## \*\* PUBLIC DISCLOSURE COPY \*\*

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Concern Americal   Concern Ame	<u>A</u>	For the	2022 calendar year, or tax year beginning 001 1,	ZUZZ and	enaing U	UN 30, 2023	
Doing business as   Number and street (or P.O. box if mail is not delivered to street address)   P.O. BOX 1790   City or town, state or province, country, and ZIP or foreign postal code   SANTYA NAN, CA 9 2702   City or town, state or province, country, and ZIP or foreign postal code   SANTYA NAN, CA 9 2702   City or town, state or province, country, and ZIP or foreign postal code   SANTYA NAN, CA 9 2702   City or town, state or province, country, and ZIP or foreign postal code   SANTYA NAN, CA 9 2702   City or town, state or province, country, and ZIP or foreign postal code   SANTYA NAN, CA 9 2702   City or town, state or province, country, and ZIP or foreign postal code   SANTYA NAN, CA 9 2702   City or town, state or province, country, and ZIP or foreign postal code   SANTYA NAN, CA 9 2702   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, state   City or town, state or province, country, state   City or town, state   City	В	Check if applicable	C Name of organization			D Employer identifi	cation number
Number and stroet or IP.0. box If mail is not delivered to street address)   Room/sullo   T.14 - 953 - 8575							
P.O. BOX 1790   714 - 953 - 8575   1680986.   Green-receipts \$ 1680986.   Green-receipts \$ 1680986.   Green-receipts \$ 1680986.   Green-receipts \$ 3 16809		chang	Doing business as			23-72734	88
City or town, state or province, country, and 2IP or foreign postal code   SANTA ANA, CA 92702   H(a) to this a group return for subcordinates?   Yes   X No H(b) Are at subcontaines included   H(a) to this a group return for subcordinates?   Yes   X No H(b) Are at subcontaines included   H(c) Are at of formation:   1972   M State of legal domicile; CA		Initial return	Number and street (or P.O. box if mail is not delivered to stre	eet address)	Room/suite	E Telephone numbe	er
City or town, state or province, country, and 2/P or foreign postal code   G. dimens.crepts   1680986.		Final return/	P.O. BOX 1790			714-953-	8575
SANTA ANA, CA 92702		termin		ign postal code	•	G Gross receipts \$	1680986.
September   Parme and address of principal officer MARTY TRUJILLO   Holp persons   Parme and address of principal officer MARTY TRUJILLO   Holp persons   Parme and address of principal officer MARTY TRUJILLO   Holp persons   Parme and address of principal officer   Part		Ameno return				H(a) Is this a group r	eturn
SAME AS C ABOVE   Tax exempt status		Applic	F Name and address of principal officer:MARTY TRU	JJILLO		_	
Tax-exempt status:		pendir					
Website: WWW.CONCERNAMERICA.ORG   High Group exemption number   K form of organization: X Corporation   Irust   Association   Other   L Year of formation: 1972   M State of legal domicile: CA   Part     Summary	$\overline{\mathbf{I}}$	Tax-exe	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert n	10.) 4947(a)(1)	or 527	1	
Form of organization:   X  Corporation   Inst   Association   Other   L Year of formation: 1972   M State of legal domicile: CA			THE CONCEDUDING OF CO.	,		<b>1</b>	
Briefly describe the organization's mission or most significant activities: LONG-TERM COMMUNITY-BASED				Other	L Year		
Briefly describe the organization's mission or most significant activities: LONG-TERM COMMUNITY-BASED DEVELOPMENT IN LATTIN AMERICA.					1		··
DEVELOPMENT IN LATIN AMERICA.   2 Check this box				activities: LONG	-TERM	COMMUNITY-B	ASED
Solution	ည	'	DEVELOPMENT IN LATIN AMERICA.				
Solution	na L	1		onerations or disno	sed of more	than 25% of its net a	esets
Solution	Ver	-					J 9
Solution	ဠ			,			
B Net unrelated business taxable income from Form 990-T, Part I, line 11   To   O .	∞ ∞						I .
Solution	Ę						I .
B Net unrelated business taxable income from Form 990-T, Part I, line 11   To   O .	≨						
8   Contributions and grants (Part VIII, line 1h)   1182164 . 1573884 .   1182164 . 1573884 .   0 .   0 .   30000 .   0 .	Ą						
8   Contributions and grants (Part VIII, line 1h)   1182164   1573884.     9   Program service revenue (Part VIII, line 2g)   0   30000     10   Investment income (Part VIII, loolumn (A), lines 3, 4, and 7d)   548   4456.     11   Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   27049   31248     12   Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12)   1209761   1639588     13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   0   0   0     14   Benefits paid to or for members (Part IX, column (A), lines 1-3)   0   0   0     15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   565095   595240     16   Professional fundraising eyenese (Part IX, column (A), line 11e)   0   0   0     15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   565095   595240     16   Professional fundraising eyenese (Part IX, column (A), line 11e)   0   0   0     17   Other expenses (Part IX, column (A), line 11e)   0   0   0     18   Total expenses (Part IX, column (A), line 11e)   0   0   0     19   Revenue less expenses. Subtract line 18 from line 25   117226   12666   602949     20   Total assets (Part X, line 16)   123400   441399     20   Total assets (Part X, line 26)   123400   441399     20   Total assets (Part X, line 26)   55466   52330     21   Total liabilities (Part X, line 26)   552199   996198     22   Vet assets or fund balances. Subtract line 21 from line 20   552199   996198     22   Vet assets or fund balances. Subtract line 21 from line 20   552199   996198     23   Part II   Signature of officer   50466   52330     3   Signature of officer   50466   52330     3   Signature of officer   50466   52330     3   Signature of officer   50466   52330     4   Signature of officer   50466   52330     5   Signature of officer   50466   50460		l p	Net unrelated business taxable income from Form 990-1, Part	1, line 11	·····		
Program service revenue (Part VIII, line 2g)	Revenue		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
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1							
12   Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   1209761   1639588     13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   0							
13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   0 .							
14   Benefits paid to or for members (Part IX, column (A), line 4)   0 . 0 . 0 . 0 . 15     15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   565095 . 595240 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .			• , , ,				
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   565095.   595240.							-
16a Professional fundraising fees (Part IX, column (A), line 11e)   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						-	-
Total expenses (Part IX, column (A), lines 11a-11d, T17-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 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  Print/Type preparer's name  RUBY PRADHAN  Preparer  Firm's name KSP CONSULTING  Firm's name KSP CONSULTING  Firm's name KSP CONSULTING  Firm's address PO BOX 31194  ANAHEIM, CA 92809  Phone no.424-200-7878	es	15	Salaries, other compensation, employee benefits (Part IX, colu	umn (A), lines 5-10)			
Total expenses (Part IX, column (A), lines 11a-11d, T17-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 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  Print/Type preparer's name  RUBY PRADHAN  Preparer  Firm's name KSP CONSULTING  Firm's name KSP CONSULTING  Firm's name KSP CONSULTING  Firm's address PO BOX 31194  ANAHEIM, CA 92809  Phone no.424-200-7878	eus	16a	Professional fundraising fees (Part IX, column (A), line 11e) $_{\dots}$			0.	0.
Total expenses (Part IX, column (A), lines 11a-11d, T17-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 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  Print/Type preparer's name  RUBY PRADHAN  Preparer  Firm's name KSP CONSULTING  Firm's name KSP CONSULTING  Firm's name KSP CONSULTING  Firm's address PO BOX 31194  ANAHEIM, CA 92809  Phone no.424-200-7878	ă	b	Total fundraising expenses (Part IX, column (D), line 25)	1172	26.		
19   Revenue less expenses. Subtract line 18 from line 12   123400. 441399.	ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .				
Beginning of Current Year   End of Year		18	Total expenses. Add lines 13-17 (must equal Part IX, column (	(A), line 25)			
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  JOHN STRAW, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name RUBY PRADHAN Preparer Firm's name KSP CONSULTING Firm's name KSP CONSULTING Firm's address PO BOX 31194 ANAHEIM, CA 92809 Phone no. 424-200-7878		19	Revenue less expenses. Subtract line 18 from line 12				
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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  JOHN STRAW, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name RUBY PRADHAN Preparer Firm's name KSP CONSULTING Firm's name KSP CONSULTING Firm's address PO BOX 31194 ANAHEIM, CA 92809 Phone no. 424-200-7878	t As	21	Total liabilities (Part X, line 26)				
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  JOHN STRAW, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name RUBY PRADHAN Preparer Firm's name KSP CONSULTING Firm's address PO BOX 31194 ANAHEIM, CA 92809 Phone no. 424-200-7878						552199.	996198.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here JOHN STRAW, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name RUBY PRADHAN Preparer Firm's name KSP CONSULTING Firm's address PO BOX 31194 ANAHEIM, CA 92809 Phone no. 424-200-7878							
Sign Here   Signature of officer   Date							ly knowledge and belief, it is
Here  JOHN STRAW, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name RUBY PRADHAN  Preparer  Firm's name KSP CONSULTING Firm's address PO BOX 31194 ANAHEIM, CA 92809  Preparer  ANAHEIM, CA 92809  Preparer  JOHN STRAW, EXECUTIVE DIRECTOR  Preparer  Check PTIN  PO1998968  PO1998968  Firm's EIN 87-4196141  Phone no. 424-200-7878	true	e, correc	t, and complete. Declaration of preparer (other than officer) is based o	on all information of w	hich preparer	has any knowledge.	
Here  JOHN STRAW, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name RUBY PRADHAN  Preparer  Firm's name KSP CONSULTING Firm's address PO BOX 31194 ANAHEIM, CA 92809  Preparer  ANAHEIM, CA 92809  Preparer  JOHN STRAW, EXECUTIVE DIRECTOR  Preparer's signature  Preparer's signature  Date  Check PTIN PO1998968  PO1998968  Prim's EIN 87-4196141  Phone no. 424-200-7878							
Type or print name and title  Print/Type preparer's name  RUBY PRADHAN  Preparer  Firm's name KSP CONSULTING  Firm's address PO BOX 31194  ANAHEIM, CA 92809  Preparer  ANAHEIM, CA 92809  Preparer's signature  Preparer's signature  Date  Check PTIN  Firm's EIN 87-4196141  Phone no. 424-200-7878	Sig	ın				Date	
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Paid         RUBY PRADHAN         Firm's name         KSP CONSULTING         P01998968           Preparer Use Only         Firm's address         PO BOX 31194         Phone no. 424-200-7878			Type or print name and title				
Paid   RUBY   PRADHAN			Print/Type preparer's name Preparer's	signature		Ollook L	<del></del>
Preparer         Firm's name         KSP CONSULTING         Firm's EIN 87-4196141           Use Only         Firm's address         PO BOX 31194         Phone no. 424-200-7878	Pai	d					
Use Only   Firm's address   PO   BOX   31194	Pre	parer	Firm's name KSP CONSULTING		<u> </u>		
ANAHEIM, CA 92809 Phone no. 424 - 200 - 7878	Use	Only					
		-				Phone no. 42	4-200-7878
	Ma	y the IF	-	structions			

