6,175.	6,619.
27 Pension plan contributions not included on lines 25a, b, and c	20,356.	19,291.	948.	117.
28 Employee benefits not included on lines 25a - 27	37,744.	35,102.	1,887.	755.
29 Payroll taxes	34,023.	31,642.	1,701.	680.
30 Professional fundraising fees				
31 Accounting fees	6,800.	6,392.	340.	68.
32 Legal fees				
33 Supplies	10,457.	8,261.	523.	1,673.
34 Telephone				
35 Postage and shipping				
36 Occupancy				
37 Equipment rental and maintenance	7,538.	7,086.	377.	75.
38 Printing and publications				
39 Travel				
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc (attach schedule)	5,382.	5,059.	269.	54.
43 Other expenses not covered above (itemize)				
a <b>COMMUNICATIONS</b>	28,363.	22,406.	284.	5,673.
b <b>UTILITIES</b>	16,833.	15,823.	842.	168.
c <b>INSURANCE</b>	9,200.	8,280.	460.	460.
d <b>MISCELLANEOUS</b>	14,671.	12,467.	733.	1,471.
e <b>OTHER PROFESSIONAL</b>				
f <b>FEES</b>	21,874.	20,561.	1,094.	219.
g				
44 Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	635,689.	571,445.	40,283.	23,961.

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

**FAMILY SERVICE OF WINNETKA-  
NORTHFIELD, INC.**

Form 990 (2007)

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

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 4

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

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

**a CLINICAL SERVICES-INDIVIDUAL, MARITAL, FAMILY, AND GROUP COUNSELING**

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here ►

277,825.

**b COMMUNITY SERVICES-PROVIDES SPEAKERS FOR COMMUNITY GROUPS, ORGANIZATIONS OR SCHOOLS ADDRESSING STRESS, PARENTING, ADDICTIONS AND AGING**

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here ►

96,758.

**c THRIFT SHOP-OPERATED TO FUND THE AGENCY THROUGH SALE OF DONATED GOODS TO MINIMIZE COUNSELING FEES AND COVER OPERATING EXPENSES**

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here ►

196,862.

**d Other program services (attach schedule)**

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here ►

**e Other program services (attach schedule)**

(Grants and allocations \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here ►

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services) ►

**571,445.**

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**FAMILY SERVICE OF WINNETKA-  
NORTHFIELD, INC.**

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

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	45	Cash - non-interest-bearing	122,234.	45	146,371.
	46	Savings and temporary cash investments	266,335.	46	297,083.
	47 a	Accounts receivable			
		47a	55,715.		
	b	Less allowance for doubtful accounts			
		47b	59,704.	47c	55,715.
	48 a	Pledges receivable			
		48a			
	b	Less allowance for doubtful accounts			
		48b		48c	
	49	Grants receivable			49
	50 a	Receivables from current and former officers, directors, trustees, and key employees			50a
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b
	51 a	Other notes and loans receivable			
		51a			
	b	Less: allowance for doubtful accounts			
		51b		51c	
	52	Inventories for sale or use	72,240.	52	69,531.
53	Prepaid expenses and deferred charges	15,522.	53	17,074.	
54 a	Investments - publicly-traded securities			54a	
	<input type="checkbox"/> Cost <input type="checkbox"/> FMV				
b	Investments - other securities			54b	
	<input type="checkbox"/> Cost <input type="checkbox"/> FMV				
55 a	Investments - land, buildings, and equipment basis				
	55a				
b	Less accumulated depreciation				
	55b		55c		
56	Investments - other			56	
57 a	Land, buildings, and equipment basis	118,080.			
	57a				
b	Less accumulated depreciation <b>STMT 5</b>	32,301.			
	57b	86,710.	57c	85,779.	
58	Other assets, including program-related investments (describe <input type="checkbox"/> _____ )			58	
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58	622,745.	59	671,553.	
<b>Liabilities</b>	60	Accounts payable and accrued expenses	63,145.	60	62,525.
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable		64b	
	65	Other liabilities (describe <input type="checkbox"/> _____ )		65	
	66	<b>Total liabilities.</b> Add lines 60 through 65	63,145.	66	62,525.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>				
	67	Unrestricted	517,600.	67	564,741.
	68	Temporarily restricted	42,000.	68	44,287.
	69	Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	<b>Total net assets or fund balances</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	559,600.	73	609,028.
	74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	622,745.	74	671,553.

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**FAMILY SERVICE OF WINNETKA-  
NORTHFIELD, INC.**

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<b>Part VI Other Information</b> (continued)		Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)	82b		N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
85 a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a		N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b		N/A
c Dues, assessments, and similar amounts from members	85c		N/A
d Section 162(e) lobbying and political expenditures	85d		N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86a		N/A
b Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87 501(c)(12) organizations Enter: a Gross income from members or shareholders	87a		N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		N/A
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.			
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.			
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a List the states with which a copy of this return is filed ▶ <u>IL</u>			
b Number of employees employed in the pay period that includes March 12, 2007	90b		18
91 a The books are in care of ▶ <u>DR. ROBERT MARDIROSSIAN</u> Telephone no. ▶ <u>847-446-8060</u> Located at ▶ <u>991 1/2 GREEN BAY ROAD, WINNETKA, IL</u> ZIP + 4 ▶ <u>60093-1779</u>			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ <u>N/A</u>	91b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			

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FAMILY SERVICE OF WINNETKA-  
NORTHFIELD, INC.

