Form 990
Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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



AI	For th	e 2012 calendar year, or tax year beginning and	d ending	_	
Β	Check if applicab	e: C Name of organization		D Employer identif	cation number
	Addre	ss concern foundation			
	Name			23-700	2878
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er
	 ated		300		0-6100
	Amen return	City, town, or post office, state, and ZIP code	•	G Gross receipts \$	2,665,080.
	Applic distance	^{a-} los angeles, ca 90035		H(a) Is this a group r	eturn
	pendi	¹⁹ F Name and address of principal officer: DEREK ALPERT		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates in	cluded? Yes No
		empt status: 🔟 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) or 📃 527	If "No," attach a	list. (see instructions)
		te: > WWW.CONCERNFOUNDATION.ORG		H(c) Group exemption	on number 🕨
		organization: X Corporation Trust Association Other >	L Year	of formation: 1968	V State of legal domicile: CA
Pá	_	Summary			
ĕ	1	Briefly describe the organization's mission or most significant activities:	RN FOUNDA	TION DISTRIBUTES	
Governance		RESEARCH GRANTS WORLDWIDE TO FUND CANCER RESEARCH.			
ern		Check this box 🕨 📖 if the organization discontinued its operations or disp			1
Š		Number of voting members of the governing body (Part VI, line 1a)			43
		Number of independent voting members of the governing body (Part VI, line 1b)			42
ies		Total number of individuals employed in calendar year 2012 (Part V, line 2a) \ldots		3	
Activities &	6	Total number of volunteers (estimate if necessary)			100
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>		0.
				Prior Year	Current Year
iue		Contributions and grants (Part VIII, line 1h)		1,368,004.	1,332,621.
Revenue		Program service revenue (Part VIII, line 2g)		121,747.	127,073.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		37,643.	37,993.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,527,394.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,166,250.	1,427,500.
		Benefits paid to or for members (Part IX, column (A), lines 1-5)		1,100,200.	0.
6		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		175,784.	183,593.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	b	Total fundraising expenses (Part IX, column (D), line 25)		-	
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		187,025.	216,052.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,529,059.	1,827,145.
		Revenue less expenses. Subtract line 18 from line 12		-1,665.	
or			Be	eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		3,923,191.	3,740,893.
d Bé	21	Total liabilities (Part X, line 26)		607,955.	734,950.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		3,315,236.	3,005,943.
Pá	art II	Signature Block			
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedu	les and statem	nents, and to the best of m	ly knowledge and belief, it is
true	, corre	t, and complete. Declaration of preparer (other than officer) is based on all information of v	which prepare	r has any knowledge.	

Sign Here	Signature of officer DEREK ALPERT, PRESIDENT			Date							
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN							
Paid	NANAZ BENYAMINI		11/11/13	self-employed P00666808							
Preparer	Firm's name 🕒 SINGERLEWAK LLP	•		Firm's EIN > 95-3439541							
Use Only	Firm's address 💊 10960 WILSHIRE BLVD. STE	700									
	LOS ANGELES, CA 90024-37		Phone no. (310) 477-3924								
May the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No							
232001 12-1	32001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)										

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Pa	rt III Statement of Program Service Accomplishments		8 Pag
	Check if Schedule O contains a response to any question in this Part III		[
1	Briefly describe the organization's mission:		
	CONCERN FOUNDATION DISTRIBUTES RESEARCH GRANTS WORLDWIDE TO FUND		
	CANCER RESEARCH.		
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
~	If "Yes," describe these new services on Schedule O.		Yes X
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		
л	Describe the organization's program service accomplishments for each of its three largest program services, as me	asured by	expenses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organizations are required to report the amount of grants are required to report the section 501(c)(4) organizations are required to report the section 501(c)(4) organizations are required to report the amount of grants and allocations are required to report the section 501(c)(4) organizations are required to report the section 501(c)(4) organizations are required to report the section 501(c)(4) organization 501(c)(4		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,579,400. including grants of \$ 1,427,500.) (Revenue \$		
	TO RAISE AND DISTRIBUTE FUNDS TO SUPPORT PROMISING SCIENTIFIC LABORATORY WORK IN THE FIELD OF CANCER RESEARCH. THEY ALSO HOST 2		
	ANNUAL OUTREACH ACTIVITIES FOR CHILDREN STRUGGLING WITH CANCER IN OUR		
	COMMUNITY.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
4c	(Code:) (Expenses \$		
1 2 3 4 4a 4a 4b			
2 3 4 4a 4a 4b 4b			
4d	Other program services (Describe in Schedule O.)		,
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,579,400.		- 000 ···
2200	2		Form 990 (2
3200			
2-10-	2		