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  CONCERN AMERICA IS A GLOBALLY FOCUSED COMMUNITY ORGANIZATION THAT
	PROVIDES LONG-TERM, COMMUNITY-BASED DEVELOPMENT AND SUPPORT TO
	ECONOMICALLY IMPROVERISHED COMMUNITIES THROUGHOUT THE WORLD.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 \$ 711695 • including grants of \$ ) (Revenue \$ 30000 • )
ти	FIELD PROGRAM: CONCERN AMERICA TRAINS LOCAL POPULATIONS IN HEALTH,
	EDUCATION, ENVIRONMENTAL HEALTH (APPROPRIATE TECHNOLOGY) AND INCOME
	GENERATION. THE EMPHASIS IS ON THE TRANSFERENCE OF SKILLS TO THE LOCAL
	PEOPLE AND THUS THE CREATION OF OPPORTUNITY - SEEN AS MORE OF A
	PERMANENT SOLUTION RATHER THAN JUST THE PLACEMENT OF RESOURCES INTO
	IMPOVERISHED REGIONS. CONCERN AMERICA'S FIELD PERSONNEL LIVE IN THE
	COMMUNITIES WHERE THEY WORK, SERVING FOR AT LEAST TWO YEARS FOR A
	MINIMAL STIPEND. THE COUNTRIES IN WHICH CONCERN AMERICA CURRENTLY WORKS
	ARE MEXICO, GUATEMALA AND COLOMBIA.
	<del></del>
4b	(Code: ) (Expenses \$ 107655. including grants of \$ ) (Revenue \$ 40486.)
	CRAFT PROGRAM: IN THE UNITED STATES, CONCERN AMERICA SELLS CRAFTS MADE
	IN COOPERATIVES WHERE THE ORGANIZATION WORKS IN ITS FIELD PROGRAM.
	THESE PRODUCTS ARE MARKETED USING THE VALUES OF FAIR TRADE. THE CRAFT
	PROGRAM SERVES SEVERAL FUNCTIONS. IT PROVIDES DIRECT ASSISTANCE TO
	FAMILIES IN SUCH WAYS AS DEPENDABLE MARKETS AND FAIR PRICES WHICH
	REINFORCE SELF RELIANCE AND INITIATIVE. SINCE MANY PRODUCERS HAVE
	DIFFICULTY OBTAINING EMPLOYMENT, HANDCRAFT PRODUCTION CAN BE DONE AT
	HOME, ALLOWING MOTHERS TO EARN A LIVING WHILE CARING FOR THEIR
	CHILDREN. IN ADDITION IF ARTISANS CAN EARN A DECENT LIVING FROM
	HANDCRAFT PRODUCTION, TRADITIONAL ARTFORMS ARE HONORED AND PRESERVED.
	<u> </u>
4c	(Code: ) (Expenses \$ 74762 • including grants of \$ ) (Revenue \$ )
	EDUCATION PROGRAM: IN THE UNITED STATES, CONCERN AMERICA'S EDUCATION
	PROGRAM INFUSES A GLOBAL PERSPECTIVE INTO JUSTICE EDUCATION WITH
	INDIVIDUALS, COMMUNITY GROUPS, LOCAL CHURCHES AND SCHOOLS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 894112.
	Form <b>990</b> (2022)

