

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)

Department of the Treasury
 Internal Revenue Service

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

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WOBURN COUNCIL OF SOCIAL CONCERN, INC. Doing Business As COUNCIL OF SOCIAL CONCERN Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2 MERRIMAC STREET City, town, or post office, state, and ZIP code WOBURN, MA 01801 F Name and address of principal officer: DEAN SOLOMON SAME AS C ABOVE	D Employer identification number 04-2494773 E Telephone number (781) 935-6495 G Gross receipts \$ 2,064,425. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.SOCIALCONCERN.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1969 M State of legal domicile: MA

Part I Summary					
		1 Briefly describe the organization's mission or most significant activities: WOBURN COUNCIL OF SOCIAL CONCERN (D.B.A. COUNCIL OF SOCIAL CONCERN) IS A CHARITABLE, COMMUNITY-BASED			
		2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3 17		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 16		
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5 30		
	6	Total number of volunteers (estimate if necessary)	6 265		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.		
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.		
	Revenue			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Prior Year</th> <th style="width:50%;">Current Year</th> </tr> </table>	Prior Year
Prior Year		Current Year			
8		Contributions and grants (Part VIII, line 1h)	1,827,844. 1,897,409.		
9		Program service revenue (Part VIII, line 2g)	177,153. 152,319.		
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	761. 2,189.		
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-12,736. -7,024.		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,993,022. 2,044,893.			
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	343,910. 376,996.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	958,146. 973,133.		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 83,311.			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	670,699. 667,599.		
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,972,755. 2,017,728.			
19	Revenue less expenses. Subtract line 18 from line 12	20,267. 27,165.			
Net Assets or Fund Balances			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Beginning of Current Year</th> <th style="width:50%;">End of Year</th> </tr> </table>	Beginning of Current Year	End of Year
	Beginning of Current Year	End of Year			
	20	Total assets (Part X, line 16)	2,233,840. 2,218,600.		
21	Total liabilities (Part X, line 26)	1,433,125. 1,391,062.			
22	Net assets or fund balances. Subtract line 21 from line 20	800,715. 827,538.			

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		
	▶	DEAN SOLOMON, EXECUTIVE DIRECTOR			
	▶	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KRISTIN E. LABONTE, CPA	KRISTIN E. LABONTE,	02/06/14		P00744707
	Firm's name ▶ KEVIN P MARTIN ASSOCIATES, P.C.	Firm's EIN ▶ 04-3097400			
	Firm's address ▶ 10 FORBES WEST BRAINTREE, MA 02184	Phone no. (781) 380-3520			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:
WOBURN COUNCIL OF SOCIAL CONCERN (D.B.A. COUNCIL OF SOCIAL CONCERN) IS A CHARITABLE, COMMUNITY-BASED AGENCY, RESPONDING TO THE BASIC NEEDS OF PEOPLE OF ALL AGES, PROVIDING EARLY CHILDHOOD EDUCATION AND CARE, HELPING INDIVIDUALS DEVELOP THEIR POTENTIAL, CREATING POSITIVE FAMILY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 581,337. including grants of \$ 26,312.) (Revenue \$ 101,410.)
CHILDREN'S CENTER - THE CHILDREN'S CENTER IS A NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN (AKA NAEYC) ACCREDITED EARLY CHILDHOOD EDUCATION AND CHILD CARE FACILITY, PROVIDING CHILDREN WITH FULL TIME, YEAR-ROUND CARE. THE CHILDREN'S CENTER IS LICENSED BY THE MASSACHUSETTS DEPARTMENT OF EARLY EDUCATION AND CARE (EEC) AND ACCEPTS CHILDREN FROM 1 MONTH THROUGH 5 YEARS OF AGE. THE STATIC OPERATING CAPACITY FOR FY 2013 WAS 50 CHILDREN. DURING FY2013 THE CHILDREN'S CENTER PROVIDED SERVICES TO 79 CHILDREN. SUBSIDIZED TUITION ASSISTANCE IS AVAILABLE ON A SLIDING SCALE BASIS TO ELIGIBLE LOW AND MODERATE-INCOME FAMILIES. SOCIAL SUPPORT SERVICES ARE AVAILABLE TO PARENTS AND CHILDREN, WITH A SPECIAL FOCUS ON FAMILIES IDENTIFIED AS HIGH RISK.