CONCERN FOUNDATION Part IV Checklist of Required Schedules

			Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?							
	If "Yes," complete Schedule A	1	X					
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х					
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v				
	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			х				
F	during the tax year? If "Yes," complete Schedule C, Part II	4						
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		х				
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5						
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,							
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II							
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7						
	Schedule D, Part III	8		х				
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?							
	If "Yes," complete Schedule D, Part IV	9		Х				
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent							
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х					
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,							
	Part VI	11a	X					
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			х				
	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b						
С	• • • •	11c		x				
Ь	assets reported in Part X, line 16? <i>If "Yes," 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							
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х					
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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							
	Schedule D, Parts XI and XII	12a		Х				
b	Was the organization included in consolidated, independent audited financial statements for the tax year?							
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	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		X				
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,							
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41-	х					
16	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Δ					
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	x					
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	.5						
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х				
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	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					
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				
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						

Form **990** (2012)

232003 12-10-12

16541111 701224 1730

Form 990 (2012)	
-----------------	--

CONCERN FOUNDATION

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? 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	Х	
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 25	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? 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 Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? 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	<u> </u>
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? <i>If "Yes," complete</i>			x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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	33	- 21	
34		24		x
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
		3 58		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		<u> </u>
50	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
01	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 in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	x	

Form **990** (2012)

232004 12-10-12

16541111 701224 1730

Page 4

23-7002878

Form	990 (2012) CONCERN FOUNDATION 23-7002878		P	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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 3			
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 <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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		х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		L
6a	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).	_	v	
a	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?		X X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Δ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		x
ام	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		<u>л</u>
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7e		x
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		x
י מ	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(00.10)
		Form	990	(2012)

232005 12-10-12

16541111 701224 1730

	990 (2012) CONCERN FOUNDATION	23-700287			ag
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thi		a "No"	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.				
Sec	Check if Schedule O contains a response to any question in this Part VI tion A. Governing Body and Management				
				Yes	Π
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	43		T
	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 in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent		42		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				
	officer, director, trustee, or key employee?		. 2	X	
3	Did the organization delegate control over management duties customarily performed by or under the				
	of officers, directors, or trustees, or key employees to a management company or other person?				
4	Did the organization make any significant changes to its governing documents since the prior Form 9				
5	Did the organization become aware during the year of a significant diversion of the organization's ass				
6	Did the organization have members or stockholders?		. 6		:
/a	Did the organization have members, stockholders, or other persons who had the power to elect or ap		7.		.
	more members of the governing body?		. 7a		-
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		71		
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the yea		. 7b		·
8			8a	x	
	The governing body? Each committee with authority to act on behalf of the governing body?			X	┢
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read		. 00		┢
5	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		. 5		t
				Yes	
10a	Did the organization have local chapters, branches, or affiliates?		10a		T
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	• • •	10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			X	F
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	C C			
			12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			X	Γ
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye				
	in Schedule O how this was done		12c	x	
13	Did the organization have a written whistleblower policy?		13	Х	Γ
14	Did the organization have a written document retention and destruction policy?			Х	Γ
15	Did the process for determining compensation of the following persons include a review and approva				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		. 15a	X	
	Other officers or key employees of the organization			X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a			
	taxable entity during the year?		16a		2
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's			
	exempt status with respect to such arrangements?		. 16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed CA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 501(c)(3)s only	/) availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website I Upon request Other (explain	in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	nflict of interest policy,	and fina	ncial	
	statements available to the public during the tax year.				
20	State the name, physical address, and telephone number of the person who possesses the books ar	nd records of the organi	zation:	▶	
	LINDA ANDERSSON, FINANCE MANAGER - 310-360-6100				
32000	1026 S ROBERTSON BLVD. SUITE 300, LOS ANGELES, CA 90035				
2-10-	12		Forr	n 990	(20
				.	
41	111 701224 1730 2012.04040 CONCERN FOUNDAT	ION	17	30_	