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## 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<b>.</b>
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		Α_
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		22
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	D 11/1	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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	110		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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		7.7	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<b> </b> ₩
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		X
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
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? If "Yes," complete Schedule G, Part I. See instructions	17		X
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		_ <u> </u>
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
19	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

232003 12-13-22

## Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			<u>Ш</u>
	_		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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Form **990** (2022)

2115\_\_\_1

## 022) CONCERN AMERICA Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a 11						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х				
За	· · · · · · · · · · · · · · · · · · ·		3a		Х			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other							
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X			
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	` ,			37			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				v			
	any contributions that were not tax deductible as charitable contributions?		6a		X			
D	If "Yes," did the organization include with every solicitation an express statement that such contribut	-	C.L					
-	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).	wices provided to the payor?	70	х				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b	X				
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		76	-25				
С	to file Form 8282?	•	7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year		70					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		X			
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g					
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		7h					
			8					
9 Sponsoring organizations maintaining donor advised funds.								
a Did the sponsoring organization make any taxable distributions under section 4966?								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l I	12a					
	,	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40					
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
<b>h</b>	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the	13b						
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand	13c						
с 14а		l .	14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		. 15					
.5	excess parachute payment(s) during the year?		15		х			
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Yes," complete Form 6069.							
_								

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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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X			
Sec	tion A. Governing Body and Management							
		1 1		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u>9</u>					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	9					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other						
	officer, director, trustee, or key employee?		2		X			
3	Did the organization delegate control over management duties customarily performed by or under the							
	of officers, directors, trustees, or key employees to a management company or other person?		3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form		4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's as		5		Х			
6	Did the organization have members or stockholders?		6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a							
	more members of the governing body?		7a		х			
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,							
-	persons other than the governing body?	·	7b		х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		7.5					
а	The governing body?		8a	х				
_			8b	X				
b			80	-25				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re		9		X			
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule Otion B. Policies (This Section B requests information about policies not required by the Internal F		9		22			
366	tion B. Folicies (mis Section B requests information about policies not required by the internal P	nevenue Code.)		Vaa	No			
100	Did the expenientian have level shorters broughes as affiliates?		10a	Yes	No X			
	Did the organization have local chapters, branches, or affiliates?		iua		1 23			
D	If "Yes," did the organization have written policies and procedures governing the activities of such or and began as a second transfer of the procedure of the		406					
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	Х				
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	before filing the form?	11a	Λ				
	<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b	Λ				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "		1	v				
	on Schedule O how this was done		12c	X				
13	Did the organization have a written whistleblower policy?		13	X				
14	Did the organization have a written document retention and destruction policy?		14	Λ				
15	Did the process for determining compensation of the following persons include a review and approve							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			77				
	The organization's CEO, Executive Director, or top management official		15a	X				
b	Other officers or key employees of the organization		15b	X				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange							
	taxable entity during the year?		16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's						
_	exempt status with respect to such arrangements?		16b					
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed CA							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (section 501(c)(	3)s only	) avail	able			
	for public inspection. Indicate how you made these available. Check all that apply.							
		n on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest policy, a	and finai	ncial				
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and records						
	JOHN STRAW - 714-953-8575							
	2015 N BROADWAY, SANTA ANA, CA 92706							