4b (Code:) (Expenses \$ 589,770. including grants of \$ 32,640.) (Revenue \$ 46,074.)
FAMILY CHILD CARE SYSTEM - OPERATES A FAMILY-BASED CHILDCARE SYSTEM SERVING CHILDREN, 2 MONTHS THROUGH 5 YEARS OF AGE. CHILDREN RECEIVE CHILDCARE IN THE HOMES OF MASSACHUSETTS DEPARTMENT OF EARLY EDUCATION AND CARE (EEC) LICENSED, INDEPENDENT FAMILY CHILDCARE PROVIDERS, WITH WHOM WE CONTRACT. THE STATIC OPERATING CAPACITY FOR FY 2013 WAS 45 CHILDREN. DURING FY2013, THE FAMILY CHILDCARE SYSTEM PROVIDED SERVICES TO 74 CHILDREN. SUBSIDIZED TUITION ASSISTANCE IS AVAILABLE ON A SLIDING SCALE BASIS TO ELIGIBLE LOW AND MODERATE-INCOME FAMILIES. FAMILY CHILDCARE SYSTEM STAFF MEMBERS VISIT EACH FAMILY CHILDCARE PROVIDER HOME AT LEAST TWO TIMES PER MONTH AND ARE AVAILABLE AT OTHER TIMES FOR TELEPHONE CONSULTATION. STAFF MEMBERS MONITOR THE QUALITY OF CHILDCARE, ASSESS EACH CHILD'S DEVELOPMENTAL PROGRESS, AND CONSULT WITH FAMILY

4c (Code:) (Expenses \$ 441,935. including grants of \$ 318,044.) (Revenue \$ 43.)
FOOD PANTRY - THE FOOD PANTRY PROVIDES FOOD TO INDIVIDUALS AND FAMILIES WITHOUT ADEQUATE FINANCIAL RESOURCES TO MEET BASIC NEEDS. DURING FY2013, THE FOOD PANTRY PROVIDED FOOD TO 2,048 UNDUPLICATED INDIVIDUALS. RECIPIENTS HAVE REPORTED THAT THE QUANTITY OF FOOD THEY RECEIVE GENERALLY LASTS ABOUT 4 TO 5 DAYS. USE OF THE FOOD PANTRY IS LIMITED TO ONE TIME PER MONTH. THE FOOD PANTRY IS OPEN TO ALL HOUSEHOLDS, BY APPOINTMENT ONLY, ON TUESDAYS AND THURSDAYS, 9:45 AM TO 12 PM AND 1:30PM TO 3PM. THE FOOD PANTRY ALSO OFFERS WEDNESDAY EVENING HOURS, FROM 6 PM TO 7 PM FOR INDIVIDUALS WHO WORK OR ATTEND SCHOOL DURING THE DAY. TO HELP CLIENTS AT THANKSGIVING AND CHRISTMAS, FOOD PANTRY STAFF AND VOLUNTEERS DISTRIBUTE SPECIAL HOLIDAY FOOD BASKETS. A COMMUNITY RESOURCE COORDINATOR IS AVAILABLE TO FOOD PANTRY CLIENTS,

4d Other program services (Describe in Schedule O.)
(Expenses \$ 23,452. including grants of \$) (Revenue \$ 5,464.)