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**Part VI Other Information** (continued) Yes No

- c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c    
 If "Yes," enter the name of the foreign country N/A
- 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a <b>COUNSELING FEES</b>					102,026.
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	19,786.	
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					33,247.
102 Gross profit or (loss) from sales of inventory					317,015.
103 Other revenue					
a <b>MISCELLANEOUS</b>					407.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		19,786.	452,695.
105 Total (add line 104, columns (B), (D), and (E))					472,481.

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

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

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	THE ORGANIZATION PROVIDES INDIVIDUAL, MARITAL, AND FAMILY COUNSELING.
103	THE ORGANIZATION PROVIDES INDIVIDUAL, MARITAL, AND FAMILY COUNSELING.

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

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

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

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No
- Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

FAMILY SERVICE OF WINNETKA-  
NORTHFIELD, INC.

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

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

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

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

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

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

Yes	No

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

Please Sign Here: *Robert M. Mardirossian, Ph.D.* Date: *10 November 08*  
 Signature of officer: \_\_\_\_\_  
 Type or print name and title: **Robert M. Mardirossian, Ph.D., Executive Director**

Paid Preparer's Use Only: Preparer's signature: *Andrew [Signature]* Date: \_\_\_\_\_ Check if self-employed:  Preparer's SSN or PTIN (See Gen. Inst. X): **P00543142**  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **CJBS, LLC**  
**2100 SANDERS ROAD, SUITE 200**  
**NORTHBROOK, IL 60062-6141** EIN: **36-3524803** Phone no.: \_\_\_\_\_

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

Department of the Treasury  
Internal Revenue Service

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

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

**Supplementary Information-(See separate instructions.)**

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

OMB No 1545-0047

**2007**

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
<b>TOM BASS</b> 992-1/2 GREEN BAY ROAD, WINNETKA, IL	<b>CLINICAL DIR.</b> 35.00	<b>61,800.</b>	<b>4,944.</b>	
<b>KIM PERSAUD</b> 992-1/2 GREEN BAY ROAD, WINNETKA, IL	<b>OFFICE ADMINISTRATOR</b> 35.00	<b>55,600.</b>	<b>4,448.</b>	
Total number of other employees paid over \$50,000 ▶	<b>0</b>			

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

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

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

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

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

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

**FAMILY SERVICE OF WINNETKA-  
NORTHFIELD, INC.**

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

**1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ \_\_\_\_\_ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

	Yes	No
1		X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

**2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )

- a Sale, exchange, or leasing of property?
- b Lending of money or other extension of credit?
- c Furnishing of goods, services, or facilities?
- d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?
- e Transfer of any part of its income or assets?

**SEE STATEMENT 7**

2a		X
2b		X
2c		X
2d	X	
2e		X

**3 a** Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )

3a		X
----	--	---

**b** Did the organization have a section 403(b) annuity plan for its employees?

3b		X
----	--	---

**c** Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c		X
----	--	---

**d** Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d		X
----	--	---

**4 a** Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a		X
----	--	---

**b** Did the organization make any taxable distributions under section 4966?

N/A

**c** Did the organization make a distribution to a donor, donor advisor, or related person?

N/A

**d** Enter the total number of donor advised funds owned at the end of the tax year

►            N/A

**e** Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

►            N/A

**f** Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

►            0.

**g** Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

►            0.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

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

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

**Provide the following information about the supported organizations** (See page 8 of the instructions.)

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

- 14  An organization organized and operated to test for public safety Section 509(a)(4). (See page 8 of the instructions.)

FAMILY SERVICE OF WINNETKA-

Schedule A (Form 990 or 990-EZ) 2007 **NORTHFIELD, INC.**

36-2167064 Page 4

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

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	229,915.	144,610.	143,366.	142,966.	660,857.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	424,282.	402,619.	424,774.	403,977.	1,655,652.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	16,001.	13,140.	10,977.	11,430.	51,548.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets	368.	382.	SEE STATEMENT 8 368.	354.	1,472.
23 Total of lines 15 through 22	670,566.	560,751.	579,485.	558,727.	2,369,529.
24 Line 23 minus line 17	246,284.	158,132.	154,711.	154,750.	713,877.
25 Enter 1% of line 23	6,706.	5,608.	5,795.	5,587.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) 0. (2005) 0. (2004) 0. (2003) 0.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) 0. (2005) 0. (2004) 0. (2003) 0.					
c Add: Amounts from column (e) for lines: 15 660,857. 16 _____ 17 1,655,652. 20 _____ 21 _____					27c 2,316,509.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 2,316,509.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 2,369,529.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 97.7624%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 2.1755%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**FAMILY SERVICE OF WINNETKA-**

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)  _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)  _____ _____		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)  _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation		

FAMILY SERVICE OF WINNETKA-

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)

N/A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 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 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Exempt Organizations (See page 14 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 2 columns: Yes, No. Rows include 51a(i), 51a(ii), 51b(i) through 51b(vi), and 51c. All 'No' boxes are checked with an 'X'.