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

Check if Schedule O contains a response or note to any line 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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. See the instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average	(C) Position (do not check more than one box, unless person is both an				l than	one	(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per week (list any hours for related	or director	cer an		irecto	or/trus	tee)	compensation from the organization (W-2/1099-MISC/	compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	amount of other compensation from the organization
	organizations below line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)	1000 NEO	and related organizations
(1) JOHN STRAW	50.00			x				96604.	0.	7020.
(2) BEN DE LOS REYES UNTIL 10/1	4.00			^				30004.	0.	7020.
CHAIR	4.00	х		x				0.	0.	0.
(3) MARTY TRUJILLO CHAIR FROM 10/1	4.00									
CHAIR		х		х				0.	0.	0.
(4) DEBBIE SALAS	4.00									
TREASURER		Х		Х				0.	0.	0.
(5) STACEY CLINESMITH VICECHAIR FRO	4.00									
VICE CHAIR	4 00	Х		Х				0.	0.	0.
(6) AMY GLENANE FROM 10/1/22	4.00	,,		,,				_	0	
SECRETARY	4.00	Х		Х				0.	0.	0.
(7) BETH MCPHERSON UNTIL 10/1 DIRECTOR	4.00	Х						0.	0.	0.
(8) MICHAEL GILBERT UNTIL 10/1	2.00							0.	0.	<u> </u>
DIRECTOR		x						0.	0.	0.
(9) SISTER HERLINDA RAMIREZ-MACHADO	2.00									-
DIRECTOR		х						0.	0.	0.
(10) ANNE FORD	2.00									
DIRECTOR		Х						0.	0.	0.
(11) PAUL WILLIAMS	2.00									
DIRECTOR	0 00	Х						0.	0.	0.
(12) SANDRA WILLIAMS, CSJ	2.00	X						0.	0.	_
Contract Motion (13) Christy Motion (13) Christy Motion (13) From 9/25	2.00	^						0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
DIRECTOR								0.	0.	0.

Form 990		AMERICA								23-72	273	488	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson	than is bot or/trus	h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensatio from related		Est am	(F) imate ount o other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	ISC/ from the			e lon ed
	tal from continuation sheets to Part VI	I, Section A							96604.		0. 0.	7020. 0. 7020.		
2 Tot	tal (add lines 1b and 1c) ral number of individuals (including but n repensation from the organization								96604 • eceived more than \$100	),000 of reportabl	1		70.	<u> </u>
	the organization list any <b>former</b> officer,	director, trust	ee, k	кеу е	emp	loye	e, or	· hig	ghest compensated emp	oloyee on			Yes	No
<b>4</b> For	e 1a? If "Yes," complete Schedule J for some any individual listed on line 1a, is the subdirelated organizations greater than \$150	ım of reportab	le co	omp	ensa	atior	n and	d ot		the organization		3		X
<b>5</b> Did	a related organizations greater than \$100 any person listed on line 1a receive or a dered to the organization? If "Yes," com	accrue comper	nsat	ion f	rom	any	unr/	elat	ed organization or indiv	idual for services		5		X
	B. Independent Contractors									ф100 000 г				
	mplete this table for your five highest coorganization. Report compensation for	•	•						n the organization's tax	•	ipens			
	(A) Name and business	address	NC	ONI	3				(B) Description of s	ervices	С	( <b>C</b> ) ompen		<u> </u>
	al number of independent contractors (in 00,000 of compensation from the organized	•	ot lii	mite	d to		se lis	stec	d above) who received n	nore than		Form <b>9</b>	<b>90</b> (3	2022)

. u		Check if Schedule O contains a respons	se or note to any lin	e in this Part VIII			
		Oncok ii Gonedale o contains a respons	is of flote to any inf	(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f  Total. Add lines 1a-1f	185053. 1388831. 24491.	1573884.			
-			Business Code				
e S	2 a	FIELD TRIPS	900099	30000.	30000.		
ne Z	b						
m S	C		-				
Program Service Revenue	d		-				
Pro	e f	All other program service revenue	-				
		Total. Add lines 2a-2f		30000.			
	3	Investment income (including dividends, intended other similar amounts)	erest, and	4456.			4456.
	4 5	Income from investment of tax-exempt bonc Royalties	· -	132.			132.
	Ū	(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
ø	b	Less: cost or other basis					
eun	_	and sales expenses 7b Gain or (loss) 7c					
3ev		Gain or (loss) <b>7c</b> Net gain or (loss)					
her Revenue		Gross income from fundraising events (not					
Đ.		including \$ 185053. of contributions reported on line 1c). See	a 7610.				
	b		16980.				
		Net income or (loss) from fundraising events		-9370.			-9370.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
			b				
		Net income or (loss) from gaming activities Gross sales of inventory, less returns					
	10 a	-	0a 64904.				
	b		ob 24418.				
		Net income or (loss) from sales of inventory		40486.	40486.		
S		-	Business Code				
Miscellaneous Revenue	11 a						
llan /ent	b	·	-				
sce Rev	C		-				
Ξ		All other revenue					
	<u>е</u> 12	Total. Add lines 11a-11d  Total revenue. See instructions		1639588.	70486.	0.	-4782.

