(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

				•		
►	File a	separate	application	tor	each re	turn.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре с	Name of exempt organization or other filer, see instructions.			Taxpayer identification number (TIN			
print	CONCERN WORLDWIDE (U.S.), INC.			13-3712030			
File by th due date filing you return. Se	for Number, street, and room or suite no. If a P.O. box, s 355 LEXINGTON AVENUE, 16TH	ee instruct					
instructio	NEW YORK, NY 10017						
Enter t	he Return Code for the return that this application is for (file	e a separa	e application for each return)	<u></u>		0 1	
Application Return Application				Return			
ls For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227			10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	90-T (trust other than above)	06	Form 8870			12	
Form 9	90-T (corporation) KRISTEN RADIA,	07					
 If the box 1 1 1 	request an automatic 6-month extension of time until he organization named above. The extension is for the org. \mathbf{X} calendar year 2021 or	Group Exe and atta NOVEM anization's , an	mption Number (GEN), 1 ch a list with the names and TINs of <u>IBER 15, 2022</u> , to file return for: d ending	f this is for all membe	r the whole group ers the extension npt organization re	is for.	
	f this application is for Forms 990-PF, 990-T, 4720, or 6069), enter the	tentative tax, less	20	¢	0.	
-	any nonrefundable credits. See instructions.	entor an	refundable credits and	<u>3a</u>	\$		
	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.			Зb	\$	0.	
-	Salance due. Subtract line 3b from line 3a. Include your pa						
I	ising EFTPS (Electronic Federal Tax Payment System). See	; e instructio	ns.	3c	\$	0.	
	n: If you are going to make an electronic funds withdrawal			153-TE and	d Form 8879-TE f	or payment	
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8868	(Rev. 1-2022)	

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Form	990

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2022

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.

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



<u>A</u>	or th	e 2021 calendar year, or tax year beginning and e	ending	-	
B a	Check if pplicab	e: C Name of organization		D Employer identific	cation number
	Addre				
	Name Chang				30
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	355 LEXINGTON AVENUE, 16TH FLOOR		(212) 55	
	termir ated			G Gross receipts \$	75,706,723.
	Amen	NEW TORK, NI 10017		H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: COLLEEN RELLI		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
-		empt status: 🚺 501(c)(3) 🗌 501(c) () ┥ (insert no.) 🗌 4947(a)(1) o	or 527	If "No," attach a	list. See instructions
		te: WWW.CONCERNUSA.ORG		H(c) Group exemption	
		f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 1993 N	State of legal domicile: NY
Pa	art I	Summary			
Ð	1	Briefly describe the organization's mission or most significant activities: HELPI			VE IN
Governance		EXTREME POVERTY ACHIEVE MAJOR IMPROVEMENT			
er në	2	Check this box 🕨 🛄 if the organization discontinued its operations or disposed	ed of more	I I	
No.	3				27
	4	Number of independent voting members of the governing body (Part VI, line 1b) $\ $.			27
Activities &	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		64	
iviti	6	Total number of volunteers (estimate if necessary)			35
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		52,922,425.	75,426,466.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Jev Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		16,663.	14,289.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,590.	-257,308.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		52,949,678.	75,183,447.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		45,484,964.	66,749,362.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	·····	4,860,078.	5,363,871.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		442,913.	481,427.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) 3,815,53		1 741 107	
ш	1 ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<u>1,741,187.</u> 52,529,142.	2,886,052.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			75,480,712.
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		420,536.	-297,265.
Net Assets or				ginning of Current Year	End of Year
Ssei	20	Total assets (Part X, line 16)		26,719,716.	$\frac{28,102,900}{17,217,274}$
et A	21	Total liabilities (Part X, line 26)		<u>15,636,925.</u>	17,317,374.
	art II	Net assets or fund balances. Subtract line 21 from line 20		11,082,791.	10,785,526.
_			and atotors	nto and to the best of mu	knowledge and halisf it is
		alties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and bellet, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ion preparer	nas any knowledge.	

	Lucie M. May							
Sign	Signature of officer			Date				
Here	COLLEEN KELLY, CHIEF EXECUTIVE OFFICER			September 23, 2022				
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	HARRISON PEREIRA			22 self-employed P00746867				
Preparer	Firm's name 🕨 TAIT, WELLER & B.	AKER LLP		Firm's EIN 23-1144520				
Use Only	Firm's address 50 SOUTH 16TH ST	REET, SUITE 2900						
	PHILADELPHIA, PA	19102		Phone no. 215 - 979 - 8800				
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form 990 (2021)				

	990 (2021) CONCERN WORLDWIDE (U.S.), INC. 13-3712030 Page rt III Statement of Program Service Accomplishments 13-3712030 Page
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: OUR MISSION IS TO HELP PEOPLE LIVING IN EXTREME POVERTY ACHIEVE MAJOR
	IMPROVEMENTS IN THEIR LIVES THAT LAST AND SPREAD WITHOUT ONGOING SUPPORT FROM CONCERN.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X N
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	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 \$69,614,577. including grants of \$66,749,362.) (Revenue \$
	CONCERN WORLDWIDE U.S. IS AN INDEPENDENT AFFILIATE OF CONCERN WORLDWIDE
	AND SUPPORTS CONCERN'S GLOBAL HUMANITARIAN AND DEVELOPMENT WORK BY
	RAISING FUNDS, PROVIDING TECHNICAL SUPPORT, MANAGING PROGRAMS, AND
	RAISING AWARENESS IN THE U.S. CONCERN HAS PARTNERED WITH THE POOREST
	AND MOST VULNERABLE PEOPLE AROUND THE WORLD TO DO WHATEVER IT TAKES TO
	HELP THEM BUILD BETTER LIVES AND FUTURES. WE WORK TO CREATE SUSTAINABLE
	CHANGE AND SOLVE PROBLEMS HOLISTICALLY SO THAT COMMUNITIES CAN
	ULTIMATELY THRIVE WITHOUT OUR ONGOING SUPPORT. WE DO THIS THROUGH
	PROGRAMMING THAT FOCUSES ON EMERGENCY RESPONSE, CLIMATE RESILIENCE, AND
	HEALTH AND NUTRITION. LIVELIHOODS, EDUCATION, AND WATER AND SANITATION
	ARE ALSO CORE COMPONENTS OF OUR WORK. WE DESIGN OUR PROGRAMS HAND IN
	HAND WITH COMMUNITIES - WITH AN EMPHASIS ON WOMEN AND CHILDREN - AND
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4d 4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 69,614,577.
4e	(Expenses \$ including grants of \$) (Revenue \$)

Earm	000	(2021)	
Form	990	(2021)	

Part IV Checklist of Required Schedules

CONCERN WORLDWIDE (U.S.), INC.

			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	Х	
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			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
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?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a	<u> </u>	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		х
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
Ч	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> 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			- 21
u		11d		х
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	Х	<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	X	
132003	12-09-21	Form	990	(2021)

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			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		
25a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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		X
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		X
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		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	
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		X
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			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0		
	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?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		v
00	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?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 24		162	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c	х	
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				· · - · /

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Form	990 (2021) CONCERN WORLDWIDE (U.S.), INC. 13-3712	030	P	age 5
Par				
			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 64			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).			
5a	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 transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: 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			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			v
		14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	- 10		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	47		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
120005	If "Yes," complete Form 6069. 12-09-21 6	Form	990	(2021)
132005				1 LUC II

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10040923	130213	JT00	000

2021.04021 CONCERN WORLDWIDE (U.S.), 3100.001

	tion A. Governing Body and Management					Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year	1a		27			
	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 O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		27			
-	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	<u> </u>	anv other				
	officer, director, trustee, or key employee?				2	Х	
	Did the organization delegate control over management duties customarily performed by or under the			ſ			
					3		x
	Did the organization make any significant changes to its governing documents since the prior Form 99			ſ	4		x
	Did the organization become aware during the year of a significant diversion of the organization's asse				5		x
	Did the organization have members or stockholders?				6		x
а	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto						
	and a the state of the second s				7b		x
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				1.0		
	The governing body?	-	-		8a	Х	
	Each committee with authority to act on behalf of the governing body?				8b	X	
~	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				00		
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		x
C	tion B. Policies (This Section B requests information about policies not required by the Internal Rev				0		
-	This section b requests information about policies not required by the internal new	<u>enue</u>				Yes	No
a	Did the organization have local chapters, branches, or affiliates?]	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha				100		
		•			10b		
2	Has the organization provided a complete copy of this Form 990 to all members of its governing body		e filing the f		11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	DCIO	e ming the r		114		
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $ f = \gamma$				120		
C		,			12c	х	
	on Schedule O how this was done Did the organization have a written whistleblower policy?			ſ	13	X	
	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?				14	X	
					14	- 23	
	Did the process for determining compensation of the following persons include a review and approval	by in	uependent				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				45.0	Х	
	The organization's CEO, Executive Director, or top management official				15a	X	
D	Other officers or key employees of the organization				15b	~	
_	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		:41				
а	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem				40-		X
	taxable entity during the year?				16a		
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 organi				101		
~	exempt status with respect to such arrangements?				16b		
<u> </u>	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright AL, AK, AZ, AR, CL	2 0		ਹ ਹਾ	<u> </u>	υт	тт
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	ia 990	- I (section a	01(0)(3)S	oniy) i	avallar	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain		,		£		
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nfiict c	or interest po	mcy, and	TINANO	lai	
	statements available to the public during the tax year.						
	State the name, address, and telephone number of the person who possesses the organization's boo	кs and	a records	P			
	KRISTEN RADIA, CFO - (212) 557-8000	1 7					
	355 LEXINGTON AVENUE, 16TH FLOOR, NEW YORK, NY 100	т/					
-	12-09-21 SEE SCHEDULE O FOR FULL LIST OF STATES				Form		

CONCERN WORLDWIDE (U.S.), INC.

