

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

2010Open to Public
Inspection**A** For the 2010 calendar year, or tax year beginning **07/01/10**, and ending **06/30/11**

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

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 HighwayRoom/suite
310

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

Park Ridge**IL 60068****D** Employer identification number**36-2984360****E** Telephone number**847-823-0453****G** Gross receipts \$**872,588****F** Name and address of principal officer**John McNabola****Same as C above****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) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: **www.centerofconcern.org****H(c)** Group exemption number ▶**K** Form 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)**3****4** Number of independent voting members of the governing body (Part VI, line 1b)**4****5** Total number of individuals employed in calendar year 2010 (Part V, line 2a)**5****6** Total number of volunteers (estimate if necessary)**6****7a** Total unrelated business revenue from Part VIII, column (C), line 12**7a****b** Net unrelated business taxable income from Form 990-T, line 34**7b****8** Contributions and grants (Part VIII, line 1h)

Prior Year

Current Year

9 Program service revenue (Part VIII, line 2g)**945,922****709,726****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**2,262****6,058****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**5,053****1,299****12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**44,778****3,346****13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**998,015****720,429****14** Benefits paid to or for members (Part IX, column (A), line 4)**127,703****138,391****15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**446,237****440,579****16a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25) ▶**218,213****234,990****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)**792,153****813,960****18** Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)**205,862****-93,531****19** Revenue less expenses Subtract line 18 from line 12**400,194****315,885****20** Total assets (Part X, line 16)**19,180****26,771****21** Total liabilities (Part X, line 26)**381,014****289,114****22** Net assets or fund balances. Subtract line 21 from line 20

Beginning of Current Year

End of Year

400,194**315,885****19,180****26,771****381,014****289,114****Part II Signature Block**

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

Sign
Here

Signature of officer

Date

Type or print name and title

Paid

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if PTIN

Dirk T. Ahlbeck

Dirk T. Ahlbeck

12/09/11

self-employed

P00237637

Preparer
Use OnlyFirm's name ▶ **SS&G Financial Services, Inc.**Firm's EIN ▶ **34-1945695**Firm's address ▶ **1665 Elk Boulevard****Des Plaines, IL 60016-4776**Phone no **847-824-4000**

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

☒ Yes ☐ NoFor Paperwork Reduction Act Notice, see the separate instructions.
DAAForm **990** (2010)

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

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.
Form 990-EZ filers are not required to complete this part.

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

- | | |
|---|--|
| <input type="checkbox"/> a Mail solicitations | <input type="checkbox"/> e Solicitation of non-government grants |
| <input type="checkbox"/> b Internet and email solicitations | <input type="checkbox"/> f Solicitation of government grants |
| <input type="checkbox"/> c Phone solicitations | <input type="checkbox"/> g Special fundraising events |
| <input type="checkbox"/> d In-person solicitations | |

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.

	(i) Name and address 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			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Dinner/Auction</u> (event type)	<u>Holiday Party</u> (event type)	<u>2</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	33,963	13,224	12,686	59,873
	2 Less Charitable contributions	16,016	1,736	10,004	27,756
	3 Gross income (line 1 minus line 2)	17,947	11,488	2,682	32,117
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs			1,431	1,431
	7 Food and beverages	8,060		1,707	9,767
	8 Entertainment				
	9 Other direct expenses	17,648	10,642	1,815	30,105
	10 Direct expense summary. Add lines 4 through 9 in column (d)				41,303
	11 Net income summary. Combine line 3, column (d), and line 10				-9,186

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			15,074	15,074
	2 Cash prizes			2,099	2,099
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.00 % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				2,099
	8 Net gaming income summary. Combine line 1, column d, and line 7				12,975

9 Enter the state(s) in which the organization operates gaming activities **IL**

a Is the organization licensed to operate gaming activities in each of these states?

9a ☒ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

10a ☐ Yes ☒ No

b If "Yes," explain.

Schedule G (Form 990 or 990-EZ) 2010

The Center of Concern**36-2984360**Page **3**

- 11** Does the organization operate gaming activities with nonmembers? ☒ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity operated in:
- a** The organization's facility
- b** An outside facility
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

13a	41.34 %
13b	58.66 %

Name ► **John McNabola**
1580 N. Northwest Highway, Ste 310
 Address ► **Park Ridge**

IL 60068-1462

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- 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 of the third party:

Name ►

Address ►

- 16** Gaming manager information:

Name ► **Dawn Disher**

Gaming manager compensation ► \$

Description of services provided ► **Supervises the raffle activities**
☒ Director/officer

 ☐ Employee

 ☐ Independent contractor

- 17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).