

Form **990**Department of the Treasury
Internal Revenue Service**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

OMB No. 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10**

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

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

C Name of organization**The Center of Concern**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

1580 N. Northwest Highway

Room/suite

310

City or town, state or country, and ZIP + 4

Park Ridge**IL 60068****F** Name and address of principal officer:**Mary Schurder****Same as C above****D** Employer identification number**36-2984360****E** Telephone number**847-823-0453****G** Gross receipts \$ **1,069,137****H(a)** Is this a group return for

affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

I Tax-exempt status ☒ 501(c) (**3**) (insert no) 4947(a)(1) or 527**J** Website: **www.centerofconcern.org****H(c)** Group exemption number ▶**K** Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation **1978****M** State of legal domicile **IL****Part I Summary****1** Briefly describe the organization's mission or most significant activities:

To provide housing solutions, support services and counseling for seniors, disabled and others in need, promoting physical and mental well being and alleviating isolation to enable them to live with dignity and independence.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a)**4** Number of independent voting members of the governing body (Part VI, line 1b)**5** Total number of employees (Part V, line 2a)**6** Total number of volunteers (estimate if necessary)**7a** Total gross unrelated business revenue from Part VIII, column (C), line 12**b** Net unrelated business taxable income from Form 990-T, line 34**3** **12****4** **12****5** **30****6** **310****7a****7b** **0****8** Contributions and grants (Part VIII, line 1h)**9** Program service revenue (Part VIII, line 2g)**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**14** Benefits paid to or for members (Part IX, column (A), line 4)**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**16a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25) ▶ **50,104****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)**18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)**19** Revenue less expenses. Subtract line 18 from line 12**20** Total assets (Part X, line 16)**21** Total liabilities (Part X, line 26)**22** Net assets or fund balances. Subtract line 21 from line 20

Prior Year

Current Year

893,250**945,922****3,576****2,262****3,753****5,053****900,579****44,778****242,438****998,015****476,661****127,703****218,395****446,237****937,494****218,213****-36,915****792,153****179,660****205,862****4,508****175,152****179,660****400,194****175,152****19,180****175,152****381,014****Part II Signature Block**

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

Date

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Dirk T. Ahlbeck

Date

03/23/11Check if self-employed ☐

Preparer's identifying number (see instructions)

P00237637

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

SS&G Financial Services, Inc.**1665 Elk Boulevard****Des Plaines, IL 60016-4776**

EIN ▶

34-1945695

Phone no ▶

847-824-4000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990 (2009)

SCANNED MAY 17 2011

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