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.

Form 990 (2021)

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Form 990 (2021) CONCERN WORLDWIDE (U.S.), INC.	13-3712030	Page 7								
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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one				ane	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is bo officer and a director/tru		s both	n an	compensation	compensation	amount of	
	week		cer an	id a d	recto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		voldu	t con /ee	_	1099-NEC)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) COLLEEN KELLY	60.00		_		-					
CEO		1		x				275,834.	0.	38,292.
(2) KRISTEN RADIA	60.00									
CFO				Х				190,962.	0.	30,399.
(3) KIRK PRICHARD	60.00									
VP OF PROGRAMS						X		170,000.	0.	39,551.
(4) KATHLEEN FELESINA	60.00									
DIRECTOR OF DEVELOPMENT, WEST COAST						X		144,200.	0.	34,773.
(5) VANESSA BRIGHT	60.00									
CONTROLLER						X		140,987.	0.	29,574.
(6) DARA BURKE	60.00									
VP OF INDIVIDUAL GIVING						X		141,100.	0.	28,840.
(7) ROBERT RUSBULDT	60.00									
VP OF MARKETING & BUSINESS OPERATION						X		141,750.	0.	27,670.
(8) JOANNA GERAGHTY	3.00									-
CHAIRPERSON OF THE BOARD		Х						0.	0.	0.
(9) JIM MCSHANE	3.00									-
VICE-CHAIRMAN OF THE BOARD		Х						0.	0.	0.
(10) JOAN CARROLL	3.00									-
TREASURER		Х						0.	0.	0.
(11) J. JEFFREY ASSAF	1.00									-
DIRECTOR		Х						0.	0.	0.
(12) MICHAEL CLUNE	1.00									-
DIRECTOR		Х						0.	0.	0.
(13) DOLORES CONNOLLY	1.00									-
DIRECTOR		Х						0.	0.	0.
(14) DENISE COX	1.00									-
DIRECTOR		Х						0.	0.	0.
(15) JUMANA CULLIGAN	1.00									•
DIRECTOR		Х						0.	0.	0.
(16) DONAL D'ARCY	1.00								-	_
DIRECTOR		Х					<u> </u>	0.	0.	0.
(17) SCOTT GUTTERSON	1.00								<u> </u>	•
DIRECTOR		Х						0.	0.	0.
132007 12-09-21										Form 990 (2021)

132007 12-09-21

Form 990 (2021)

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2021.04021 CONCERN WORLDWIDE (U.S.), 3100.001

CONCERN WORLE	WIDE (U.S	.)	, INC.
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Form 990 (2021) CONCERN W	ORLDWID)E	(U	• S	.)	,	IN	IC.	13-37	<u>/12(</u>)30	Page 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(C				(D)	(E)		e	F)
Name and title	Average			Posi	ition			Reportable	Reportable			nated
	hours per		not ch unles					compensation	compensatio	n l		unt of
	week		cer and					from	from related		ot	her
	(list any	ctor						the	organizations	s	compe	ensation
	hours for	r dire				ted		organization	(W-2/1099-MIS	C/	from	n the
	related	stee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		organ	ization
	organizations	al trus	nal tr		oyee	e e		1099-NEC)				elated
	below	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				organi	zations
	line)	lnd	Ins	Off	Key	em B	For					
(18) MICHAEL HOUSTON	1.00											-
DIRECTOR		Х						0.		0.		0.
(19) EDWARD J.T. KENNEY	1.00											
DIRECTOR		Х						0.		0.		0.
(20) JOHN MCCARTHY	1.00											
DIRECTOR		Х						0.		0.		0.
(21) JOHN MURPHY, ESQ.	1.00											
DIRECTOR		х						0.		0.		Ο.
(22) DENIS O'BRIEN	1.00											
DIRECTOR		х						0.		0.		0.
(23) DEIRDRE O'CONNOR	1.00											
DIRECTOR		х						0.		0.		0.
(24) FRANCES O'KEEFFE	1.00		\vdash							<u> </u>		
DIRECTOR	1.00	х						0.		0.		0.
(25) STEPHANIE PAPPAS	1.00	Δ	\vdash					0.		<u>••</u>		
	1.00	37						0				0
DIRECTOR	1 0 0	X						0.		0.		0.
(26) BRENDAN RIPP	1.00											•
DIRECTOR		Х						0.		0.		0.
1b Subtotal								1,204,833.		0.	229	,099.
						0.		0.				
d Total (add lines 1b and 1c)								1,204,833.		0.	229	,099.
2 Total number of individuals (including but no	ot limited to th	ose	listeo	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	,		
compensation from the organization												7
										_	Y	es No
3 Did the organization list any former officer,	director, truste	ee, k	ey ei	mplo	oyee	e, or	hig	hest compensated emp	oyee on			
line 1a? If "Yes," complete Schedule J for su	uch individual									[3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150											4 2	X
5 Did any person listed on line 1a receive or a	,		'							····· -		
rendered to the organization? If "Yes." com								5			5	X
Section B. Independent Contractors			<u> </u>		/0/0							
1 Complete this table for your five highest cor	npensated ind	ene	nden	nt co	ontra	actor	's th	nat received more than \$	100 000 of comp	ensat	ion from	
the organization. Report compensation for t	-									onout		
(A)	ne oalendar ye			9 111		/ ///		(B)			(C)	
رم) Name and business	address							Description of s	ervices	C	ompensa	ation
EXVERUS							-					
7080 HOLLYWOOD BLVD, LOS			~ 7	0	۸N	າວ		BRANDING & M			770	,125.
FRED & FARID, INC, 530 7T		<u> </u>				20		DRANDING & M	AKKEIING		110	,123.
	H AVENU	с,	UI	NT.	Τ.						205	207
3001, NEW YORK, NY 10018							_	BRANDING & M	ARKETING		385	<u>,287.</u>
FAIRCOM NEW YORK, INC.										256	200	
12 W 27TH ST, NEW YORK, N							_	CONSULTING			356	<u>,392.</u>
MUTUAL OF AMERICA, 470 NO	RRISTOW	N	RD	#								
301, BLUE BELL, PA 19422							_	FINANCIAL SE	RVICES		319	<u>,372.</u>
BLUE STATE DIGITAL												
41 FLATBUSH AVE, BROOKLYN	, NY 11	21	7					CONSULTING			125	<u>,035.</u>
2 Total number of independent contractors (in	cluding but no	ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz					7	1						
		T 3 T	T T 7 F		01	~					_ 00	<u>``</u>

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2021)

132008 12-09-21

Form 990 CONCERN V	ORLDWII)E	(U	.s	.)	,	IN	с.	13-371	2030
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours		(C) Position heck all that apply)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) MADELEINE SCHACHTER DIRECTOR	1.00	x						0.	0.	0.
(28) MARGARET "PEGGY" SMYTH DIRECTOR	1.00	x						0.	0.	0.
(29) EASH SUNDARAM DIRECTOR	1.00	x						0.	0.	0.
(30) GEMMA TONER DIRECTOR	1.00	x						0.	0.	0.
(31) JOHN TREACY	1.00									
DIRECTOR (32) ANGELINA VIEIRA	1.00	X						0.	0.	0.
DIRECTOR (33) FRANK WALL	1.00	Х						0.	0.	0.
DIRECTOR (34) KATE WATERS	1.00	X						0.	0.	0.
DIRECTOR		x						0.	0.	0.
Total to Part VII, Section A, line 1c					<u></u>	<u></u>				

132201 04-01-21

			2021) CONCERN WORLI	DWIDE	(U.S	.), INC.		13-3712	030 Page 9
Pa	rt V	/	Statement of Revenue						
			Check if Schedule O contains a response	e or note to a	any line	in this Part VIII			
						(A)		(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excludeo from tax under
							Tunction revenue		sections 512 - 514
s s	1	2	Federated campaigns 1a						
ant					_				
D D				1 565	177				
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events 1c	1,565,	<u>4</u> //.				
Gif			Related organizations 1d	<u> </u>					
is,			Government grants (contributions)	67,700,	683.				
r S		f	All other contributions, gifts, grants, and						
the			similar amounts not included above 1f	6,160,					
d O		g	Noncash contributions included in lines 1a-1f	255,	279.				
aŭ		h	Total. Add lines 1a-1f			75,426,466.			
				Business	Code				
	2	а							
vic		b							
am Ser evenue									
/en		c							
Bey		d							
Program Service Revenue		е							
Ъ			All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including dividends, inter	rest, and					
			other similar amounts)			14,289.			14,289.
	4		Income from investment of tax-exempt bond	proceeds					
	5		Royalties						
			(i) Real	(ii) Perso	onal				
	6	а	Gross rents 6a		_				
	Ŭ	b	Less: rental expenses 6b		_				
				-	_				
		c							
	L _		Net rental income or (loss)	(ii) Oth					
	7	а	Gross amount from sales of (i) Securities	(ii) Oth	er				
			assets other than inventory 7a	_	_				
		b	Less: cost or other basis						
anı			and sales expenses 7b						
evenue		С	Gain or (loss)						
Re		d	Net gain or (loss)						
Other R	8	а	Gross income from fundraising events (not						
đ			including \$ 1,565,477. of						
_			contributions reported on line 1c). See						
			Part IV, line 18	a 165,	778.				
		b	Less: direct expenses 8						
			Net income or (loss) from fundraising events	~1 /		-357,498.			-357,498.
	<u> </u>					,,			,
	9	d	Gross income from gaming activities. See	3 5	000.				
			Part IV, line 19 9		0.00				
			Less: direct expenses 9	D	<u> </u>	25.000			25.000
			Net income or (loss) from gaming activities	<u></u>		35,000.			35,000.
	10	а	Gross sales of inventory, less returns						
			and allowances 10						
		b	Less: cost of goods sold10	Db					
		с	Net income or (loss) from sales of inventory	<u></u>					
<u>,</u>				Business	Code				
sno 🕻	11	а	MISCELLANEOUS REVENUE	900099		65,190.			65,190.
ne		b							
ella		c							
Miscellaneous Revenue			All other revenue						
Σ			Total. Add lines 11a-11d			65,190.			
	12					75,183,447.	0.	0.	-243,019.
40.0			Total revenue. See instructions			, , / •	••		Form 990 (2021
13200	12-	-09-	-21						

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Page **9**

CONCERN WORLDWIDE (U.S.), Part IX Statement of Functional Expenses

13-3712030 Page 10

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

INC.