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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 respon-				
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.	· ·	ĕxpenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	114255.	28564.	45702.	39989
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	390124.	314066.	33070.	42988
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	57433.	40849.	12315.	4269
10	Payroll taxes	33428.	19904.	6565.	6959
11	Fees for services (nonemployees):				
а					
b					
С		24150.		24150.	
d					
е					
f	Investment management fees				
g	- : //r//				
	column (A), amount, list line 11g expenses on Sch 0.)	14302.		14302.	
12	Advertising and promotion				
13	Office expenses	34991.	20835.	6872.	7284
14	Information technology	253.	150.	50.	53
15	Royalties				
16	Occupancy	50232.	29910.	9865.	10457
17	Travel	3073.	1830.	603.	640
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	737.	439.	145.	153
20	Interest				
21	Payments to affiliates	2422	222		
22	Depreciation, depletion, and amortization	2403.	2007.	192.	204
23	Insurance	13473.		13473.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	TITLD DOODAN EVDENCE	425770.	425770.		
b	BANK AND MERCHANT FEES	15299.		15299.	
С	POSTAGE	5642.	3444.	1067.	1131
d	TELEPHONE EXPENSE	5608.	3340.	1101.	1167
е	All other expenses	7016.	3004.	2080.	1932
25	Total functional expenses. Add lines 1 through 24e	1198189.	894112.	186851.	117226
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)				

Par	ιΛ	Charle if Cahadula Countains a response our		u line in this Dest V			
		Check if Schedule O contains a response or r	ote to an	y line in this Part X	(A) Beginning of year		
	1	Cash - non-interest-bearing			561435.	1	373354.
	2	Savings and temporary cash investments				2	100006.
	3	Pledges and grants receivable, net				3	869.
	4	Accounts receivable, net				4	500000.
	5	Loans and other receivables from any current				7	30000
	3	trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqu					
	Ū	under section 4958(f)(1)), and persons describ		6			
ا ي	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		24507.	8	16110.	
As	9	Prepaid expenses and deferred charges		12042.	9	14811.	
		Land, buildings, and equipment: cost or other					
	104	basis. Complete Part VI of Schedule D		65601.			
	h	Less: accumulated depreciation		38526.	0.	10c	27075.
	11	Investments - publicly traded securities	1655.	11	9255.		
	12	Investments - other securities. See Part IV, lin			12	7_00	
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets	_	7576.	14	6598.	
	15	Other assets. See Part IV, line 11		450.	15	450.	
	16	Total assets. Add lines 1 through 15 (must ea			607665.	16	1048528.
$\neg$	17	Accounts payable and accrued expenses			38366.	17	28930.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
ဖွ	22	Loans and other payables to any current or for		• • • • • • • • • • • • • • • • • • • •			
Liabilities		trustee, key employee, creator or founder, sul					
apil		controlled entity or family member of any of the				22	
<u>ا</u> ڌ	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,		_			
		parties, and other liabilities not included on lir					
		of Schedule D	,		17100.	25	23400.
	26	Total liabilities. Add lines 17 through 25			55466.	26	52330.
		Organizations that follow FASB ASC 958, c		77			
Se		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			542957.	27	938757.
Ba	28	Net assets with donor restrictions			9242.	28	57441.
Pur		Organizations that do not follow FASB ASC					
Ę		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund			29		
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net	32	Total net assets or fund balances		552199.	32	996198.	
	33	Total liabilities and net assets/fund balances			607665.	33	1048528.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		395				
2	Total expenses (must equal Part IX, column (A), line 25)	2		981				
3	Revenue less expenses. Subtract line 2 from line 1	3		413 521				
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4							
5	5 Net unrealized gains (losses) on investments 5							
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 on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	9	961	98.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

## **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Open to Public

Inspection

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

CONCERN AMERICA

Employer identification number 23-7273488

_		5 1 5 1 11 1	DIGIT THILDICE O					3 7273100	
Pa	rt I	Reason for Public	Charity Status.	(All organizations must o	omplete ti	nis part.) S	See instructions.		
The	organ	ization is not a private found	lation because it is: (	(For lines 1 through 12, o	heck only	one box.)			
1	Ш	A church, convention of ch	urches, or association	on of churches described	d in <b>sectio</b>	n 170(b)(	1)(A)(i).		
2		A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:							
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a q	overnmental unit describ	ped in	
		section 170(b)(1)(A)(iv). (C		•	•	, ,			
6		A federal, state, or local go		mental unit described in	section 17	70(b)(1)(A)	(v).		
_	X	An organization that norma						nublic described in	
•		section 170(b)(1)(A)(vi). (C		artial part of its support	rom a gov	orranio raca	arm or normano goriorar	pasio accorisca in	
8		A community trust describe		(1)(A)(vi) (Complete Par	+ II \				
9	Ħ	An agricultural research org				ed in conju	inction with a land-grant	college	
3		or university or a non-land-				-	-	-	
			grant college or agric	ulture (see iristructions).	Linter tine	marne, cit	y, and state of the colleg	le oi	
10		university:	Illy receives (1) mare	than 22 1/20/ of its own	nort from	oontributie	no momborobio foco o	ad areas resoints from	
10		An organization that norma							
		activities related to its exen		•				-	
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	lired by the organization	after June 30, 1975.	
		See <b>section 509(a)(2).</b> (Co	• •						
11	H	An organization organized	-	•	•				
12	ш	An organization organized	=	•	=		· · · · · · · · · · · · · · · · · · ·		
		more publicly supported or	-					Check the box on	
		lines 12a through 12d that	* *			•	•		
а			· · · · · · · · · · · · · · · · · · ·	•	•				
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting	
		organization. You must o							
b			anization supervised	d or controlled in connec	tion with it	s support	ed organization(s), by ha	iving	
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported	
	_	organization(s). You mus	t complete Part IV,	Sections A and C.					
С			egrated. A supportin	g organization operated	in connec	tion with,	and functionally integrat	ed with,	
		its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d			y integrated. A supp	orting organization oper	ated in co	nnection v	with its supported organi	zation(s)	
		that is not functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness	
		requirement (see instruct	ions). <b>You must cor</b>	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III		
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.			
f	Ente	er the number of supported o	organizations						
g	Prov	vide the following information	n about the supporte	ed organization(s).				•	
	(	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
Tota	al						l		