4e Total program service expenses 1,636,494.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (17), 1b (16), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ELENA AMIRAULT - (781)935-6495, 2 MERRIMAC STREET, WOBURN, MA 01801

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL D'ARCANGELO 1ST VICE PRESIDENT	0.10	X		X				0.	0.	0.
(2) JAMES D HAGGERTY IV PRESIDENT	0.10	X		X				0.	0.	0.
(3) MATT KISIEL DIRECTOR	0.10	X						0.	0.	0.
(4) SHARON BLACK DIRECTOR	0.10	X						0.	0.	0.
(5) JOANNE MULKERIN DIRECTOR	0.10	X						0.	0.	0.
(6) DOUG BREUER DIRECTOR	0.10	X						0.	0.	0.
(7) LAURA REDICK DIRECTOR	0.10	X						0.	0.	0.
(8) KERSTIN LOCHRIE 2ND VICE PRESIDENT	0.10	X		X				0.	0.	0.
(9) JOHN MURPHY DIRECTOR	0.10	X						0.	0.	0.
(10) JEAN CANTILLON OLANDER DIRECTOR	0.10	X						0.	0.	0.
(11) CLAIRE PAPPAS DIRECTOR	0.10	X						0.	0.	0.
(12) MARGARET HIBBARD DIRECTOR	40.00	X					35,480.	0.	0.	0.
(13) STEPHANIE MORRISON DIRECTOR (THROUGH 08/2012)	0.10	X						0.	0.	0.
(14) BHAVESH KAPADIA TREASURER	0.10	X		X				0.	0.	0.
(15) LAKISHA MALLORIE-PLESS DIRECTOR	0.10	X						0.	0.	0.
(16) WILLIAM SULLIVAN DIRECTOR	0.10	X						0.	0.	0.
(17) DEBORAH WALL SECRETARY	0.10	X		X				0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LISA RUOCCO DIRECTOR	0.10	X					0.	0.	0.	
(19) DEAN SOLOMON EXECUTIVE DIRECTOR	40.00			X			71,364.	0.	12,351.	
(20) ELENA AMIRAULT BUSINESS MANAGER	32.00			X			43,046.	0.	0.	
1b Sub-total							149,890.	0.	12,351.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							149,890.	0.	12,351.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 86,100.				
	b	Membership dues	1b				
	c	Fundraising events	1c 79,982.				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 981,734.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 749,593.				
	g	Noncash contributions included in lines 1a-1f: \$	383,133.				
	h	Total. Add lines 1a-1f	▶ 1,897,409.				
	Program Service Revenue	2 a	CLIENT FEES	Business Code 624200	152,319.	152,319.	
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f	▶ 152,319.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	2,189.		2,189.	
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
	6 a	Gross rents	(i) Real (ii) Personal				
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)	▶				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		Less: cost or other basis and sales expenses					
		Gain or (loss)					
		Net gain or (loss)	▶				
	8 a	Gross income from fundraising events (not including \$ 79,982. of contributions reported on line 1c). See Part IV, line 18	a	9,768.			
		Less: direct expenses	b	19,532.			
		Net income or (loss) from fundraising events	▶	-9,764.			-9,764.
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
Less: direct expenses		b					
Net income or (loss) from gaming activities		▶					
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	Net income or (loss) from sales of inventory	▶					
Miscellaneous Revenue			Business Code				
11 a	AFFORDABLE HEALTH CARE	900099	2,068.	2,068.			
	FEES AND GIFT CARDS	900099	672.	672.			
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d	▶	2,740.			
12	Total revenue. See instructions.	▶	2,044,893.	155,059.	0.	-7,575.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	376,996.	376,996.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	175,206.	47,551.	125,349.	2,306.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	661,157.	554,167.	44,442.	62,548.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	63,482.	54,515.	8,967.	
10 Payroll taxes	73,288.	52,485.	14,530.	6,273.
11 Fees for services (non-employees):				
a Management	2,601.		2,601.	
b Legal				
c Accounting	22,050.		22,050.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,743.	3,696.	47.	
12 Advertising and promotion	295.		295.	
13 Office expenses	5,707.	78.	5,629.	
14 Information technology	2,310.		2,141.	169.
15 Royalties				
16 Occupancy	132,033.	86,376.	41,843.	3,814.
17 Travel	82,087.	81,656.	405.	26.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	50,139.	32,725.	16,647.	767.
23 Insurance	4,551.	1,430.	3,088.	33.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CAREGIVER REIMBURSEMENT	285,806.	285,806.		
b PROGRAM SUPPLIES	65,032.	50,660.	6,997.	7,375.
c MEALS	4,346.	4,216.	130.	
d STAFF TRAINING	3,366.	3,256.	110.	
e All other expenses	3,533.	881.	2,652.	
25 Total functional expenses. Add lines 1 through 24e	2,017,728.	1,636,494.	297,923.	83,311.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	286,690.	2	321,531.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	83,584.	4	88,781.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	27,502.	9	22,717.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,282,730.		
	b Less: accumulated depreciation	10b 507,548.	1,825,321.	10c 1,775,182.
	11 Investments - publicly traded securities	10,743.	11	10,389.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,233,840.	16	2,218,600.	
Liabilities	17 Accounts payable and accrued expenses	101,161.	17	102,610.
	18 Grants payable		18	
	19 Deferred revenue	321.	19	230.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,329,033.	23	1,285,396.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,610.	25	2,826.
	26 Total liabilities. Add lines 17 through 25	1,433,125.	26	1,391,062.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	767,382.	27	794,205.
	28 Temporarily restricted net assets	33,333.	28	33,333.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	800,715.	33	827,538.
34 Total liabilities and net assets/fund balances	2,233,840.	34	2,218,600.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,044,893.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,017,728.
3	Revenue less expenses. Subtract line 2 from line 1	3	27,165.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	800,715.
5	Net unrealized gains (losses) on investments	5	-342.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	827,538.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2012)