	Check if Schedule O contains a respon		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(b) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	389,802.	389,802.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	66,359,560.	66,359,560.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	F3F 407		1 60 025	147 603
_	trustees, and key employees	535,487.	226,929.	160,935.	147,623
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	3,990,866.	1,691,250.	1,199,411.	1,100,205
7	Other salaries and wages	3,990,000.	1,091,250.	1,199,411.	1,100,203
B	Pension plan accruals and contributions (include	87,600.	37,123.	26,327.	3/ 1⊑0
~	section 401(k) and 403(b) employer contributions)	426,907.		128,302.	<u>24,150</u> 117,690
9	Other employee benefits	323,011.	136,886.	97,077.	89,048
0	Payroll taxes	JZJ,UII.	10,000.	51,011•	09,040
1	Fees for services (nonemployees):				
a L		8,541.	1,718.	1,152.	5,671
b	0	39,750.	7,993.	5,367.	26,390
C	0	55,150.	1,555.	5,507.	20,550
d		481,427.			481,427
e f	-	401,427.			101,12,
g	column (A), amount, list line 11g expenses on Sch O.)	226,570.	135,548.	91,022.	
2	Advertising and promotion	22073701	100,0100	5170221	
2	Office expenses	1,587,766.	101,965.	73,761.	1,412,040
4	Information technology	85,907.	28,673.	21,135.	36,099
5	Royalties				,
6	Occupancy	532,906.	205,523.	151,743.	175,640
7	Travel	97,903.	22,354.	36,958.	38,591
8	Payments of travel or entertainment expenses	•	ŕ	,	•
-	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	122,875.	47,430.	35,019.	40,426
3	Insurance	90,809.	5,617.	4,063.	81,129
4	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	DUES AND SUBSCRIPTIONS	84,699.	29,462.	17,852.	37,385
b					
С	·				
Ċ	·				
е	All other expenses	8,326.	5,829.	473.	2,024
5	Total functional expenses. Add lines 1 through 24e	75,480,712.	69,614,577.	2,050,597.	3,815,538
6	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)				

12 2021.04021 CONCERN WORLDWIDE (U.S.), 3100.001

16040923 758275 3100.000

CONCERN WORLDWIDE (U	J.S.), INC	
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<u>13-3712030</u> Page **11**

		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			10,309,630.	2	5,761,657.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			15,658,181.	4	18,592,016.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	se perso	ons		5	
	6	Loans and other receivables from other disqualit	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described		6			
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9				239,963.	9	360,570.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,182,015.			
	b	Less: accumulated depreciation	10b	792,948.	511,942.	10c	389,067.
	11	Investments - publicly traded securities				11	2,999,590.
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			26,719,716.	16	28,102,900.
	17	Accounts payable and accrued expenses	220,528.	17	358,066.		
	18	Grants payable	14,879,891.	18	16,077,242.		
	19	Deferred revenue	536,506.	19	882,066.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete I		21			
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst		F			
-iat		controlled entity or family member of any of thes				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines					
			-			25	
	26	Total liabilities. Add lines 17 through 25			15,636,925.		17,317,374.
	20	Organizations that follow FASB ASC 958, che	ck hore		15,050,525.	20	17,517,5740
Se		and complete lines 27, 28, 32, and 33.					
лс	27	Net assets without donor restrictions			10,818,844.	27	10,712,001.
3ala	28	Net assets with donor restrictions			263,947.	28	73,525.
Б		Organizations that do not follow FASB ASC 9					
Ъ		and complete lines 29 through 33.	,				
ŗ	29	Capital stock or trust principal, or current funds		ľ		29	
sets	30	Paid-in or capital surplus, or land, building, or ec				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			11,082,791.	32	10,785,526.
	33	Total liabilities and net assets/fund balances			26,719,716.	33	28,102,900.

Form 990 (2021)

Form 990 (2 Part X

2021)	CONC
Ba	ance Sheet	

	990 (2021) CONCERN WORLDWIDE (U.S.), INC.	13-	<u>3712</u>	2030	Pa	_{.ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,18		
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> </u>	5,48	-	
3	Revenue less expenses. Subtract line 2 from line 1	3		-29	-	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11	L,08	2,7	<u>91.</u>
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	1(),78	5,5	26.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u> .			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	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	•				
	Act and OMB Circular A-133?			3a	Х	<u> </u>
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		<u></u>	3b	Х	
				Low	agn	(2021)

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support 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.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization

Nam	e of t	the organization						Employer	identification number
_					INC.				3-3712030
Pa	rt I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.	
The o	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	Х	An organization that norma	lly receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general j	oublic described in
	section 170(b)(1)(A)(vi). (Complete Part II.)								
8	8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or
		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subject	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor	• •						
11		An organization organized a	-	•	•				
12		An organization organized a	-	-	-			•	
		more publicly supported or	-						Check the box on
		lines 12a through 12d that	• •					-	
а		Type I. A supporting orga		-	• • • •	-			
		the supported organization			majority c	of the direc	tors or truste	es of the su	ipporting
		organization. You must o							
b		Type II. A supporting org	-				-		-
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus							
с		J Type III functionally inte						ly integrate	ed with,
	_	its supported organization		-					
d		J Type III non-functionally	• •					•	
		that is not functionally int			•		-	an attentiv	/eness
	_	requirement (see instructi	,	•					
е		Check this box if the orga					Type I, Type	II, Type III	
	F ata	functionally integrated, or		, , , , , , , , , , , , , , , , , , , ,	0 0	ation.			
f		er the number of supported on vide the following information	•	d arganization(a)					
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	fmonetary	(vi) Amount of other
		organization	.,	(described on lines 1-10	in your governi Yes	ng document?	support (see ir	structions)	support (see instructions)
				above (see instructions))	100				
Tota	1								

Schedule	A (Form 990) 2021
Part II	Suppor	t Sc

CONCERN WORLDWIDE (U.S.), INC.

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	<u>37117862.</u>	40451540.	50312915.	52922425.	75627244.	256431986
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	<u>37117862.</u>	40451540.	<u>50312915.</u>	52922425.	75627244.	256431986
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)						2028299.
	Public support. Subtract line 5 from line 4.						254403687
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	<u>37117862.</u>	<u>40451540.</u>	<u>50312915.</u>	52922425.	75627244.	256431986
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	6,746.	35,087.	31,335.	16,663.	14,289.	104,120.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		21,638.	70,733.	71,190.	<u>65,190.</u>	228,751.
11	Total support. Add lines 7 through 10						256764857
12		·	,			12	
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	01(c)(3)	
_	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I		•			14	99.08 %
15						15	99.71 %
16a	33 1/3% support test - 2021. If the o	-					5 37
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual		• •				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	zation
	meets the facts-and-circumstances te	•			•		
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the						
40	organization meets the facts-and-circu		•	. ,			
18	Private foundation. If the organization	on ala not check a	box on line 13, 16	a, 160, 17a, or 17b	b, Check this box a		
						Schedule A	(Form 990) 2021

132022 01-04-22

Schedule A (Form 990) 2021	CONCERN	WORLDWIDE	(U.S.)	, INC.
Part III Support Schedule fo	r Organizati	ons Described in	n Section	509(a)(2)

7 1 CONCERN WORLDWIDE (U.S.) INC.

(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	cion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
А	Tax revenues levied for the organ-						
-	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons 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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support			•		•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6		((-,	(-)		()
	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						
	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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	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	01(c)(3) organizati	on,
	check this box and stop here						
Sec	ction C. Computation of Public	c Support Per	centage				
	Public support percentage for 2021 (I		•	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves		•				
	Investment income percentage for 20 Investment income percentage from					17	<u>%</u>
	33 1/3% support tests - 2021. If the						
198							
1-	more than 33 1/3%, check this box at 22 1/2% even out toots 2000. If the						
a	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	nis box and see ins		
13202	3 01-04-22		17			Schedule /	A (Form 990) 2021

2021.04021 CONCERN WORLDWIDE (U.S.), 3100.001

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

Ye<u>s</u>

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

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18

			10.	<u>+5 57</u>	<u> </u>	V Г6	aye u
Pa	rt IV	Supporting Organizations (continued)					
						Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?					
а	A per	erson who directly or indirectly controls, either alone or together with persons describ	ped on lines 11b and				
	11c b	below, the governing body of a supported organization?			11a		

TNC

b A family member of a person described on line 11a above?

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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.
- 2 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.