## 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	859201.	926460.	1116057.	1182164.	1573884.	5657766.
2	Tax revenues levied for the organ-						_
	ization'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	859201.	926460.	1116057.	1182164.	1573884.	5657766.
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)						594813.
6	Public support. Subtract line 5 from line 4.						5062953.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total 5657766.
7	Amounts from line 4	859201.	926460.	1116057.	1182164.	1573884.	5657766.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	685.	828.	452.	713.	4588.	7266.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			2837.			2837.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	342.	1305.	20.			1667.
11	<b>Total support.</b> Add lines 7 through 10						5669536.
12	Gross receipts from related activities,					12	324715.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stor						<u></u>
	ction C. Computation of Publ					г т	00 20
14	Public support percentage for 2022 (					14	89.30 %
15	Public support percentage from 2021					15	94.23 %
16a	33 1/3% support test - 2022. If the o	•		•		•	
_	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2021. If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the fact		ŕ	•	•	VI how the organiz	ation
	meets the facts-and-circumstances to	-			-		
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s

Schedule A (Form 990) 2022

## Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support	elow, please con	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	,			, ,		,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
	are not an unrelated trade or bus-						
4	Tax revenues levied for the organ-					+	
4	•						
	ization'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						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ľ	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						i
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						
	Net income from unrelated business						
	activities not included on 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						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's '	I first second third	fourth or fifth tax	vear as a section	501(c)(3) organizat	ion
•	check this box and stop here	· ·		ŕ	•		.5.1,
Sec	ction C. Computation of Publ						
	Public support percentage for 2022 (			column (f))		15	9,
	Public support percentage from 2021					16	9
	ction D. Computation of Inves					1101	
	Investment income percentage for 20					17	9
	Investment income percentage from 2					18	9
	33 1/3% support tests - 2022. If the						
198							I / IS HOL
	more than 33 1/3%, check this box a						L
b	33 1/3% support tests - 2021. If the	•			•	•	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	a box on line 14, 19	a. or 19b. check t	his box and see i	nstructions	

## Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	0		
	9a		
	9b		
	9c		
	23		
	10a		
lula	10b	n 000	

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	dule A (Form 990) 2022 CONCERN AMERICA			23-72/3400 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ing trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complet	e Sections A through E.	
Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022

emergency temporary reduction (see instructions).

instructions).

Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continue	ed)	· · · · · · · · · · · · · · · · · · ·
	ion D - Distributions		<u> </u>	, <u>u</u> ,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	5	(iii) Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

232028 12-09-22 Schedule A (Form 990) 2022

## Schedule B

## Schedule of Contributors

OMB No. 1545-0047 Attach to Form 990 or Form 990-PF.

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for the latest information.

Schedule B (Form 990) (2022)

Employer identification number

CONCERN AMERICA 23-7273488 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$\_\_\_\_\_\_\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization Employer identification number

CONCERN AMERICA 23-7273488

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	rume, address, and En 1 1	\$\$33114.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **3** 

Name of organization

Employer identification number

## CONCERN AMERICA

23-7273488

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization **Employer identification number** CONCERN AMERICA 23-7273488 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

CONCERN AMERICA

Employer identification number 23-7273488

Par			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4) 2 51161 4411054 141145	(2) - 2.1.20 2.1.2 2.1.0.
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	L	sed funds
•	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	f a 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 quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing concerve	ation agreements during the year
′	Amount of expenses incurred in monitoring, inspecting, hand	diling of violations, and emorcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	0(b)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservat		
•	balance sheet, and include, if applicable, the text of the foot		
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furth	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$ <u></u>
			•
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2022

Pai	rt III Organizations Maintaining C	collections of A	rt, Historical	Treasures, o	r Other S	Similar Ass	sets(contii	nued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of t	he following that	make sign	ificant use of	ts	
	collection items (check all that apply):							
а	Public exhibition	d	I 🔲 Loan or e	xchange prograr	n			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they furthe	r the organization	n's exemp	t purpose in P	art XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, historical ti	easures, or other	r similar as	sets		
	to be sold to raise funds rather than to be ma	aintained as part of t	the organization's	collection?			Yes	☐ No
Pai	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organiza	tion answered "\	es" on Fo	rm 990, Part I	V, line 9, o	r
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for contribut	ions or other ass	ets not inc	luded		
	on Form 990, Part X?					[	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII							
							Amoun	t
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo					?	Yes	□ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanation has be	en provided on F	Part XIII			
Pai	rt V Endowment Funds. Complete it	f the organization ar	nswered "Yes" on	Form 990, Part I	V, line 10.			
		(a) Current year	(b) Prior year	(c) Two years	back (d)	Three years bad	k <b>(e)</b> Four	r years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	011 121 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
	and programs							
f	Administrative expenses							
g								
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1g, columi	n (a)) held as:				
а	Board designated or quasi-endowment		%	( //				
b	Permanent endowment	%						
С	Term endowment	<del></del> %						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse		ation that are held	d and administer	ed for the			
	organization by:	-						Yes No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organiza							
4	Describe in Part XIII the intended uses of the							•
Pai	rt VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV, line 11a	a. See Form 990,	Part X, line	e 10.		
	Description of property	(a) Cost or o	other (b) Co	ost or other	(c) Accu	mulated	(d) Boo	k value
		basis (investr	ment) bas	is (other)	depre	ciation		
1a	Land							
b								
С	Leasehold improvements							
d				22111.		22111.		0
_ е	Other			43490.		16415.		27075
	II. Add lines 1a through 1e. (Column (d) must e		X, column (B), lin	e 10c.)				27075