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,796,233.	1,831,745.	1,890,876.	1,827,844.	1,897,409.	9,244,107.
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 through 3	1,796,233.	1,831,745.	1,890,876.	1,827,844.	1,897,409.	9,244,107.
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)						236,916.
6 Public support. Subtract line 5 from line 4.						9,007,191.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	1,796,233.	1,831,745.	1,890,876.	1,827,844.	1,897,409.	9,244,107.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,127.	1,336.	954.	761.	2,189.	7,367.
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.)					2,740.	2,740.
11 Total support. Add lines 7 through 10						9,254,214.
12 Gross receipts from related activities, etc. (see instructions)					12	919,283.
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 2012 (line 6, column (f) divided by line 11, column (f))	14	97.33	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	97.38	%
16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 - 2011. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

WOBURN COUNCIL OF SOCIAL CONCERN, INC.

Employer identification number

04-2494773

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		389,500.		389,500.
b Buildings		1,870,211.	487,100.	1,383,111.
c Leasehold improvements				
d Equipment		14,118.	12,434.	1,684.
e Other		8,901.	8,014.	887.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,775,182.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CUSTOMER DEPOSITS	2,826.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,826.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	2,108,672.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-342.
b	Donated services and use of facilities	2b	44,589.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	19,532.
e	Add lines 2a through 2d	2e	63,779.
3	Subtract line 2e from line 1	3	2,044,893.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,044,893.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	2,081,849.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	44,589.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	19,532.
e	Add lines 2a through 2d	2e	64,121.
3	Subtract line 2e from line 1	3	2,017,728.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,017,728.

Part XIII Supplemental Information
 Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.
PART X, LINE 2: GAAP PRESCRIBES A RECOGNITION THRESHOLD AND

MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FOR THOSE BENEFITS TO BE RECOGNIZED, A TAX POSITION MUST BE MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. FOR THE YEAR ENDED JUNE 30, 2013, THE AGENCY HAS DETERMINED THAT IT HAS NOT TAKEN ANY TAX POSITIONS WHICH WOULD RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE AGENCY RECOGNIZES INTEREST AND

Part XIII Supplemental Information (continued)

PENALTIES, IF ANY, RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE.

GENERALLY, THE AGENCY'S INFORMATION/TAX RETURNS REMAIN OPEN FOR POSSIBLE FEDERAL INCOME TAX EXAMINATION FOR THREE YEARS AFTER THE FILING DATE. THE AGENCY IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION.

GENERALLY, THE AGENCY'S INFORMATION RETURNS REMAIN OPEN FOR FEDERAL INCOME TAX EXAMINATION FOR THREE YEARS FROM THE FILING DATE. NO NOTICES HAVE BEEN RECEIVED FROM EITHER THE INTERNAL REVENUE SERVICE OR COMMONWEALTH OF MASSACHUSETTS ADDRESSING ANY SUBSEQUENT YEAR.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES RECLASSIFIED AGAINST REVENUE 19,532.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES RECLASSIFIED AGAINST REVENUE 19,532.