Section C. Type II Supporting Organizations

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)*

Section D	. All Typ	e III Supp	orting Org	ganizations

			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		
2	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		

Section 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 year (see instructions).
- a 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	v you supported a governmental entity (see instruction <u>s).</u>	
---	--	---	-------------------------	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a 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.**

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.
132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

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11b

11c

1

2

1

Yes No

Yes No

Yes No

c 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.

Part v	Type in Non-Functionally integrated 509(a)(5) Support	ing Organi	20110115	
1	Check here if the organization satisfied the Integral Part Test as a qualif	ying trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations m	ust complete	Sections A through E.	1
Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Ne	t short-term capital gain	1		
2 Re	coveries of prior-year distributions	2		
3 Otł	ner gross income (see instructions)	3		
4 Ad	d lines 1 through 3.	4		
5 De	preciation and depletion	5		
6 Po	rtion of operating expenses paid or incurred for production or			
col	lection of gross income or for management, conservation, or			
ma	intenance of property held for production of income (see instructions)	6		
	ner expenses (see instructions)	7		
	justed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
-	gregate fair market value of all non-exempt-use assets (see			
ins	tructions for short tax year or assets held for part of year):			
a Ave	erage monthly value of securities	1a		
b Ave	erage monthly cash balances	1b		
c Fai	r market value of other non-exempt-use assets	1c		
d To	tal (add lines 1a, 1b, and 1c)	1d		
e Dis	scount claimed for blockage or other factors			
(ex	plain in detail in Part VI):			
2 Ac	quisition indebtedness applicable to non-exempt-use assets	2		
3 Su	btract line 2 from line 1d.	3		
4 Ca	sh deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see	e instructions).	4		
5 Ne	t value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Mu	Itiply line 5 by 0.035.	6		
7 Re	coveries of prior-year distributions	7		
8 Mii	nimum Asset Amount (add line 7 to line 6)	8		
Section	C - Distributable Amount			Current Year
1 Ad	justed net income for prior year (from Section A, line 8, column A)	1		
2 Ent	ter 0.85 of line 1.	2		
3 Mir	nimum asset amount for prior year (from Section B, line 8, column A)	3		
	ter greater of line 2 or line 3.	4		
	ome tax imposed in prior year	5		
	stributable Amount. Subtract line 5 from line 4, unless subject to			
	ergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrate	d Type III supporting orga	nization (see

CONCERN WORLDWIDE (U.S.), INC.

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

CONCERN WORLDWIDE (U.S.), INC. onally Integrated 509(a)(3) Supporting Organization 13-3712030 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ued)						
Secti	on D - Distributions				Current Year					
1	Amounts paid to supported organizations to accomplish exe		1							
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported								
	organizations, in excess of income from activity			2						
3	Administrative expenses paid to accomplish exempt purpose	dministrative expenses paid to accomplish exempt purposes of supported organizations								
4	Amounts paid to acquire exempt-use assets		4							
5	Qualified set-aside amounts (prior IRS approval required - prior		5							
6	Other distributions (<i>describe in Part VI</i>). See instructions.		6							
7	Total annual distributions. Add lines 1 through 6.		7							
8	Distributions to attentive supported organizations to which the)								
	(provide details in Part VI). See instructions.			8						
9	Distributable amount for 2021 from Section C, line 6			9						
10	Line 8 amount divided by line 9 amount		10							
	·	(i)	(ii)		(iii)					
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	าร	Distributable Amount for 2021					
_1	Distributable amount for 2021 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2021 (reason-									
	able cause required - explain in Part VI). See instructions.									
3	Excess distributions carryover, if any, to 2021									
а	From 2016									
b	From 2017									
с	From 2018									
d	From 2019									
е	From 2020									
f	Total of lines 3a through 3e									
g	Applied to underdistributions of prior years									
h	Applied to 2021 distributable amount									
i	Carryover from 2016 not applied (see instructions)									
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.									
4	Distributions for 2021 from Section D,									
	line 7: \$									
а	Applied to underdistributions of prior years									
	Applied to 2021 distributable amount									
с	Remainder. Subtract lines 4a and 4b from line 4.									
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h									
	and 4b from line 1. For result greater than zero, <i>explain in</i>									
	Part VI. See instructions.									
7	Excess distributions carryover to 2022. Add lines 3j									
-	and 4c.									
8	Breakdown of line 7:									
	Excess from 2017									
	Excess from 2018									
	Excess from 2019									
	Excess from 2020									
	Excess from 2021									

Schedule A (Form 990) 2021

32027 01-04-22

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	CONCER	N WORLDWI	DE (U.S.),	INC.	13-3712030 Page
Part VI	Supplemental In Part IV, Section A, lin line 1; Part IV, Sectio	formation. Protect 1, 2, 3b, 3c, 4b n D, lines 2 and 3;	ovide the explanati , 4c, 5a, 6, 9a, 9b, Part IV, Section E,	ons required by Pa 9c, 11a, 11b, and lines 1c, 2a, 2b, 3a	rt II, line 10; Part II, liı 11c; Part IV, Section a, and 3b; Part V, line	he 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V, y additional information.
132028 01-04-2	2					Schedule A (Form 990) 202
.32320 01-04-2	-			22		

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Name of the organization	1	Employer identification numbe
_	CONCERN WORLDWIDE (U.S.), INC.	13-3712030
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	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	on is covered by the General Rule or a Special Rule.	
Note: Only a section 50	(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

X 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.

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Schedule B (Form 990) (2021)

2021.04021 CONCERN WORLDWIDE (U.S.), 3100.001

021)		

Schedule B (Form 990) (20 Name of organization

n number

13-3712030

CONCE	ONCERN WORLDWIDE (U.S.), INC. 13-							
Part I	Contributors (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	CONCERN WORLDWIDE, LTD. 52-55 UPPER CAMDEN STREET DUBLIN 2, IRELAND	\$2,308,814.	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					
2	UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT RONALD REAGAN BUILDING WASHINGTON, DC 20523-1000	\$ <u>58,253,999</u> .	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	BUREAU OF POPULATION, REFUGEES AND MIGRATION - DEPARTMENT O 2201 C STREET NW, 8TH FLOOR, SA-9 WASHINGTON, DC 20520	\$3,822,308.	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					
4	INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10168-1289	\$3,120,924.	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					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					

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Employer	identification

CONCER	RN WORLDWIDE (U.S.), INC.	1	3-3712030
Part II	Noncash Property (see instructions). Use duplicate copies of 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
		 \$	

Schedule B (Form 990) (2021)

Employer identification number

Schedule B (Form 990) (2021)

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2021.04021 CONCERN WORLDWIDE (U.S.), 3100.001

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Schedule I	B (Form 990) (2021)		Pa				
Name of o	organization		Employer identification numb				
CONCE	RN WORLDWIDE (U.S.), IN	с.	13-3712030				
Part III	from any one contributor. Complete columns (a	a) through (a) and the following line a	section 501(c)(7), (8), or (10) that total more than \$1,000 for the yearty. For organizations				
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 o	or less for the year. (Enter this info. once.) \$				
(a) No. from			(a) Decemination of how with its hold				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
·		e) Transfer of gi					
			jint.				
	Transferee's name, address, a	nd 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, a	nd ZI P + 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 gi	lift				
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee				
(a) No.		1					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gi	jift				
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee				
123454 11-11	1-21		Schedule B (Form 990) (2				

26 2021.04021 CONCERN WORLDWIDE (U.S.), 3100.001

60		Supplement	al Financial Statements		OMB No. 15	545-0047
	HEDULE D n 990)	Complete if the org	anization answered "Yes" on Form 990,		202	21
	ment of the Treasury), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to	Public
	I Revenue Service		90 for instructions and the latest information		Inspecti	on
Nam	e of the organization	CONCERN WORLDWIDE	(U.S.), INC.	1	identification	30
Par		ations Maintaining Donor Advise	d Funds or Other Similar Funds or A	ccounts.	Complete if th	ie
	organization	n answered "Yes" on Form 990, Part IV, lin	le b. (a) Donor advised funds	(b) Eunde an	d other accou	nte
4	Total number at on	ad of year		(b) i unus an	u other accou	11.5
1 2		nd of year f contributions to (during year)				
2		f grants from (during year)				
4		t end of year				
5			writing that the assets held in donor advised fu	nds		
-	-		exclusive legal control?		Yes	No
6			dvisors in writing that grant funds can be used			
			or donor advisor, or for any other purpose confe			
	impermissible priva		· · · · ·	-	Yes	No No
Par	rt II Conserva		ganization answered "Yes" on Form 990, Part I			
1	Purpose(s) of cons	ervation easements held by the organization	on (check all that apply).			
	Preservation	of land for public use (for example, recrea	tion or education) Preservation of a his	torically impor	tant land area	L
	Protection o	f natural habitat	Preservation of a ce	rtified historic	structure	
	Preservation	of open space				
2	Complete lines 2a	through 2d if the organization held a qualit	fied conservation contribution in the form of a c	onservation e	asement on th	e last
	day of the tax year	:		Held	at the End of th	e Tax Year
а	Total number of co	onservation easements		2a		
b				2b		
с	•		ucture included in (a)			
d			after 7/25/06, and not on a historic structure			
				2d		
3			leased, extinguished, or terminated by the orga	nization during	g the tax	
	year 🕨					
4	Number of states v	where property subject to conservation eas	sement is located			
5	Does the organizat	tion have a written policy regarding the per	riodic monitoring, inspection, handling of			
	violations, and enfo	orcement of the conservation easements it	t holds?		Yes	No No
6	Staff and volunteer	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	ion easements	s during the ye	ear
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	asements duri	ing the year	
	▶\$					
8	Does each conserv	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(I	3)(i)		
	and section 170(h)	(4)(B)(ii)?			Yes	🗌 No
9			on easements in its revenue and expense state			
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial statements t	hat describes	the	
	organization's acco	ounting for conservation easements.				
Par	rt III Organiza	ations Maintaining Collections of	f Art, Historical Treasures, or Other	Similar Ass	sets.	
	Complete if	the organization answered "Yes" on Form	1 990, Part IV, line 8.			
1 a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and ba	alance sheet w	vorks	
	of art, historical tre	easures, or other similar assets held for put	olic exhibition, education, or research in further	ance of public		
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items.			
b	If the organization	elected, as permitted under FASB ASC 95	i8, to report in its revenue statement and baland	ce sheet works	s of	

