

Form **990-EZ**

### Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
▶ 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 **7/01/08**, and ending **6/30/09**

<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>The Center of Concern</b>	<b>D</b> Employer identification number <b>36-2984360</b>
		Number and street (or P O box, if mail is not delivered to street address) <b>1580 N. Northwest Highway</b>	Room/suite <b>310</b>
		City or town, state or country, and ZIP + 4 <b>Park Ridge IL 60068</b>	
		<b>E</b> Telephone number <b>847-823-0453</b>	
			<b>F</b> Group Exemption Number

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

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ **www.centerofconcern.org**

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

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

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

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **931,749**

#### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>893,250</b>
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	<b>3,576</b>
<b>3</b>	Membership dues and assessments	<b>3</b>	
<b>4</b>	Investment income	<b>4</b>	<b>3,753</b>
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
<b>5b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)	<b>5c</b>	
<b>6</b>	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
<b>6a</b>	Gross revenue (not including \$ <b>51,147</b> of contributions reported on line 1)	<b>6a</b>	<b>31,170</b>
<b>6b</b>	Less: direct expenses other than fundraising expenses	<b>6b</b>	<b>31,170</b>
<b>6c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>7b</b>	Less: cost of goods sold	<b>7b</b>	
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
<b>8</b>	Other revenue (describe ▶ )	<b>8</b>	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	<b>900,579</b>
<b>10</b>	Grants and similar amounts paid (attach schedule)	<b>10</b>	<b>242,438</b>
<b>11</b>	Benefits paid to or for members	<b>11</b>	
<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	<b>476,661</b>
<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	<b>33,216</b>
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	<b>139,262</b>
<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	<b>24,070</b>
<b>16</b>	Other expenses (describe ▶ <b>See Statement 2</b> )	<b>16</b>	<b>21,847</b>
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>937,494</b>
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>-36,915</b>
<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figures reported on prior year's return)	<b>19</b>	<b>228,219</b>
<b>20</b>	Other changes in net assets or fund balances (attach explanation) <b>See Statement 3</b>	<b>20</b>	<b>-16,152</b>
<b>21</b>	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	<b>21</b>	<b>175,152</b>

#### Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	<b>144,430</b>	<b>94,756</b>
<b>23</b> Land and buildings	<b>6,462</b>	<b>8,473</b>
<b>24</b> Other assets (describe ▶ <b>See Statement 4</b> )	<b>77,327</b>	<b>76,431</b>
<b>25</b> <b>Total assets</b>	<b>228,219</b>	<b>179,660</b>
<b>26</b> <b>Total liabilities</b> (describe ▶ <b>See Statement 5</b> )	<b>0</b>	<b>4,508</b>
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>228,219</b>	<b>175,152</b>

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Form 990-EZ (2008)

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)
What is the organization's primary exempt purpose? <b>See Statement 6</b>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	<b>See Statement 7</b>	
	(Grants \$ <b>223,906</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a <b>257,470</b>
29	<b>See Statement 8</b>	
	(Grants \$ <b>3,484</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a <b>257,202</b>
30	<b>See Statement 9</b>	
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a <b>167,268</b>
31	Other program services (attach schedule) <b>See Statement 10</b>	
	(Grants \$ <b>15,048</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a <b>117,531</b>
32	<b>Total program service expenses (add lines 28a through 31a)</b>	32 <b>799,471</b>