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

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2012

**Open To Public
Inspection**

**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.**

Name of the organization

WOBURN COUNCIL OF SOCIAL CONCERN, INC.

**Employer identification number
04-2494773**

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.

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

2 a 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			
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.

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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	
		AUCTION	GOLF TOURNAMENT	1	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	43,413.	24,547.	21,790.	89,750.
	2	Less: Contributions	38,401.	19,791.	21,790.	79,982.
	3	Gross income (line 1 minus line 2)	5,012.	4,756.		9,768.
Direct Expenses	4	Cash prizes		600.		600.
	5	Noncash prizes		700.		700.
	6	Rent/facility costs	1,102.	2,604.		3,706.
	7	Food and beverages	5,012.	2,152.	85.	7,249.
	8	Entertainment	300.			300.
	9	Other direct expenses	4,308.	2,218.	451.	6,977.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(19,532)
	11	Net income summary. Combine line 3, column (d), and line 10				-9,764.

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	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				(_____)
8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 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 | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 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 ▶ _____
- Gaming manager compensation ▶ \$ _____
- Description of services provided ▶ _____
- _____
- _____
- 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).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

WOBURN COUNCIL OF SOCIAL CONCERN, INC.

Employer identification number

04-2494773

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
THE AGENCY PROVIDES FOOD, CLOTHING, HOLIDAY GIFTS AND ESSENTIALS FOR INDIVIDUALS AND THEIR FAMILIES.	2112	0.	376,996.	ESTIMATED FAIR MARKET VALUE	FOOD ASSISTANCE PROVIDED THROUGH THE FOOD PANTRY PROGRAM AND CLOTHING & HOLIDAY GIFTS ASSISTANCE PROVIDED

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: THE FOOD PANTRY PROVIDES FOOD TO INDIVIDUALS AND FAMILIES WITHOUT ADEQUATE FINANCIAL RESOURCES TO MEET BASIC NEEDS. USE OF THE FOOD PANTRY IS LIMITED TO ONE TIME PER MONTH.

(F) DESCRIPTION OF NON-CASH ASSISTANCE: FOOD ASSISTANCE PROVIDED THROUGH THE FOOD PANTRY PROGRAM AND CLOTHING & HOLIDAY GIFTS ASSISTANCE PROVIDED THROUGH THE FAMILY CHILDCARE AND CHILDREN'S CENTER PROGRAMS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Name of the organization **WOBURN COUNCIL OF SOCIAL CONCERN, INC.** Employer identification number **04-2494773**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		5,968.	DONOR DECLARED/EST V
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	1,701	313,854.	DONOR DECLARED/EST V
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (CLIENT HOLIDAY)	X	41	54,436.	DONOR DECLARED/EST V
26 Other ▶ (OTHER MISCELL)	X	1	4,237.	DONOR DECLARED/EST V
27 Other ▶ (PROGRAM EQUIP)	X	17	3,088.	DONOR DECLARED/EST V
28 Other ▶ (COMPUTERS/TEC)	X	3	1,550.	DONOR DECLARED/EST V

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2012)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Lined area for supplemental information input.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

WOBURN COUNCIL OF SOCIAL CONCERN, INC.

Employer identification number

04-2494773

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AGENCY, RESPONDING TO THE BASIC NEEDS OF PEOPLE OF ALL AGES, PROVIDING
EARLY CHILDHOOD EDUCATION AND CARE, HELPING INDIVIDUALS DEVELOP THEIR
POTENTIAL, CREATING POSITIVE FAMILY AND COMMUNITY RELATIONSHIPS, AND
FOSTERING RESPECT FOR DIVERSITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND COMMUNITY RELATIONSHIPS, AND FOSTERING RESPECT FOR DIVERSITY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CHILDCARE PROVIDERS ON ANY SIGNIFICANT ISSUES. SOCIAL SUPPORT SERVICES
ARE ALSO AVAILABLE TO PARENTS AND CHILDREN, WITH A SPECIAL FOCUS ON
FAMILIES IDENTIFIED AS HIGH RISK.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