0	, ,		, I					
art, historical treasu	res, or other simila	r assets held for	public exhibition	n, education, or	research in furt	herance of p	oubli	c service,
provide the following	g amounts relating	to these items:						
(i) Revenue include	ed on Form 990, P	art VIII, line 1				🕨	• \$	
(ii) Assets included	in Form 990, Part	х				►	• \$	

2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide					
	the following amounts required to be reported under FASB ASC 958 relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1	►	\$			
b	Assets included in Form 990, Part X		\$			

b	Assets	included	in	Form	990,	Par

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

Schedule D (Form 990) 2021

27 2021.04021 CONCERN WORLDWIDE (U.S.), 3100.001

Sche		WORLDWIDE				1	<u>L3-37</u>	<u>12030</u>	Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historica	l Treasures, o	or Othe	r Similar	Assets	(continu	ıed)	
3	Using the organization's acquisition, accession	on, and other records	s, check any o	f the following th	at make si	ignificant u	se of its			
	collection items (check all that apply):									
а	Public exhibition	d	I 🗌 Loan d	or exchange prog	ram					
b	Scholarly research	е	e 🗌 Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how they fur	her the organizat	ion's exer	npt purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historica	I treasures, or oth	ner similar	assets				
_	to be sold to raise funds rather than to be ma	aintained as part of th	he organizatio	n's collection?				Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the orgar	nization answered	"Yes" on	Form 990,	Part IV,	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contrib	outions or other a	ssets not i	included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:							
								Amount		
с	Beginning balance					. 1c				
d	Additions during the year					. 1d				
е	Distributions during the year					. 1e				
f	Ending balance							_		
	Did the organization include an amount on Fe					ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i				· · · ·			() [
		(a) Current year	(b) Prior ye	ear (c) Two ye	ars dack	(d) Three y	ears dack	(e) Four	/ears	раск
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
t	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr			mn (a)) held as:						
a	Board designated or quasi-endowment		_%							
b	Permanent endowment									
С		%								
2-	The percentages on lines 2a, 2b, and 2c show Are there endowment funds not in the posses		tion that are h	ald and administ	and for th		tion			
Ja		SSION OF THE OFGAINZA	allon that are n			ie organiza	lion	L.	Yes	No
	by: (i) Unrelated organizations							3a(i)		-110
	(i) Unrelated organizations							3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizations							3b		
4	Describe in Part XIII the intended uses of the							00		
Par	t VI Land, Buildings, and Equipm		which unds.							
	Complete if the organization answered). Part IV. line ⁻	11a. See Form 99	0. Part X.	line 10.				
	Description of property	(a) Cost or o		Cost or other	1	ccumulate	d	(d) Book	value	 ə
		basis (investn		basis (other)	1	preciation	-	(, DOOR	·aut	-
1a	Land		,							
	Buildings									
	Leasehold improvements			899,920.	1	556,74	6.	343	,17	74.
	Equipment			282,095.		236,20				93.
	Other			,	1	,			,	
	. Add lines 1a through 1e. (Column (d) must e		X column (P)	line 10c)	1			389	,06	57.
		<u>quali ulli 330. Edil</u>					<u> </u>	D (5.00)	, , ,	

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 CONCERN WORI	DWIDE (U.S.)	, INC.	<u>13-3712030</u> Page 3
Part VII Investments - Other Securities.	Town 000 Dout N/ line	11b Cas Farma 000 David	V line 10
Complete if the organization answered "Yes" c (a) Description of security or category (including name of security)			tion: Cost or end-of-year market value
	(b) Book value		tion. Cost of end-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" of	on Form 990, Part IV, line	11c. See Form 990, Part	X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valua	tion: Cost or end-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.			
	n Form 000 Dort IV line	11d See Form 000 Dert	V line 15
Complete if the organization answered "Yes" c	Description	110. See Form 990, Fan	(b) Book value
(1)			
(2) (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990	D, Part X, line 25.
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
<u>(9)</u>			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			······· P
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the foothote to	the organization's financ	cial statements that reports the

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

132053 10-28-21

Sche	dule D (Form 990) 2021 CONCERN WORLDWIDE (U.S.),	INC.	13-	3712030 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		
1	Total revenue, gains, and other support per audited financial statements		1	75,183,447.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	75,183,447.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		. 5	75,183,447.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	• •	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a		
1	Total expenses and losses per audited financial statements		1	75,480,712.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a	_	
b	Prior year adjustments	2b	_	
с	Other losses	2c	_	
d	Other (Describe in Part XIII.)	2d		
е				
	Add lines 2a through 2d		2e	0.
3				0. 75,480,712.
-	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			-
3	Subtract line 2e from line 1			-
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a		-
3 4 a	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a . 4b	3 4c	75,480,712.
3 4 b c 5	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)		3 4c	-

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:

MANAGEMENT HAS	REVIEWED	THE	TAX	POSITIONS	FOR	EACH	OF	THE	OPEN	TAX	YEARS
----------------	----------	-----	-----	-----------	-----	------	----	-----	------	-----	-------

(2018 - 2020) OR EXPECTED TO BE TAKEN IN CONCERN WORLDWIDE'S 2021 TAX

RETURN AND HAS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX

POSITIONS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS.

132054 10-28-21

SCHEDULE F	Stateme	nt of Act	ivities Outside the Uni	ited Sta	ites	OMB No. 1545-0047	
(Form 990)			n answered "Yes" on Form 990, Part IV			2021	
Department of the Treasury	► Co to :	ununu iro gov/Ec	Attach to Form 990.	nformation	l	Open to Public Inspection	
Internal Revenue Service Name of the organization	GO 10	www.irs.gov/Fo	rm990 for instructions and the latest i	mormation.	Employer	identification numbe	er:
·							
CONCERN WORLDWI Part I General Info	DE (U.S. rmation on A), INC. ctivities Out	side the United States. Complet	o if the execut	13-371	L2030	
Form 990, Part I			side the officer officer. Complet	e ii trie organ	IZATION ANSW	ered res on	
		n maintain record	ds to substantiate the amount of its gran	ts and other	assistance,		
the grantees' eligibility f	or the grants or a	assistance, and t	the selection criteria used to award the g	rants or assis	stance?	X Yes 🗌 N	o
2 For grantmakers. Desc	ariba in Dart V the	organization's	procedures for monitoring the use of its	aranta and at	hor oppiators	a autoida tha	
United States.		organizations		grants and or			
3 Activities per Region. (T	he following Part		an be duplicated if additional space is ne	eded.)			
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-	• •	vity listed in (gram service		s
	in the region	agents and	gram services, investments, grants to	•	e specific typ	, for and	
		contractors in the region	recipients located in the region)	of service	(s) in the regi	investments in the region	
			GRANTS TO RECIPIENTS			1 110 413	,
EUROPE	0	0	LOCATED IN REGION			1,119,413	••
CENTRAL AMERICA AND			GRANTS TO RECIPIENTS				
THE CARIBBEAN	0	0	LOCATED IN REGION			1,781,472	2.
			GRANTS TO RECIPIENTS				
SOUTH ASIA	0	0	LOCATED IN REGION			4,893,986	5.
MIDDLE EAST AND			GRANTS TO RECIPIENTS				
NORTH AFRICA	0	0	LOCATED IN REGION			26,727,787	<i>.</i>
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION			31 836 903	5
SUB-SARARAN AFRICA	0	0	LOCATED IN REGION			31,836,902	· •
3 a Subtotal	0	0				66,359,560).
b Total from continuation							`
sheets to Part I c Totals (add lines 3a	0	0).
and 3b)	0	o				66,359,560).