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.  Complete if the organization answered "Yes" of	n Form 990, Part IV, line	e 11b. 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	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.	
	escription		(b) Book value
(1)			(-,
(2)			
(3)			
(4)			
(5) (6)			
(7)			
. ,			
(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" o	n Form 990 Part IV line	a 11e or 11f See Form 990 Part Y line 25	
(a) Description of Babilla.	TIT OITH 990, Part IV, IIIIe	FITE OF THE See FORM 990, FAIL A, line 23	(b) Book value
. , , , , , , , , , , , , , , , , , , ,			(b) Dook value
(1) Federal income taxes (2) VOLUNTEER RETIREMENT FUND	D א ע א ס ד בי		23400
(-)	FAIADUE		23400
(3)			
(4)			
(E)			
(5)			
(6)			
(6) (7)			
(6) (7) (8)			
(6) (7)			23400

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2022

20110	Judio D	(1 em 600) 2022				- · · - · · · ugo ·
Pa	rt XI	Reconciliation of Revenue per Audited Financial Sta	eturn.			
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total r	evenue, gains, and other support per audited financial statements			1	2371408.
2		nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	realized gains (losses) on investments	2a	2600.		
b	Donate	ed services and use of facilities	2b	729220.		
С		eries of prior year grants				
d		(Describe in Part XIII.)				
е	Add lir	nes <b>2a</b> through <b>2d</b>			2e	731820.
3	Subtra	act line 2e from line 1			3	1639588.
4	Amour	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes <b>4a</b> and <b>4b</b>			4c	0.
5	Total r	evenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	1639588.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Sta	atements With	Expenses per	Return	<b>).</b>
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total e	expenses and losses per audited financial statements			1	1927409.
2	Amour	nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donate	ed services and use of facilities	2a	729220.		
b	Prior y	ear adjustments	2b			
С	Other	losses	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add lir	nes <b>2a</b> through <b>2d</b>			2e	729220.
3	Subtra	act line <b>2e</b> from line <b>1</b>			3	1198189.
4		nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			_
С	Add lir	nes <b>4a</b> and <b>4b</b>			4c	0.
_	Total	exponence Add lines 2 and 4c. (This must equal Form 990, Part I, line 19	2.)		5	1198189

#### Part XIII Supplemental Information.

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:

THE ORGANIZATION HAS QUALIFIED FOR TAX-EXEMPT STATUS UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA REVENUE CODE SECTION 23701D. THE ORGANIZATION HAS ALSO BEEN CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS AN ENTITY THAT IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) AND QUALIFIES FOR DEDUCTIBLE CONTRIBUTIONS AS PROVIDED IN SECTION 170(C)(2). INCOME FOR CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNREALATED BUSINESS INCOME. NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS, HOWEVER, SINCE THERE IS NO UNREALTED BUSINESS ACTIVITY.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 CONCERN AMERICA	23-7273488 Page 5
Schedule D (Form 990) 2022 CONCERN AMERICA  Part XIII Supplemental Information (continued)	<u> </u>
- and a supplemental information (continues)	

#### SCHEDULE F (Form 990)

## **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

OMB No. 1545-0047
2022

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization **Employer identification number** CONCERN AMERICA 23-7273488 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (a) Region (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region COMMUNITY HEALTH PROJECTS, APPROPRIATE TECHNOLOGY PROJECTS. CENTRAL AMERICA AND THE CARIBBEAN 4 PROGRAM SERVICES INCOME-GENERATION 365612. COMMUNITY HEALTH PROJECTS, APPROPRIATE TECHNOLOGY PROJECTS. 266929. NORTH AMERICA 6 PROGRAM SERVICES INCOME-GENERATION COMMUNITY HEALTH PROJECTS, APPROPRIATE TECHNOLOGY PROJECTS SOUTH AMERICA PROGRAM SERVICES 1 58401. 3 a Subtotal 0 11 690942. **b** Total from continuation sheets to Part I ....... 0. c Totals (add lines 3a 690942. and 3b)

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2022

232071 10-17-22

CONCERN AMERICA 23-7273488 Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter  The provided a section 501(c)(3) equivalency letter for the organizations or entities for the organizations or entities for the organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter for the organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter for the organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter for the organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter for the organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter for the organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter for the organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter for the organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter for the organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter for the organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter for the organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter for the organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter for the organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter for the organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter for the organization by the IRS and the organization by the IRS and the organization by the IRS and t							

Schedule F (Form 990) 2022

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Page 4

Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No

Instructions for Form 5713; don't file with Form 990)

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Schedule F (Form 990) 2022

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Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 3, COLUMN (E):
REGION: CENTRAL AMERICA AND THE CARIBBEAN
(E) SPECIFIC TYPES OF SERVICES IN REGION: COMMUNITY HEALTH PROJECTS,
APPROPRIATE TECHNOLOGY PROJECTS, INCOME-GENERATION PROJECTS
REGION: NORTH AMERICA
(E) SPECIFIC TYPES OF SERVICES IN REGION: COMMUNITY HEALTH PROJECTS,
APPROPRIATE TECHNOLOGY PROJECTS, INCOME-GENERATION PROJECTS AND EDUCATION
PROJECTS

# SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

concern	AMERICA				23-7273	488
Part I Fundraising Activities required to complete this part	Complete if the organization answer	ered "\	'es" o	n Form 990, Part IV,	line 17. Form 990-Ez	I filers are not
Indicate whether the organization rais	sed funds through any of the following set of the solicitary of th	tion of tion of fundra I (inclu- profess	non-g gover aising ding o ional t	overnment grants rnment grants events  fficers, directors, tru fundraising services	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	I have c	Did raiser ustody itrol of utions?	(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						
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrik	oution	s or has been notifie	d it is exempt from re	egistration
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-	 EZ.	Schedule	e G (Form 990) 2022

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr	oss income on Form 990	)-EZ, lines 1 and 6b. List	events with gross receip	ts greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			3 II G     1   1   1   1   1   1   1   1   1	F. 7. 7. 7.	4	(add col. (a) through
			AUCTION	WALK	(4 a 4 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a	col. <b>(c)</b> )
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	77226.	104346.	11091.	192663.
	2	Less: Contributions	73976.	101486.	9591.	185053.
	3	Gross income (line 1 minus line 2)	3250.	2860.	1500.	7610.
	4	Cash prizes				
se	5	Noncash prizes				
xpens	6	Rent/facility costs	1355.			1355.
Direct Expenses	7	Food and beverages	2542.			2542.
	8	Entertainment				
	9	Other direct expenses		4275.	3689.	13083.
	10	Direct expense summary. Add lines 4 through				16980.
<b>D</b> -		Net income summary. Subtract line 10 from li	· · · · · · · · · · · · · · · · · · ·			-9370.
Pa	rt I	<b>Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than	
		\$13,000 0111 01111 990-LZ, liftle 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
Ж	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
a Is the organization licensed to conduct gaming activities in each of these states?						Yes No
b	If "	No," explain:				
40	<u> </u>					
		ere any of the organization's gaming licenses re		_	year?	Yes No
D	"	Yes," explain:				
	_					

232082 10-27-22

Schedule G (Form 990) 2022

Sch	nedule G (Form 990) 2022	CONCERN	AMERICA 23-	-7273	488	Page 3		
11	Does the organization conduct ga	aming activities w	ith nonmembers?		Yes	No		
			of a trust, or a member of a partnership or other entity formed					
	to administer charitable gaming?			🔲 '	Yes	O No		
13	Indicate the percentage of gaming	g activity conduc	ted in:					
á	The organization's facility			13a		%		
k	An outside facility			13b		%		
14	Enter the name and address of th	e person who pre	epares the organization's gaming/special events books and records:					
	Name							
	Address							
15a	a Does the organization have a con	tract with a third	party from whom the organization receives gaming revenue?		Yes	☐ No		
ŀ	If "Yes," enter the amount of gam	ina revenue rece	ived by the organization \$ and the amount					
	of gaming revenue retained by the		wed by the organization $\psi$ and the amount					
,	If "Yes," enter name and address							
	The root, office flame and address	or the time party	•					
	Name							
	Address							
16	Gaming manager information:							
	Name							
	Gaming manager compensation \$							
	Gaming manager compensation	Ψ						
	Description of services provided							
	досоприон от согносо рисивов							
	Director/officer	Employee	Independent contractor					
	Mandatory distributions:							
á		r state law to mak	e charitable distributions from the gaming proceeds to					
					Yes	└── No		
k		=	tate law to be distributed to other exempt organizations or spent in the	1				
Da	organization's own exempt activit		e the explanations required by Part I, line 2b, columns (iii) and (v); and	Dort III. liv	200 0 (	0h 10h		
Г			provide any additional information. See instructions.	Part III, III	ies 9, s	90, 100,		
	130, 130, 10, and 170, as	арріісаріе. Аізо	provide any additional information. See instructions.					

Schedule G (Form 990) CONCERN AMERICA	23-/2/3488 Page 4
Part IV   Supplemental Information (continued)	

## SCHEDULE O (Form 990)

Department of the Treasury

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 Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Internal Revenue Service

Name of the organization

CONCERN AMERICA

Employer identification number 23-7273488

FORM 990, PART VI, SECTION B, LINE 11B:

BEFORE THE ORGANIZATION'S FORM 990 IS FILED, IT IS REVIEWED AND APPROVED BY
THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS. IT IS THEN SENT TO ALL
OTHER DIRECTORS FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUAL REVIEWS ARE CONDUCTED TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION LEVELS ARE REVIEWED EVERY TWO YEARS BY THE FINANCE COMMITTEE

OF THE BOARD OF DIRECTORS, USING COMPARABILITY DATA (TO OTHER NONPROFIT

ORGANIZATIONS). THE COMMITTE THEN MAKES RECOMMENDATIONS TO THE FULL BOARD

OF DIRECTORS FOR FINAL APPROVAL.

FORM 990, PART VI, SECTION C, LINE 18:

THE FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC AT ALL TIMES VIA THE ORGANIZATION'S WEBSITE. THEY ARE ALSO AVAILABLE UPON REQUEST VIA MAIL, EMAIL, OR ONSITE VIEWING AT THE ORGANIZATION'S OFFICE IN SANTA ANA.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY WILL ALSO BE PROVIDED UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE ORGAINZATION DID NOT CHANGE ITS SELECTION OR OVERSIGHT PROCESS THIS

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

Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022 Page 2				
Name of the organization CONCERN AMERICA	Employer identification number 23-7273488			
YEAR.				