DURING FOOD PANTRY PROGRAM HOURS, TO EDUCATE THEM ABOUT COMMUNITY
RESOURCES THAT MAY BE ABLE TO ASSIST THEM.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FAMILY SKILL BUILDING-PROVISION OF PARENTING EDUCATION AND SUPERVISED
VISITATION SERVICES. 25 INDIVIDUALS RECEIVED SUPERVISED VISITATION
SERVICES, WHILE 15 PARENTS ATTENDED PARENTING EDUCATION.
EXPENSES \$ 23,452. INCLUDING GRANTS OF \$ 0. REVENUE \$ 5,464.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990 WILL BE E-MAILED
OR MAILED TO EACH BOARD MEMBER FOR THEIR REVIEW PRIOR TO BEING FILED. IF

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2012)

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01-04-13

Name of the organization WOBURN COUNCIL OF SOCIAL CONCERN, INC.	Employer identification number 04-2494773
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REQUESTED THE AUDITOR WILL MEET WITH THE AUDIT/FINANCE COMMITTEE TO REVIEW THE 990 WITH THEM.

FORM 990, PART VI, SECTION B, LINE 12C: NEW BOARD MEMBERS ARE PROVIDED WITH A COPY OF THE BYLAWS WHICH INCLUDES THE CONFLICT OF INTEREST POLICY. THE POLICY IS THEN REVIEWED WITH THE NEW MEMBERS. AT THE BEGINNING OF A NEW FISCAL YEAR ALL BOARD MEMBERS ARE REQUESTED TO COMPLETE A WRITTEN ANNUAL CONFLICT OF INTEREST DISCLOSURE FORM WHERE THE POLICY IS RESTATED AND THEY ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST. THEY ARE ALSO NOTIFIED ON THIS FORM THAT THEY SHOULD NOTIFY THE EXECUTIVE DIRECTOR IF ANY FUTURE CONFLICTS OF INTEREST ARISE. AT THE FIRST BOARD OF THE FISCAL YEAR ANY REPORTED POTENTIAL AND ACTUAL CONFLICTS OF INTEREST ARE REVIEWED WITH THE BOARD. EXCEPT IN THE CASE OF A CONTRACTED FAMILY CHILDCARE PROVIDER, WHERE PAYMENT RATES ARE SET BY THE MASSACHUSETTS DEPARTMENT OF EARLY EDUCATION AND CARE, THE BOARD IS ASKED TO APPROVE ANY RELATED PARTY TRANSACTIONS THAT INVOLVE AGENCY PAYMENTS TO THE RELATED PARTY. THE EXECUTIVE DIRECTOR REVIEWS WHEN THOSE WITH RELATED PARTY RELATIONSHIPS MUST RECUSE THEMSELVES FROM ANY BOARD DISCUSSIONS AND OR VOTES AND MONITORS THIS THROUGHOUT THE FISCAL YEAR. THE EXECUTIVE DIRECTOR, BUSINESS MANAGER, DIRECTOR OF PUBLIC RELATIONS & DEVELOPMENT, AND PROGRAM DIRECTORS ARE ALSO ASKED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT AND TO NOTIFY THE EXECUTIVE DIRECTOR IF ANY NEW CONFLICT OF INTEREST ARISES. THE EXECUTIVE DIRECTOR IS REQUIRED TO NOTIFY THE PRESIDENT OF THE BOARD OF DIRECTORS IN SUCH CIRCUMSTANCES.