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Jay Kuchel 1580 N. Northwest Highway Park Ridge IL 60068	President 7	0	0	0
Margaret McGrath, Esq. 1580 N. Northwest Highway Park Ridge IL 60068	Vice Pres. 3	0	0	0
Al Herbert 1580 N. Northwest Highway Park Ridge IL 60068	Treasurer 7	0	0	0
The Rev. David Jones 1580 N. Northwest Highway Park Ridge IL 60068	Secretary 3	0	0	0
Ann Marie Barry 1580 N. Northwest Highway Park Ridge IL 60068	Director 2	0	0	0
Hon. Sue Beaumont 1580 N. Northwest Highway Park Ridge IL 60068	Director 2	0	0	0
Bob Bisgard, P.E. 1580 N. Northwest Highway Park Ridge IL 60068	Director 3	0	0	0
Kim DiFranco 1580 N. Northwest Highway Park Ridge IL 60068	Director 2	0	0	0
Hon. Dawn Disher 1580 N. Northwest Highway Park Ridge IL 60068	Director 2	0	0	0
Kay Jarzombek 1580 N. Northwest Highway Park Ridge IL 60068	Director 2	0	0	0
Hon. John Kerin 1580 N. Northwest Highway Park Ridge IL 60068	Director 2	0	0	0
Michael McAllister 1580 N. Northwest Highway Park Ridge IL 60068	Director 4	0	0	0
Hon. Audrey Nankervis 1580 N. Northwest Highway Park Ridge IL 60068	Director 2	0	0	0
Harry O'Brien 1580 N. Northwest Highway Park Ridge IL 60068	Director 2	0	0	0
Kathy Rolsing 1580 N. Northwest Highway Park Ridge IL 60068	Director 2	0	0	0
David Rueff 1580 N. Northwest Highway Park Ridge IL 60068	Director 3	0	0	0
John Schumacher, BCC 1580 N. Northwest Highway Park Ridge IL 60068	Director 2	0	0	0
Mary A. Schurder 1580 N. Northwest Highway Park Ridge IL 60068	ExecDirector 55	61,500	0	0

**Part V Other Information (Note the statement requirements in the instructions for Part VI.)**

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	X	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 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	Section 501(c)(3) and (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," complete Schedule L, Part I	40b	X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter amount of tax on line 40c 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? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed. ▶ IL		
42a	The books are in care of ▶ <b>Mary Schurder</b> 1580 N. Northwest Highway Located at ▶ <b>Park Ridge, IL</b>	Telephone no. ▶	847-823-0453
		ZIP + 4 ▶	60068
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)?	42b	X
	If "Yes," enter the name of the foreign country: ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
	If "Yes," enter the name of the foreign country: ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	<input type="checkbox"/>
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Form 990-EZ (2008) **The Center of Concern**

**36-2984360**

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- |   |     | Yes                      | No                                  |
|---|-----|--------------------------|-------------------------------------|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   | 47  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 48  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?   | 49a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization(s) a section 527 organization?   | 49b | <input type="checkbox"/> | <input type="checkbox"/>            |
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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
None				
Total number of other employees paid over \$100,000 <span style="float: right;">▶</span>				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000 <span style="float: right;">▶</span>		

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

Signature of officer: *Arvin W. Hebert* Date: *2/24/10*  
 Type or print name and title: **ARVIN W. HEBERT** *TREASURER*

**Paid Preparer's Use Only**

Preparer's signature: **Dirk T. Ahlbeck** Date: **2/24/10** Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **AHLBECK & COMPANY**  
**1665 Elk Boulevard**  
**Des Plaines, IL 60016-4776**

Preparer's Identifying Number (See instr): **P00237637**  
 EIN: **36-2991500**  
 Phone no: **847-824-4000**

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2008**

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

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 **The Center of Concern** Employer identification number **36-2984360**

**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 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 (ii) 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 US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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.")	704,193	774,095	800,262	952,685	893,250	4,124,485
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	704,193	774,095	800,262	952,685	893,250	4,124,485
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						4,124,485

**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	704,193	774,095	800,262	952,685	893,250	4,124,485
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,528	6,883	8,849	8,794	3,753	31,807
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.)	19,070	16,325	24,109	6,511	31,170	97,185
11 Total support. Add lines 7 through 10						4,253,477
12 Gross receipts from related activities, etc. (see instructions)					12	31,395
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	96.9674 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.2462 %
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 checked="" 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")						
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						
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						
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.)						

**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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

**Section D. Computation of Investment Income Percentage**

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

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

**Part IV** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

**Part II, Line 10 - Other Income Detail**

**Special Events** \$ **97,185**

Table with multiple columns and rows for detailed reporting, mostly blank.