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

Schedule F (Form 990) 2021

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Schedule F (Form 990) 2021	1 CONCERN	RN WORLDWIDE	(U.S.), INC.		13-3712030	12030		Page 2
Part II Grants and Oth recipient who rec	er Assistance to Org ceived more than \$5,(Grants and Other Assistance to Organizations or Entities Outside recipient who received more than \$5,000. Part II can be duplicated if	• the United States. additional space is ne	omplete if the orç ded.	ganization answered	"Yes" on Form 9	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any seded.	' any
1 (a) Name of organization	(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)
			GRANTS TO COUNTRY					
			OFFICES TO SUPPORT					
			PROGRAM ACTIVITIES -					
		SOUTH ASIA	AFGHANISTAN VIA	413,117.H	413,117. BANK TRANSFER	0.		
			GRANTS TO COUNTRY					
			OFFICES TO SUPPORT					
			PROGRAM ACTIVITIES -					
		SOUTH ASIA	BANGLADESH VIA	2274231.	BANK TRANSFER	0.		
			GRANTS TO COUNTRY					
			OFFICES TO SUPPORT					
		SUB-SAHARAN	PROGRAM ACTIVITIES -					
		AFRICA	CENTRAL AFRICAN	1775806.	BANK TRANSFER	0.		
			GRANTS TO COUNTRY					
			OFFICES TO SUPPORT					
		SUB-SAHARAN	PROGRAM ACTIVITIES -					
		AFRICA	DRC VIA CONCERN	14069621	14069621 BANK TRANSFER	0.		
			GRANTS TO COUNTRY					
			OFFICES TO SUPPORT					
		SUB-SAHARAN	PROGRAM ACTIVITIES -					
		AFRICA	ETHIOPIA VIA CONCERN	2643014.H	BANK TRANSFER	0.		
			GRANTS TO COUNTRY					
			OFFICES TO SUPPORT					
		CENTRAL AMERICA	PROGRAM ACTIVITIES -					
		AND THE CARIBBEAN	HAITI VIA CONCERN	1781472.	BANK TRANSFER	0.		
			GRANTS TO COUNTRY					
			OFFICES TO SUPPORT					
			PROGRAM ACTIVITIES -					
		EUROPE	VIA CONCERN IRELAND.	1119413.	BANK TRANSFER	0.		
			GRANTS TO COUNTRY					
			OFFICES TO SUPPORT					
		SUB-SAHARAN	PROGRAM ACTIVITIES -					
		AFRICA	KENYA VIA CONCERN	6390987.1	BANK TRANSFER	0.		
2 Enter total number of	recipient organizatior	is listed above that are i	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax	oreign country, re	ecognized as a tax			
exempt 501(c)(3) orga	anization by the IRS, c	exempt 501(c)(3) organization by the IRS, or for which the grantee or coun	or counsel has provided a section 501(c)(3) equivalency letter	ion 501(c)(3) equi	ivalency letter			18
3 Enter total number of other organizations or entities	other organizations o	r entities						0
	сее рурш 11		סוארדייים דמרטפת (ח/				Schec	Schedule F (Form 990) 2021
	LANI	NTWOTOO NO.J		0				

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Schedule F (Form 990)	CONCERN	KN WOKLUWIUE	-		13-3712030	030		Page 2
ntinuation o	f Grants and Other /	Continuation of Grants and Other Assistance to Organizations	ations or Entities Outside the United States.	_	(Schedule F (Form 990),	90), Part II, line 1)		
1 (a) Name of organization	(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			GRANTS TO COUNTRY					
			OFFICES TO SUPPORT					
		MIDDLE EAST AND	PROGRAM ACTIVITIES -					
		NORTH AFRICA	LEBANON VIA CONCERN	1238489 . E	BANK TRANSFER	0.		
			GRANTS TO COUNTRY					
			OFFICES TO SUPPORT					
		SUB-SAHARAN	PROGRAM ACTIVITIES -					
		AFRICA	LIBERIA VIA CONCERN	214,592 . E	BANK TRANSFER	0.		
			GRANTS TO COUNTRY					
			OFFICES TO SUPPORT					
		SUB-SAHARAN	PROGRAM ACTIVITIES -					
		AFRICA	MALAWI VIA CONCERN	11,922. E	11,922.BANK TRANSFER	0.		
			GRANTS TO COUNTRY					
			OFFICES TO SUPPORT					
		SUB-SAHARAN	PROGRAM ACTIVITIES -					
		AFRICA	NIGER VIA CONCERN	50,000.E	BANK TRANSFER	0.		
			GRANTS TO COUNTRY					
			OFFICES TO SUPPORT					
			PROGRAM ACTIVITIES -					
		SOUTH ASIA	PAKISTAN VIA CONCERN	2206637.E	2206637. BANK TRANSFER	0.		
			GRANTS TO COUNTRY					
			OFFICES TO SUPPORT					
		SUB-SAHARAN	PROGRAM ACTIVITIES -					
		AFRICA	SOMALIA VIA CONCERN	35,000.	BANK TRANSFER	0.		
			GRANTS TO COUNTRY					
			OFFICES TO SUPPORT					
		SUB-SAHARAN	PROGRAM ACTIVITIES -					
		AFRICA	SOUTH SUDAN VIA	6680961.E	BANK TRANSFER	0.		
			GRANTS TO COUNTRY					
			OFFICES TO SUPPORT					
		MIDDLE EAST AND	PROGRAM ACTIVITIES -					
		NORTH AFRICA	SUDAN VIA CONCERN	1549429.E	BANK TRANSFER	0.		
			GRANTS TO COUNTRY					
			OFFICES TO SUPPORT					
		MIDDLE EAST AND	PROGRAM ACTIVITIES -					
		NORTH AFRICA	SYRIA VIA CONCERN	21548449 BANK	3ANK TRANSFER	.0		

Page 2	-	(i) Method of valuation (book, FMV, appraisal, other)					
	((h) Description of non-cash assistance					
12030	90), Part II, line 1	(g) Amount of non-cash assistance	0.				
13-3712030	(Schedule F (Form 990), Part II, line 1)	(f) Manner of cash disbursement	BANK TRANSFER				
		(e) Amount of cash grant	2356420.				
(U.S.), INC.	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	(d) Purpose of grant	GRANTS TO COUNTRY OFFICES TO SUPPORT PROGRAM ACTIVITIES - TURKEY VIA CONCERN				
CONCERN WORLDWIDE (U.S.),	Assistance to Organizat	(c) Region	MIDDLE EAST AND NORTH AFRICA				
CONCE	f Grants and Other /	(b) IRS code section and EIN (if applicable)					
Schedule F (Form 990)	Continuation o	1 (a) Name of organization					
Schedule	Part II	1 (a) Nam					

Page 3		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2021
	IV, line 16.	(g) Description of noncash assistance					Sched
13-3712030	on Form 990, Part	(f) Amount of noncash assistance					
13	Complete if the organization answered "Yes" on Form 990, Part IV, line 16.	(e) Manner of cash disbursement					
S.), INC.		(d) Amount of cash grant					
.U)	e the United Stat	(c) Number of recipients					
CONCERN WORLDWIDE	e to Individuals Outside Iditional space is neede	(b) Region					
Schedule F (Form 990) 2021 C	Part III Grants and Other Assistance to Individuals Outside the United States. Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

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	(Form 990) 2021		WORLDWIDE	(U.S.),	INC.
Part IV	Foreign Form	S			

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? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	X Yes	No

Schedule F (Form 990) 2021

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Schedule F (Form 990) 2021 CONCERN WORLDWIDE (U.S.), INC.	13-3712030	Page 5
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 (accour	nting method); and Part III, column (c)	
(estimated number of recipients), as applicable. Also complete this part to provide any additional sector of the s	itional information. See instructions.	
PART I, LINE 2:		
PROJECT REPORTS ARE SUBMITTED TO CONCERN WORLDWIDE (U.S.) & MONITORING	
VISITS ARE CARRIED OUT ON A REGULAR BASIS.		
PART II, COLUMN (D):		

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: GRANTS TO COUNTRY OFFICES TO SUPPORT PROGRAM

ACTIVITIES - AFGHANISTAN VIA CONCERN IRELAND

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: GRANTS TO COUNTRY OFFICES TO SUPPORT PROGRAM

ACTIVITIES - BANGLADESH VIA CONCERN IRELAND

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: GRANTS TO COUNTRY OFFICES TO SUPPORT PROGRAM

ACTIVITIES - CENTRAL AFRICAN REPUBLIC VIA CONCERN IRELAND

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: GRANTS TO COUNTRY OFFICES TO SUPPORT PROGRAM

ACTIVITIES - DRC VIA CONCERN IRELAND

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: GRANTS TO COUNTRY OFFICES TO SUPPORT PROGRAM

ACTIVITIES - ETHIOPIA VIA CONCERN IRELAND

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: GRANTS TO COUNTRY OFFICES TO SUPPORT PROGRAM

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Schedule F (Form 990) 2021

16040923 758275 3100.000

132075 12-20-21

2021.04021 CONCERN WORLDWIDE (U.S.), 3100.001

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.

ACTIVITIES - HAITI VIA CONCERN IRELAND

REGION: EUROPE

(D) PURPOSE OF GRANT: GRANTS TO COUNTRY OFFICES TO SUPPORT PROGRAM

ACTIVITIES - VIA CONCERN IRELAND. FUNDS SUPPORT EMERGENCY PROGRAMMING

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: GRANTS TO COUNTRY OFFICES TO SUPPORT PROGRAM

ACTIVITIES - KENYA VIA CONCERN IRELAND

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: GRANTS TO COUNTRY OFFICES TO SUPPORT PROGRAM

ACTIVITIES - LEBANON VIA CONCERN IRELAND

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: GRANTS TO COUNTRY OFFICES TO SUPPORT PROGRAM

ACTIVITIES - LIBERIA VIA CONCERN IRELAND

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: GRANTS TO COUNTRY OFFICES TO SUPPORT PROGRAM

ACTIVITIES - MALAWI VIA CONCERN IRELAND

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: GRANTS TO COUNTRY OFFICES TO SUPPORT PROGRAM

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ACTIVITIES - NIGER VIA CONCERN IRELAND

REGION: SOUTH ASIA

132075 12-20-21

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.