Page 6

Form 990 (2	012) CONCERN FOUNDATION	23-7002878	Page 7						
Part VII	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
	Employees, and Independent Contractors								
	Check if Schedule O contains a response to any question in this Part VII								
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete	this table for all persons required to be listed. Report compensation for the calendar year ending with or wi	hin the organization's tax year.							
● List all	of the organization's current officers, directors, trustees (whether individuals or organizations)	regardless of amount of compens	sation						

Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition		one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer ar	id a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC)	from the
	related	Istee	truste		a	pensa		(W-2/1099-MISC)		organization
	organizations	ual tru	onali		ploye	ee				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JESSICA ALPERT-NICASTRO	1.00	<u> </u>	-	0	×	ᆂᅙ	Œ			
BOARD MEMBER		x						0.	٥.	0.
(2) HARVEY BEESEN	1.00									
BOARD MEMBER		x						0.	0.	0.
(3) CARLA DALY	1.00									
BOARD MEMBER		x						0.	Ο.	0.
(4) NANCY EISENSTADT	1.00									
BOARD MEMBER		х						0.	0.	0.
(5) DAVID ENTIN	1.00									
BOARD MEMBER		х						0.	0.	0.
(6) STEVE FORTNER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) STEVE R. FREED	1.00									
BOARD MEMBER		х						0.	0.	0.
(8) JIM FREEDMAN	1.00									
BOARD MEMBER		x						0.	0.	0.
(9) ANDREA FRIEDMAN	1.00									_
BOARD MEMBER		х						0.	0.	0.
(10) JACKIE GOTTLIEB	1.00									
BOARD MEMBER	1.00	х						0.	0.	0.
(11) STANLEY GOTTLIEB	1.00									
BOARD MEMBER	1 00	X						0.	0.	0.
(12) JAMES HAUSBERG BOARD MEMBER	1.00	x						0.	0.	0
(13) MAX SISSON LISZT	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(14) MARC LUBER, ESQ.	1.00									
BOARD MEMBER		x						0.	0.	0.
(15) IAN METROSE	1.00							-		
BOARD MEMBER		x						0.	0.	0.
(16) LAURI METROSE	1.00									
BOARD MEMBER		x						0.	0.	0.
(17) JUNE MILLER RICHARDS	1.00									
BOARD MEMBER		x						٥.	0.	0.
232007 12-10-12						7				Form 990 (2012)

16541111 701224 1730

2012.04040 CONCERN FOUNDATION

7

Name and title	Average hours per week Average (do not check more than one box, unless person is both an officer and a director/trustee)						h an	Reportable Reportable compensation compensati from from relate			ion amoun		
	(list any hours for related organizations below line)	tee or director	institutional trustee	Officer		Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org an	other pensa om th anizat d relat anizati	e ion ed
(18) FRANK MOTTEK	1.00	ц Ц	ŝu	8	Ke	e, Hi	Fo						
BOARD MEMBER	1.00	x						0.		ο.			Ο.
(19) JOYCE POWELL	1.00									••			<u> </u>
BOARD MEMBER		x						0.		Ο.			Ο.
(20) LARRY POWELL	1.00												
BOARD MEMBER		x						0.		Ο.			٥.
(21) RICK POWELL	1.00												
BOARD MEMBER		x						0.		Ο.			٥.
(22) DEBBIE POWELL	1.00												
BOARD MEMBER		x						0.		Ο.			٥.
(23) LAURIE RESCH	1.00												
BOARD MEMBER		x						0.		Ο.			Ο.
(24) MARC SCHULTZ	1.00												
BOARD MEMBER		x						0.		٥.			Ο.
(25) WILBUR SCHWARTZ, M.D.	1.00												
BOARD MEMBER		x						0.		Ο.			Ο.
(26) DANA SCHWARTZ	1.00												
BOARD MEMBER		х						0.		0.			0.
1b Sub-total								0.		0.			0.
c Total from continuation sheets to Part VI	I, Section A							102,638.		0.	20,035		
d Total (add lines 1b and 1c)								102,638.		٥.		20	,035.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bove	e) wł	no re	eceived more than \$100	,000 of reportable	9			
compensation from the organization													1
										1		Yes	No
3 Did the organization list any former officer,											-		v
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150								-	the organization		4	х	
5 Did any person listed on line 1a receive or a									idual for sonvicos		4		
rendered to the organization? If "Yes," com									idual for services		5		x
Section B. Independent Contractors			0, 0,		pore						0		
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	cont	racto	ors t	hat received more than	\$100.000 of com	oens	ation	rom	
the organization. Report compensation for	-	-											
(A) Name and business		NO						(B) Description of s		С) ompe		
								•					
• • • • • • • • • • • • •				1.1									
 Total number of independent contractors (in 	ncluding but n	ot li	mite	d to	tho	se lis	stec	above) who received m	nore than				