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

**2008**

Open To Public  
Inspection

Name of the organization

**The Center of Concern**

Employer identification number

**36-2984360**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>				▶		

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**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	
		Dinner/Auction	Holiday Party	1	(Add col (a) through col (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	58,155	8,235	7,373	73,763
	2	Less. Charitable contributions	35,718	2,085	6,242	44,045
	3	Gross revenue (line 1 minus line 2)	22,437	6,150	1,131	29,718
Direct Expenses	4	Cash prizes	1,500			1,500
	5	Non-cash prizes				
	6	Rent/facility costs	16,000			16,000
	7	Other direct expenses	4,937	6,150	1,131	12,218
	8	Direct expense summary. Add lines 4 through 7 in column (d)				
9	Net income summary. Combine lines 3 and 8 in column (d)					

**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))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % 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:	Yes	No
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain:		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain:		
11	Does the organization operate gaming activities with nonmembers?	11	
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?	12	

		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%
<b>14</b>	Provide the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ▶		
<b>15a</b>	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 ▶		
<b>16</b>	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		
<b>17</b>	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 ▶ \$		

COC The Center of Concern  
 36-2984360  
 FYE: 6/30/2009

## Federal Statements

### Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name and Address	Relationship to Organization	Class of Activity	Date of Gift	Purpose
Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation
				FMV Explanation
Shelter, food, gas, etc	242,438		223,906	Assist to individ Cost
<b>Total</b>	<b>242,438</b>		<b>223,906</b>	

**Federal Statements**

**Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
Expenses	\$
Conferences/Meetings	2,476
Advertising	185
Bank Charges	53
Insurance	10,053
Supplies	5,811
Travel	3,269
Total	<u>\$ 21,847</u>

**Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances**

Description	Amount
Unrealized loss on investments	\$ -16,152
Total	<u>\$ -16,152</u>

**Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets**

Description	Beginning of Year	End of Year
Grants Receivable	\$ 55,499	\$ 55,013
Prepaid Expenses and Deferred Charges	11,323	10,893
Deposits	10,505	10,525
	<u>77,327</u>	<u>76,431</u>

**Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$	\$ 4,508
	<u></u>	<u>4,508</u>

## Federal Statements

### Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

#### Description

To provide housing solutions, support services and counseling for seniors, disabled and others in need, enabling them to live with dignity and independence.

### Statement 7 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

#### Description

Homelessness Prevention - expenses associated with financial assistance to avoid eviction or foreclosure or to prevent utility disconnection. The program also includes case management and legal, financial and/or employment counseling. 185 families were served.

### Statement 8 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments

#### Description

Housing - includes Housing Counseling & Home Sharing which provides clients with potential housing options, such as homesharing program, Housing Choice voucher placements, senior housing applications, landlord and realtor negotiations, referral to low-cost apartments, referral to shelters and single room occupancy sites, facilitation of referrals to other agencies, and accessing financial assistance. 120 clients were served.

Also, Transitional Housing which provided shelter, case management, mental health and other supportive services to homeless families and individuals to help work toward self-sufficiency. 4,740 shelter nights were provided to 24 clients.

### Statement 9 - Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments

#### Description

Senior Support - to help frail seniors and disabled individuals remain independent as long as possible by providing in-person assessments, continue with ongoing case management, and geriatric counseling for senior clients and their families. 9800 clients were served.

## Federal Statements

### Statement 10 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

#### Description

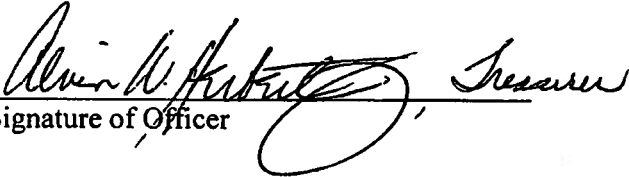
Chore - provides light housekeeping services to frail elderly. 105 clients served and 5,200 hours of service.

Other Programs - provides licensed social workers for personal counseling and to facilitated support groups. 114 clients were served in 405 counseling sessions.

The Center of Concern  
FEIN: 36-2984360  
Year Ended June 30, 2009

Form 990EZ – Part V, Line 34  
Statement regarding change in by-laws

I hereby certify that the following copy of The Center of Concern's  
by-laws is complete and accurate.

  
Signature of Officer, Treasurer