(D) PURPOSE OF GRANT: GRANTS TO COUNTRY OFFICES TO SUPPORT PROGRAM

ACTIVITIES - PAKISTAN VIA CONCERN IRELAND

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: GRANTS TO COUNTRY OFFICES TO SUPPORT PROGRAM

ACTIVITIES - SOMALIA VIA CONCERN IRELAND

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: GRANTS TO COUNTRY OFFICES TO SUPPORT PROGRAM

ACTIVITIES - SOUTH SUDAN VIA CONCERN IRELAND

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: GRANTS TO COUNTRY OFFICES TO SUPPORT PROGRAM

ACTIVITIES - SUDAN VIA CONCERN IRELAND

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: GRANTS TO COUNTRY OFFICES TO SUPPORT PROGRAM

ACTIVITIES - SYRIA VIA CONCERN IRELAND

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: GRANTS TO COUNTRY OFFICES TO SUPPORT PROGRAM

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ACTIVITIES - TURKEY VIA CONCERN IRELAND

132075 12-20-21

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				[•] 19, or if the	2021
Department of the Treasury Internal Revenue Service		Attach to Form 990					Open to Public Inspection
Name of the organization		o to www.irs.gov/Form990 for instr	uction	s and	the latest information		identification number
Name of the organization		WORLDWIDE (U.S.),	TNO	r		13-37	
Part I Fundrais		Complete if the organization answe			Form 990 Part IV li		
required to	complete this par	t.					
 a X Mail solicitat b X Internet and c X Phone solici d X In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, P highest paid indiv	f X Solicita g X Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?	X	
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount pai to (or retained b fundraiser listed in col. (i	y) to (or retained by)
FAIRCOM - 12 W 27TH	H ST, NEW		Yes	No			
YORK, NY 10001		CONSULTING		x	0.	356,39	2356,392.
BLUESTATE - 41 FLAT	,						_
BROOKLYN, NY 1121	7	CONSULTING		X	0.	125,03	5125,035.
Total S List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	481,42 it is exempt from	·

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

Schedule G (Form 990) 2021

132081 10-21-21

CONCERN WORLDWIDE (U.S.), INC.

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 gross income on Form 990-EZ. lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990		vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				WOMEN OF	-	(add col. (a) through
			GLOBAL GALA (event type)		5(total number)	col. (c))
e			(event type)	(event type)	(lotal number)	
Revenue	1	Gross receipts	767,822.	363,683.	599,302.	1,730,807.
	2	Less: Contributions	646,952.	363,683.	554,392.	1,565,027.
	3	Gross income (line 1 minus line 2)	120,870.		44,910.	165,780.
	4	Cash prizes				
<i>"</i>	5	Noncash prizes	81,625.	14,554.	51,819.	147,998.
pense	6	Rent/facility costs	180,479.	705.	104,741.	285,925.
Direct Expenses	7	Food and beverages	507.	0.	1,363.	1,870.
		Entertainment		428.	2,788.	12,807.
	9 10	Other direct expenses Direct expense summary. Add lines 4 through			•	448,600.
		Net income summary. Subtract line 10 from li			·····	-282,820.
Ра	rt I	II Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			I
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Rev	1	Gross revenue			35,000.	35,000.
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses	Yes %		X Yes 100 %	
	6	Volunteer labor	Yes %	└── Yes % └── No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	r from line 1, column (d)		►	35,000.
	-				· · · · · · · · · · · · · · · · · · ·	
9	Ent	er the state(s) in which the organization condu	ucts gaming activities: N	Y,IL		
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		X Yes No
b	lf "I	No," explain:				
		re any of the organization's gaming licenses re			rear?	Yes X No
U		Yes," explain:				
_						
208	2 10	-21-21			Sche	dule G (Form 990) 202

Schedule G (Form 990) 2021	CONCERN	WORLDWIDE	(U.S.),	INC.	13-3	712030	Page 3
11 Does the organization conduct g							X No
12 Is the organization a grantor, be							
to administer charitable gaming?						Yes	X No
13 Indicate the percentage of gamin						1 400	
a The organization's facility						<u>13a</u> 100	
b An outside facility						13b	%
14 Enter the name and address of t	ne person who pre	epares the organizat	ion's gaming/s	pecial events books and re	ecords:		
Name 🕨 VANESSA BRI	IGHT						
Address 🕨 3948 MURDO	OCK AVE -	BRONX, NY	10466				
						Vee	X No
15a Does the organization have a co	ntract with a third	party from whom th	e organization i	receives gaming revenue?		· Ves	
b If "Yes," enter the amount of gar	ming revenue rece	ived by the organiza	tion 🕨 \$	and the	amount		
of gaming revenue retained by th							
c If "Yes," enter name and address	s of the third party	<i>r</i> :					
Name							
Address 🕨							
16 Coming manager information							
16 Gaming manager information:							
Name 🕨							
Gaming manager compensation	▶ \$						
Description of services provided	▶						
Director/officer	Employee	In	dependent con	tractor			
17 Mandatan distributions:							
17 Mandatory distributions:a Is the organization required under	or state law to mal	o charitable distribu	itions from the	aamina procoods to			
retain the state gaming license?						Yes	X No
b Enter the amount of distributions				xempt organizations or sp			
organization's own exempt activ	•			stempt organizations of op			
			required by Par	t I, line 2b, columns (iii) an	d (v); and Par	t III, lines 9, 9	9b, 10b,
 15b, 15c, 16, and 17b, a	as applicable. Also	provide any additio	nal information.	. See instructions.			
132083 10-21-21			10		Sched	ule G (Form	990) 2021
			42				

Schedule G	(Form	990))

Part IV Supplemental Information (continued)	
	Schedule G (Form 990)
132084 11-18-21	Schedule & (Form 990)

SCHEDULE I (Form 990)		Comple Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	 A Other Assistance to Organizations, (s) and Individuals in the United States mization answered "Yes" on Form 990, Part IV, line 21 or 2 	te to Organi s in the Unit on Form 990, Par	zations, ed States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs	 Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. 	n 990. · the latest inform	ation.		Open to Public Inspection
Name of the organization	ion CONCERN WORLDWIDE	_	(U.S.), INC.					Employer identification number 13-3712030
Part I General In	General Information on Grants and Assistance	Assistance						
1 Does the organiz	Does the organization maintain records to substantiate the amount of the	ubstantiate the		r assistance, the g	Irantees' eligibility	for the grants or assis	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	[
	criteria used to award the grants or assistance?	ce?						X Yes No
2C	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	dures for monito	oring the use of grant fu	unds in the United	States.			
Part II Grants an recipient th	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	nestic Organiz 00. Part II can I	ations and Domestic be duplicated if additio	Governments. Co nal space is neede	omplete if the orga d.	inization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and ac or go [,]	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BOULEVARD LOS ANGELES, CA 90025		95-3949646	501C(3)	89,469.	0.			SUB-GRANT FOR BHA PROJECT
HARVARD UNIVERSITY 1033 MASSACHUSETTS AVENUE, CAMBRIDGE, MA 02138	3RD FLOO	04-2103580	501C(3)	299,860.	0.			SUB-GRANT FOR BHA PROJECT
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	jovernment org	anizations listed in the	line 1 table				▶ 2.
3 Enter total numb	Enter total number of other organizations listed in the line 1 table	ted in the line 1	table					• 0 •
LHA For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e the Instructio	ons for Form 990.					Schedule I (Form 990) 2021

132101 10-26-21

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Schedule I (Form 990) 2021 CONCERN WORLDWIDE	DE (U.S.)	, INC.			13-3712030 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	sred "Yes" on Form 99	0, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	quired in Part I, lin	e 2; Part III, column	(b); and any other add	litional information.	
PART I, LINE 2:					
A REPORT IS PREPARED ON ANNUAL BASIS		EVALUATES	WHICH EVALUATES THE OVERALL PROJECT.	PROJECT.	
MONITORING VISITS ARE CARRIED OUT BY		N WORLDWID	CONCERN WORLDWIDE (U.S.). EACH	IACH	
ORGANIZATION SENDS A COPY OF THEIR	ANNUAL	TATEMENTS	STATEMENTS TO CONCERN WORLDWIDE	WORLDWIDE	
(U.S.). QUARTERLY FINANCE REPORTS /	ARE REVIE	WED BY CON	REVIEWED BY CONCERN WORLDWIDE (U.S.)	/IDE (U.S.)	
PRIOR TO THE CLAIM BEING PROCESSED.	•				

Schedule I (Form 990) 2021

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SC	HEDULE J		I	OMB No. 1	545-004	47	
	rm 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and	d Highest	-	00	1	
•	,	Compensated Employees	U U		ZU	ΖΙ	1
Deres		Complete if the organization answered "Yes" on Form 990, Par Attach to Form 990.	t IV, line 23.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest in	nformation.		Inspe	ction	
Nam	e of the organizatio				identificatio		nber
		CONCERN WORLDWIDE (U.S.), INC.		13-3	371203	0	
Ра	rt I Question	s Regarding Compensation					
	.					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person li		990,			
		line 1a. Complete Part III to provide any relevant information regarding these it					
	First-class or c		•				
		cation and gross-up payments I Health or social club dues of the social club d	•				
		spending account					
			naid, chadned	ii, chcij			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding pa	avment or				
~	•	provision of all of the expenses described above? If "No," complete Part III to ex	-		1b		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by a					
	•	rs, including the CEO/Executive Director, regarding the items checked on line 1			2		
	,						
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the	organization's				
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a rela	ted organizatio	on to			
	establish compens	ation of the CEO/Executive Director, but explain in Part III.					
	Compensation	n committee X Written employment contrac	ct				
	Independent compensation consultant						
	X Form 990 of a	ther organizations X Approval by the board or co	mpensation c	ommittee			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the) filing				
	organization or a re	-					
		e payment or change-of-control payment?			4a		X X
		and a summary frame and an with the and a summary state and a summary state of the summa			4.		X
С		eive payment from an equity-based compensation arrangement?			4c		
	I Tes to any or in	les 4a-c, list the persons and provide the applicable amounts for each termin P	art III.				
	Only section 501(c	;)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	compensatio	n			
	contingent on the r						
а	•				5a		X
		ation?					X
		or 5b, describe in Part III.					
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	/ compensatio	n			
	contingent on the r	et earnings of:					
а	The organization?				6a		X
b	Any related organiz	ation?			6b		X
	If "Yes" on line 6a of	or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfi					
		nes 5 and 6? If "Yes," describe in Part III			7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that wa					
_		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Pa			8		X
9		id the organization also follow the rebuttable presumption procedure described					
	Regulations section				9	0.000	
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		Scheo	dule J (Forn	n 990)	2021