CONCERN FOUNDATION

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

(C)

(D)

(B)

Form 990 (2012)

(A)

0 \$100,000 of compensation from the organization

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2012)

23 - 7002878

(E)

Page 8

(F)

232008 12-10-12

8 2012.04040 CONCERN FOUNDATION

Form 990 CONCERN FOU			23-7002878							
Part VII Section A. Officers, Directors, T	rustees, Key E	mpl	oyee			ligh	est	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				itior			Reportable	Reportable	Estimated
	hours	(c	check all that apply)		compensation	compensation	amount of			
	per week						0	from the	from related	other
	(list any	Ę				ploye		organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direc				d em		(W-2/1099-MISC)	(00-271033-10100)	organization
	related	ee or	stee			nsate				and related
	organizations	trust	nal tru		oyee	отре				organizations
	below	Individual trustee or director	Institutional trustee	LBL	Key employee	Highest compensated employee	1er			-
	line)	Indi	Inst	Officer	Key	High	Former			
(27) STEVEN TELLER	1.00							8		
BOARD MEMBER		X	-	_			_	٥.	0.	0.
(28) LISI TELLER	1.00									
BOARD MEMBER	1 00	X						0.	0.	0
(29) ROBERT THOM BOARD MEMBER	1.00				ł					
(30) STEVE ULLMAN	1.00	X	-				_	0.	0.	0
BOARD MEMBER	1.00	x						0.	0.	0
(31) SCOTT VICKERS	1.00			-	-		_	0.	υ.	0
BOARD MEMBER	1.00	x						0.	0.	0
(32) BRIANA VICKERS	1.00		-		-	-		· · ·	· · ·	0
BOARD MEMBER	1.00	x						0.	0.	0
(33) MYRNA ZIMMERMAN	1.00		\vdash							0
BOARD MEMBER	1.00	x						0.	0.	0
(34) STANLEY ZIMMERMAN	1.00	<u> </u>		-						
BOARD MEMBER		x						0.	0.	0
(35) LEXY CARROLL	1.00	-								
CO-CHAIR OF THE BOARD		x						0.	0.	0.
(36) JOHN CARROLL	1.00									
CO-CHAIR OF THE BOARD		x						0.	0.	0,
(37) LORENE GOLDMAN	1.00									
VICE CHAIRMAN		x						0.	0.	0.
(38) ROBERT S. GOLDMAN	1.00									
VICE CHAIRMAN		x						0.	0.	0
(39) ANNE BARNETT	1.00								· · · · · · · · · · · · · · · · · · ·	
EXECUTIVE VICE PRESIDENT	_	X						Ο.	0.	0
(40) BILL BARNETT	1.00									
EXECUTIVE VICE PRESIDENT		X						0.	0.	0
(41) MICHAEL FIRESTEIN, ESQ.	1,00									
SECRETARY/LEGAL COUNSEL		X						0.	0.	0.
(42) MARC LAUTER	1.00					1				
CHIEF FINANCIAL OFFICER		x			_	-		0.	0.	0
(43) DEREK ALPERT	40.00									
PRESIDENT	10.00	x	\vdash	X		-				
(44) DEREK ALPERT - SPEC. EVENTS	40.00	l.,		.						
PRESIDENT		X		X	-		_			
							_			
		1								
Total to Part VII, Section A, line 1c			-							