FORM 990, PART VI, SECTION B, LINE 15: LINE 15A:
THE PRESIDENT OF THE BOARD OF DIRECTORS EVALUATES THE EXECUTIVE DIRECTOR USING A SIMILAR TOOL AND PROCESS TO WHAT IS USED TO EVALUATE OTHER AGENCY

Name of the organization WOBURN COUNCIL OF SOCIAL CONCERN, INC.	Employer identification number 04-2494773
--	--

STAFF. ANY SALARY INCREASE THAT THE EXECUTIVE DIRECTOR RECEIVES IS FIRST APPROVED BY THE BOARD OF DIRECTORS AND IS BASED ON THE SAME CRITERIA AS ALL OTHER ELIGIBLE EMPLOYEES. WHENEVER THE BOARD OF DIRECTORS MODIFIES SALARY RANGES FOR ANY POSITION, THEY FIRST HAVE THE PERSONNEL COMMITTEE REVIEW DATA THAT COMPARABLE AGENCIES PAY FOR SIMILAR POSITIONS.

LINE 15B:

THE EXECUTIVE DIRECTOR EVALUATES THE BUSINESS MANAGER USING A SIMILAR TOOL AND PROCESS TO WHAT IS USED TO EVALUATE OTHER AGENCY STAFF. ANY SALARY INCREASE THAT THE BUSINESS MANAGER RECEIVES IS FIRST APPROVED BY THE BOARD OF DIRECTORS AND IS BASED ON THE SAME CRITERIA AS ALL OTHER ELIGIBLE EMPLOYEES. WHENEVER THE BOARD OF DIRECTORS MODIFIES SALARY RANGES FOR ANY POSITION, THEY FIRST HAVE THE PERSONNEL COMMITTEE REVIEW DATA THAT COMPARABLE AGENCIES PAY FOR SIMILAR POSITIONS.

FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST AND THROUGH WWW.GUIDESTAR.ORG

FORM 990, PART XII, LINE 2C EXPLANATION:

THERE HAVE BEEN NO CHANGES FROM THE PRIOR YEAR IN THE METHODS USED BY THE COMMITTEE RESPONSIBLE FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

2012 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
2	BUILDING	VARIOUS	SL	40.00		16	1,830,638.				1,830,638.	423,062.		45,780.	468,842.
3	BUILDING IMPROVEMENTS	VARIOUS	SL	20.00		16	39,573.				39,573.	16,281.		1,977.	18,258.
	* 990 PAGE 10 TOTAL BUILDINGS						1,870,211.				1,870,211.	439,343.		47,757.	487,100.
	MACHINERY & EQUIPMENT														
4	EQUIPMENT	VARIOUS	SL	3.00		16	14,118.				14,118.	10,934.		1,500.	12,434.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						14,118.				14,118.	10,934.		1,500.	12,434.
	LAND														
1	LAND	VARIOUS	L				389,500.				389,500.			0.	
	* 990 PAGE 10 TOTAL LAND						389,500.				389,500.	0.		0.	0.
	OTHER														
5	COMPUTER EQUIPMENT	VARIOUS	SL	3.00		16	8,901.				8,901.	7,132.		882.	8,014.
	* 990 PAGE 10 TOTAL OTHER						8,901.				8,901.	7,132.		882.	8,014.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,282,730.				2,282,730.	457,409.		50,139.	507,548.

Depreciation and Amortization 990
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return WOBURN COUNCIL OF SOCIAL CONCERN, INC.	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 04-2494773
--	--	---

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	50,139.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2012	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	50,139.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for percentage and cost basis.

27 Property used 50% or less in a qualified business use: Table with 9 columns for percentage and S/L.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main rows (30-36) and 12 sub-columns for vehicle availability and use.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with 5 rows (37-41) and 2 columns (Yes/No).

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Part VI with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year

42 Amortization of costs that begins during your 2012 tax year: Table with 6 columns.

43 Amortization of costs that began before your 2012 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions WOBURN COUNCIL OF SOCIAL CONCERN, INC.	Employer identification number (EIN) or 04-2494773
	Number, street, and room or suite no. If a P.O. box, see instructions. 2 MERRIMAC STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WOBURN, MA 01801	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

ELENA AMIRAULT

• The books are in the care of **2 MERRIMAC STREET - WOBURN, MA 01801**
Telephone No. **(781) 935-6495** FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2014**.

5 For calendar year , or other tax year beginning **JUL 1, 2012**, and ending **JUN 30, 2013**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
THE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE TAX RETURN IS NOT YET AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date