Schedule J (Form 990) 2021 CONCE	ERN	CONCERN WORLDWIDE	(U.S.), IN	INC.	13-3712030	030		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).	be re	yees, and Highest C ported on Schedule J oon Part VII	ompensated Empl , report compensati	oyees. Use duplica on from the organiz	ite copies it additional s ation on row (i) and fror	space is needed. n related organizations	s, described in the instr	uctions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	ed inc	dividual must equal th	e total amount of F	orm 990, Part VII, Se	ection A, line 1a, applic	able column (D) and (E	:) amounts for that indiv	/idual.
		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) COLLEEN KELLY	Ξ	275,83	.0	•0	5,746.	32,546.	314,126.	0.
	(ii)		.0	• 0				•0
(2) KRISTEN RADIA	Ξ.	190,962.	•0	.00	4,058.	26,341.	221,361.	•
CFO (3) KIRK DRICHARD		170 000			۲ ۲	31 151	200 551	
Ğ				.0	5	-	-	• • •
(4) KATHLEEN FELESINA	Ξ	144,20	.0	.0	1,44	33,331.	178,973.	.0
DIRECTOR OF DEVELOPMENT, WEST COAST	(ii)		• 0	• 0	• 0	• 0		.0
(5) VANESSA BRIGHT	(i)	140,98	•0	•0	4,23	25,344.	170,56	0
E I	(7	•	•	ſ			
	() ()	141, 10	-		4,233.	24,007.		
VE OF INDIVIDUAL GIVING	<u> </u>	111 750			3 012	0. 01 658	169 120	
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	(ii)							
							Schedu	Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 CONCERN WORLDWIDE (U.S.), INC. Part III Supplemental Information	13-3712030 Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	omplete this part for any additional information.
	Schedule J (Form 990) 2021

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CHEDULE L		Tra	insactior	ıs V	Vith	Interested	l P	ersons			ON	/IB No. 1	545-00)47
orm 990)	CONCERN WORLDWIDE (U.S.), INC. Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(2) if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990 alified person (b) Relationship between disqualified person and organization (c) Description (c) Descr								6, 27,	28a,		2	02	<u>.1</u>
		Go to v						est information.			In	pen To spect	ion	
ne of the organizatior											ident		on nu	Imbe
											120	30		
	the organizatior						b, or	Form 990-EZ, Pa	art V, I	ine 40	b.	(.n	0	- 4 14
(a) Name of disquali	fied person	(a) P				illea	(c) D	escription of tran	sactio	n			Corre es	No
Department of the Treasury Internal Revenue Service ▲ 6a to www.irs.gov/Form990 for instructions and the latest information. Name of the organization CONCERN WORLDWIDE (U.S.), INC. Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) org. Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, F 1 (a) Name of disqualified person (b) Relationship between disqualified persons during the year under section 4958 2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization (c) Description of transection 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization (e) Original reported an amount on Form 990, Part X, line 5, or 22. (a) Name of interested person (b) Relationship (c) Purpose (d) Lean to arrow from the organization (f) Balance due to the organization in the organization 3 Enter the amount of Tax, if any, on line 2, above, reimbursed by the organization (f) Balance due to the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship (c) Purpose (d) Lean to arrow from the organization or form the organization and organization (f) Balance due to the organization and the organization and the organization or form the organization the organiza														
										► \$				
Enter the amount o	f tax, if any, on li	ne 2, a	above, reimburs	sed by	the org	ganization				▶ \$				
art II Loans to	and/or From	n Inte	erested Pers	sons.										
	the organizatior	n answ	vered "Yes" on I	Form 9	90-EZ.	. Part V. line 38a or	Form	n 990. Part IV. line	e 26: d	or if th	e oraa	nizatio	n	
	•					, ,		, ,	,		5			
(a) Name of			(c) Purpose				(1	f) Balance due) In	(h) Ap by bo	oroved		Vritte
		ization	of loan			principal amount			default?		comm		agree	ement
				То	From				Yes	No	Yes	No	Yes	No
							_							_
							_							_
							_							_
Department of the Treasury Internal Revenue Service Name of the organization Part I Excess Ben Complete if the 1 (a) Name of disqualified 2 Enter the amount of tax section 4958							+							+
							+							+
							-							-
							+							+
							+							-
al	1			1	I		5			1				1
	r Assistance	Ben	efiting Inter	ested	d Per		,							
			-											
			(b) Relationship interested pers	betwe son an	en	(c) Amount of	:	(d) Type assistant			•) Purp assista		of
		_	the organiza	auon										
		_												
section 4958 Enter the amount of tax, if ar art II Loans to and/or Complete if the organ reported an amount (a) Name of interested person (b) with (c) (c) (c) (c) (c) (c) (c) (c)		1				1		1						

Schedule L ((Form 990) 2021 CONCER	N WORLDWIDE (U.S.),	INC.	13-3712	030	Page 2
	Business Transactions Involvi					
	Complete if the organization answered	"Yes" on Form 990. Part IV. line 28a. 2	8b. or 28c.			
(a)) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
					Yes	No
EDWARD	KENNEY, JR.	SON OF BOARD MEMBER	69,958.	SEVERANCE P		X
	-					
Part V	Supplemental Information					
	Supplemental Information.		in sture tises)			
	Provide additional information for respo	onses to questions on Schedule L (see	Instructions).			
SCH I.	PART IV, BUSINESS T	RANGACUTONG THUOLUTN		DEBGONG.		
<u>ben n</u> ,	IARI IV, DODINEDD II	KANDACTIOND INVOLVII	16 INTERESTE			
(A) NAI	ME OF PERSON: EDWARD	KENNEY, JR.				
<u>(</u> ,						
(D) DES	SCRIPTION OF TRANSAC	TION: SEVERANCE PAYM	IENT			

Schedule L (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

ZUZ

Open to Public

Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization CONCERN WORLDWIDE (U.S.).

	CONCERN WORLI	DWIDE	(U.S.), IN	VC.	13-	3712	030	
Pa								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contri		0	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	9	107,281.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (MISCELLANEOUS)	Х	72	147,998.	FMV			
26	Other ► ()							
27	Other ► ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement				
			0				Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date		• • • • •		-			
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review of	of any nonstandard contribu	itions?	31		Х
	Does the organization hire or use third parties o	•	-	-				

b If "Yes," describe in Part II.
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

contributions?

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

Schedule M (Form 990) 2021

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132141 11-17-21

Schedule M	(Form 990) 2021	CONCERN	WORLDWIDE	(U.S.),	INC.	13-3712030	Page 2
Part II	Supplemental	Information	Provide the inform	nation required	by Part I, line	es 30b, 32b, and 33, and whether the organizati received, or a combination of both. Also compl	ion
	is reporting in Par	t I, column (b), th	ne number of contrik	outions, the nu	mber of items	received, or a combination of both. Also compl	lete
	this part for any a	dditional informa	ation.				
							000 0001
132142 11-17-2	21					Schedule M (Form S	99 0) 2021

SCHEDULE O (Form 990)

Name of the organization

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



CONCERN WORLDWIDE (U.S.), INC.

Employer identification number 13 - 3712030

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

ARE CONSTANTLY INNOVATING TO MAXIMIZE THE IMPACT AND SUSTAINABILITY OF

OUR PROGRAMS.

FORM 990, PART VI, SECTION A, LINE 2:

EDWARD KENNEY JR. IS THE SON OF A BOARD MEMBER EDWARD KENNEY SR.

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

THE 990 IS SENT TO THE THE AUDIT COMMITTEE OF CONCERN WORLDWIDE (U.S.) FOR

REVIEW. ONCE THE RETURN IS REVIEWED, THE BOARD OF DIRECTORS THEN RECIEVE A

COPY OF THE RETURN BEFORE IT IS FILED WITH THE IRS.

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

A LIST OF VENDORS IS DISTRIBUTED TO ALL BOARD MEMBERS EACH YEAR, ALONG WITH THE ANNUAL DISCLOSURE FORM. POLICIES ARE REVIEWED ON AN ANNUAL BASIS BY THE AUDIT COMMITTEE TO ENSURE COMPLIANCE.

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

THERE IS AN ANNUAL INTERNAL SALARY BENCHMARKING EXERCISE CONDUCTED AGAINST ANNUAL INDUSTRY SALARY SURVEYS TO ENSURE OUR CURRENT SALARIES FOR ALL POSITIONS ARE IN LINE WITH THE MARKET. THERE ARE ALSO WRITTEN EMPLOYMENT LETTERS FOR EVERY EMPLOYEE AT CONCERN U.S.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO

 MT, NE, NV, NH, NJ, NY, NM, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

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 11-11-21

16040923 758275 3100.000

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2021.04021 CONCERN WORLDWIDE (U.S.), 3100.001

Schedule O (Form 990) 2021 Page			
Name of the organization	Employer identification number		
CONCERN WORLDWIDE (U.S.), INC.	13-3712030		

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

THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE

AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS ARE POSTED

ON THE ORGANIZATION'S WEBSITE.

PART XI, LINE 2C

THE PROCESS BY WHICH THE ORGANIZATION APPOINTS A COMMITTEE THAT ASSUMES

RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENT

AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE

PRIOR YEAR.