232201 07-25-12

9 16541111 701224 1730 2012.04040 CONCERN FOUNDATION

			2012) CONCERN		23-7002878	Page 9			
Pa	rt V	111	Statement of Reven	ue					
			Check if Schedule O conta	ains a response	to any question i	n this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1	а	Federated campaigns	1a					
<u>S</u> ra		b	Membership dues	1b					
S, (Am		с	Fundraising events	1c	885,489.				
Giflar		d	Related organizations	1d					
ns, imi		е	Government grants (contributi	ons) 1e					
er S		f	All other contributions, gifts, grant						
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included abov	/e 1f	447,132.				
onti od (g	Noncash contributions included in lines	1a-1f: \$	113,296.				
άČ		h	Total. Add lines 1a-1f		▶	1,332,621.			
					Business Code				
Program Service Revenue	2	а							
erv ue		b							
m S ven		C							
gra		d							
Pro		e	All - 41						
_			All other program service reve						
	3	y	Total. Add lines 2a-2f						
	5		other similar amounts)			123,272.			123,272.
	4		Income from investment of tax			, -			
	5		Royalties						
	-			(i) Real	(ii) Personal				
	6	а	Gross rents	()	(
		b	Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)		►				
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	625,262.					
		b	Less: cost or other basis						
			and sales expenses	621,461.					
		С	Gain or (loss)	3,801.					
			Net gain or (loss)		🕨	3,801.			3,801.
an	8	а	Gross income from fundraising						
ven			including \$ 885						
Re			contributions reported on line	,	537,168.				
Other Revenue		h	Part IV, line 18		545,932.				
đ			Less: direct expenses Net income or (loss) from fund		▶	-8,764.			-8,764.
			Gross income from gaming ac	-		5,751.			0,,01.
	3	a	Part IV, line 19						
		h	Less: direct expenses		<u> </u>				
			Net income or (loss) from gam		>				
			Gross sales of inventory, less	-	F				
			and allowances						
		b	Less: cost of goods sold						
			Net income or (loss) from sales						
			Miscellaneous Revenue		Business Code				
	11		PASSTHROUGH INCOME		900099	35,194.			35,194.
		b	GRANTS REFUNDED		900099	11,563.	11,563.		
		с							
			All other revenue						
		е	Total. Add lines 11a 11d			46,757.		-	
	12		Total revenue. See instructions.		🕨	1,497,687.	11,563.	0.	153,503.

232009 12-10-12

16541111 701224 1730

10 2012.04040 CONCERN FOUNDATION Form **990** (2012)

1730___1

	IX Statement of Functional Expense			malata art (A)	
ection	n 501(c)(3) and 501(c)(4) organizations must comp		-	omplete column (A).	
	Check if Schedule O contains a respons	(A) se to any question in thi	s Part IX	(C)	L
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	rants and other assistance to governments and				
0	rganizations in the United States. See Part IV, line 21	1,110,000.	1,110,000.		
2 G	Grants and other assistance to individuals in				
tł	ne United States. See Part IV, line 22				
3 G	Grants and other assistance to governments,				
0	rganizations, and individuals outside the				
	Inited States. See Part IV, lines 15 and 16	317,500.	317,500.		
4 B	enefits paid to or for members				
5 C	Compensation of current officers, directors,				
tr	rustees, and key employees	122,673.	35,050.		87,62
6 C	ompensation not included above, to disqualified				
р	ersons (as defined under section 4958(f)(1)) and				
р	ersons described in section 4958(c)(3)(B)				
7 C	Other salaries and wages	45,210.	17,670.	27,540.	
	ension plan accruals and contributions (include				
S	ection 401(k) and 403(b) employer contributions)	935.	366.	569.	
9 C	Other employee benefits	5,675.	1,540.	4,135.	
	Payroll taxes	9,100.	2,972.	2,262.	3,8
	ees for services (non-employees):				-
	lanagement				
	egal				
		24,948.	7,734.	4,740.	12,4
			.,		/ _
	obbying				
	nvestment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25,				
•	olumn (A) amount, list line 11g expenses on Sch O.)	3,569.	1,106.	678.	1,7
		19,131.	5,472.	3,354.	10,3
	dvertising and promotion	10,440.	3,237.	1,983.	5,2
	Office expenses			,	,
	nformation technology	7,078.	2,194.	1,345.	3,5
	Royalties	F0 000	10.055	11 100	20.4
		58,888.	18,255.	11,189.	29,4
	ravel	5,100.	1,581.	969.	2,5
	ayments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	nterest				
	Payments to affiliates				
2 D	Depreciation, depletion, and amortization	1,694.	526.	321.	8
	nsurance	7,256.	2,268.	1,421.	3,5
a 2	ther expenses. Itemize expenses not covered bove. (List miscellaneous expenses in line 24e. If line 4e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule 0.)				
	CIENTIFIC REVIEW COMMI	46,160.	46,160.		
	EPAIRS AND MAINTENANCE	12,632.	3,916.	2,400.	6,3
c C	REDIT CARD MERCHANT FE	12,529.			12,5
	QUMIPMENT RENTAL	5,652.	1,752.	1,074.	2,8
	Il other expenses	975.	, 101.	269.	, 6
	total functional expenses. Add lines 1 through 24e	1,827,145.	1,579,400.	64,249.	183,4
	oint costs. Complete this line only if the organization	, , , , •	, , , , , , , , , , , , , , , , , , , ,	-,•	
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	heck here here here here here here here her				