- 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 with a noncharitable exempt organization, (ii) Purchases of assets from a noncharitable exempt organization, (iii) Rental of facilities, equipment, or other assets, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services or membership or fundraising solicitations
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: N/A

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. The table is currently empty.

52 a 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: N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. The table is currently empty.

FORM 990

SPECIAL EVENTS AND ACTIVITIES

STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
BENEFIT DINNER	33,247.		33,247.		33,247.
TO FM 990, PART I, LINE 9	33,247.		33,247.		33,247.

FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 2

INCOME

1. GROSS RECEIPTS . . . . .	317,015	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		317,015
4. COST OF GOODS SOLD (LINE 13) . . . . .		
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		317,015

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .		
7. MERCHANDISE PURCHASED . . . . .		
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		
12. INVENTORY AT END OF YEAR . . . . .		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). .		

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
DESCRIPTION		AMOUNT	
UNREALIZED LOSS ON INVESTMENTS		<17,711.>	
TOTAL TO FORM 990, PART I, LINE 20		<17,711.>	

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	4
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EXPLANATION

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

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	5
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	48,000.	0.	48,000.
BUILDING & IMPROVEMENTS	48,293.	16,345.	31,948.
EQUIPMENT	21,787.	15,956.	5,831.
TOTAL TO FORM 990, PART IV, LN 57	118,080.	32,301.	85,779.

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 FORM 990      PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,      STATEMENT      6  
 TRUSTEES AND KEY EMPLOYEES
 

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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ROBERT MARDIROSSIAN, PH.D. 992-1/2 GREEN BAY ROAD WINNETKA, IL 60093-1779	EXECUTIVE DIRECTOR 40.00	91,500.	7,320.	0.
MARGARET BENSON 992-1/2 GREEN BAY ROAD WINNETKA, IL 60093-1779	PRESIDENT 8.00	0.	0.	0.
KAREN NISLEY LONG 992-1/2 GREEN BAY ROAD WINNETKA, IL 60093-1779	VICE PRESIDENT 4.00	0.	0.	0.
JENNIFER LAHTI 992-1/2 GREEN BAY ROAD WINNETKA, IL 60093-1779	SECRETARY 4.00	0.	0.	0.
ANDY BENNETT 992-1/2 GREEN BAY ROAD WINNETKA, IL 60093-1779	TREASURER 5.00	0.	0.	0.
GARY SEGAL 992-1/2 GREEN BAY ROAD WINNETKA, IL 60093-1779	ASSISTANT TREASURER 4.00	0.	0.	0.
KATHY HAMILTON 992-1/2 GREEN BAY ROAD WINNETKA, IL 60093-1779	ASSISTANT SECRETARY 2.00	0.	0.	0.
RAHEELA GILL ANWAR 992-1/2 GREEN BAY ROAD WINNETKA, IL 60093-1779	COMMITTEE MEMBER 2.00	0.	0.	0.
HARRY GRACE 992-1/2 GREEN BAY ROAD WINNETKA, IL 60093-1779	COMMITTEE MEMBER 2.00	0.	0.	0.
CHRISTINE WALKER 992-1/2 GREEN BAY ROAD WINNETKA, IL 60093-1779	COMMITTEE MEMBER 2.00	0.	0.	0.
MATTHEW WENDT 992-1/2 GREEN BAY ROAD WINNETKA, IL 60093-1779	COMMITTEE MEMBER 2.00	0.	0.	0.

FAMILY SERVICE OF WINNETKA- NORTHFIELD,

36-2167064

DAVID KRONE 992-1/2 GREEN BAY ROAD WINNETKA, IL 60093-1779	COMMITTEE MEMBER 2.00	0.	0.	0.
JOANN MUCCI 992-1/2 GREEN BAY ROAD WINNETKA, IL 60093-1779	COMMITTEE MEMBER 2.00	0.	0.	0.
KATHLEEN REINMANN 992-1/2 GREEN BAY ROAD WINNETKA, IL 60093-1779	COMMITTEE MEMBER 2.00	0.	0.	0.
JANET STEVENS 992-1/2 GREEN BAY ROAD WINNETKA, IL 60093-1779	COMMITTEE MEMBER 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		91,500.	7,320.	0.

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SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2D

STATEMENT 7

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SCHEDULE A, PAGE 2, PART III, ITEM 2D--SEE FORM 990, PAGE 5, PART V-A

SCHEDULE A	OTHER INCOME			STATEMENT	8
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	
MISCELLANEOUS	368.	382.	368.	354.	
TOTAL TO SCHEDULE A, LINE 22	368.	382.	368.	354.	