232010 12-10-12

16541111 701224 1730

Form **990** (2012)

1730___1

16541111 701224 1730

12 2012.04040 CONCERN FOUNDATION

					5 5 7		,
	1	Cash - non-interest-bearing			10,221.	1	10,462.
	2	Savings and temporary cash investments			414,137.	2	391,207.
	3 Pledges and grants receivable, net				213,618.	3	196,075
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section	-				
		employers and sponsoring organizations of sec					
		employees' beneficiary organizations (see instr)			6		
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
•	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	38,300.			
	b	Less: accumulated depreciation	10b	32,717.	5,963.	10c	5,583
	11	Investments - publicly traded securities			2,896,946.		2,738,087
	12		Investments - other securities. See Part IV, line 11				
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	289,823.	15	306,996		
	16	Total assets. Add lines 1 through 15 (must equ	3,923,191.	16	3,740,893		
	17	Accounts payable and accrued expenses	38,087.	17	28,875		
	18	Grants payable			356,250.	18	510,000
	19	Deferred revenue			213,618.	19	196,075
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete		21			
2	22	Loans and other payables to current and forme					
		key employees, highest compensated employee					
i		Complete Part II of Schedule L		22			
2	23	Secured mortgages and notes payable to unrel		23			
2	24	Unsecured notes and loans payable to unrelate				24	
2	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D			25		
2	26	Total liabilities. Add lines 17 through 25			607,955.	26	734,950
Τ		Organizations that follow SFAS 117 (ASC 958	3), cheo	k here 🕨 🗴 and			
		complete lines 27 through 29, and lines 33 ar	nd 34.				
2	27	Unrestricted net assets			1,149,826.	27	819,358
2	28	Temporarily restricted net assets			245,038.	28	266,213
2	29			<u></u>	1,920,372.	29	1,920,372
		Organizations that do not follow SFAS 117 (A					
		and complete lines 30 through 34.					
3	30	Capital stock or trust principal, or current funds			30		
3	31	Paid-in or capital surplus, or land, building, or ea				31	
	32	Retained earnings, endowment, accumulated in				32	
: 3	33	Total net assets or fund balances			3,315,236.	33	3,005,943
	34	Total liabilities and net assets/fund balances			3,923,191.	34	3,740,893

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

(A) Beginning of year

Page **11**

1730___1

(B) End of year

Form 990 (2012)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI X 1 Total revenue (must equal Part VIII, column (A), line 12) 1 1,497,687. 2 Total expenses (must equal Part IX, column (A), line 25) 2 1,827,145. 3 Revenue less expenses. Subtract line 2 from line 1 3 -329,458. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 3,315,236. 5 Net unrealized gains (losses) on investments 5 10,223. 6 Donated services and use of facilities 7 7 Investment expenses 7 8 Proir period adjustments 8 9 0 ther changes in net assets or fund balances (explain in Schedule O) 9 9,942. 10 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain in Schedule O. 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, consol	Form	990 (2012) CONCERN FOUNDATION	23-7002878	3	Pa	ge 12					
1 Total revenue (must equal Part VIII, column (A), line 12) 1 1, 497, 687. 2 Total expenses (must equal Part X, column (A), line 25) 2 1, 827, 145. 3 Revenue less expenses. Subtract line 2 from line 1 3 -329, 458. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 3, 315, 236. 5 Net unrealized gains (losses) on investments 5 10, 223. 6 7 7 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 9, 942. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 3, 005, 943. Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Cash Accrual Other 1 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, or both: 1 Separate basis Consolidated basis Both consolidated and separate basis 2b X 1 Were the organization's financial statements aud/ted by a independent accountant? 2b X 1 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: Separate basis <td>Par</td> <td>t XI Reconciliation of Net Assets</td> <td></td> <td></td> <td></td> <td></td>	Par	t XI Reconciliation of Net Assets									
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,827,145. 3 Revenue less expenses. Subtract line 2 from line 1 3 -329,458. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 3,315,236. 5 Net unrealized gains (losses) on investments 5 10,223. 6 6 7 7 8 9 9 0ther changes in net assets or fund balances (explain in Schedule O) 9 9,942. 10 8 9 9 Other changes in net assets and of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 3,005,943. Part XII Financial Statements and Reporting 10 3,005,943. Check if Schedule O contains a response to any question in this Part XII 10 3,005,943. 11 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 in Schedule O. 2a X 12 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X		Check if Schedule O contains a response to any question in this Part XI				X					
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,827,145. 3 Revenue less expenses. Subtract line 2 from line 1 3 -329,458. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 3,315,236. 5 Net unrealized gains (losses) on investments 5 10,223. 6 6 7 7 8 9 9 0ther changes in net assets or fund balances (explain in Schedule O) 9 9,942. 10 8 9 9 Other changes in net assets and of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 3,005,943. Part XII Financial Statements and Reporting 10 3,005,943. Check if Schedule O contains a response to any question in this Part XII 10 3,005,943. 11 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 in Schedule O. 2a X 12 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X											
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,827,145. 3 Revenue less expenses. Subtract line 2 from line 1 3 -329,458. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 3,315,236. 5 10,223. 5 10,223. 6 6 - 7 8 Prior period adjustments 6 9 Other changes in net assets or fund balances (explain in Schedule O) 9 9,942. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 3,005,943. Part XII Financial Statements and Reporting - - - Check if Schedule O contains a response to any question in this Part XII - - - 1 Accounting method used to prepare the Form 990: Cash X Accrual Other - 1 ft reves," 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: - 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consol	1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	1	,497	,687.					
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 3, 315, 236. 5 Net unrealized gains (losses) on investments 5 10, 223. 6 6 7 7 8 7 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 9, 9, 942. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 3, 005, 943. Part XII Financial Statements and Reporting 10 3, 005, 943. Check if Schedule O contains a response to any question in this Part XII 10 3, 005, 943. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 ft "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 2b X 1 ft "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 2b X 1 Fires," check a box below to indicate wh	2										
5 Net unrealized gains (losses) on investments 5 10,223. 6 0nated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 9,942. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (E)) 10 3,005,943. Part XII Financial Statements and Reporting 10 3,005,943. Check if Schedule O contains a response to any question in this Part XII 10 3,005,943. 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 in Schedule O. 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: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the yea	3										
6 Donated services and use of facilities 6 7	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	3	,315	,236.					
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 9,942. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 3,005,943. Part XII Financial Statements and Reporting 10 3,005,943. Check if Schedule O contains a response to any question in this Part XII 10 3,005,943. 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 in Schedule O. 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: 2a X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2b X 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: 2b X If "Yes," check a box below to indicate whether the financial	5	Net unrealized gains (losses) on investments	. 5		10	,223.					
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 9,942. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 3,005,943. Part XII Financial Statements and Reporting 10 3,005,943. Check if Schedule O contains a response to any question in this Part XII 10 3,005,943. 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 in Schedule O. 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: 2a X 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: 2b X 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: 2b X 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: 2b X If "Yes," check a box	6										
9 Other changes in net assets or fund balances (explain in Schedule O) 9 9,942. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 3,005,943. Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII I 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 in Schedule O. 2a X I "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Ocnosolidated basis or both: Separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis	7	Investment expenses	. 7								
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 3, 005, 943. Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Image: State in the	8	Prior period adjustments	. 8								
column (B)) 10 3,005,943. Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Image: Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Check if Schedule O. 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 1f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X 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: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X	9	Other changes in net assets or fund balances (explain in Schedule O)	. 9		9	,942.					
Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Image: Check if Schedule O contains a response to any question in this Part XII 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 in Schedule O. 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 X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis b X b Were the organization's financial statements audited by an independent accountant? 2b X 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: 2b X 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: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes resp	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,									
Check if Schedule O contains a response to any question in this Part XII 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 in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis Cash Consolidated basis Consolidated basis Both consolidated and separate basis Cash Cash Both consolidated and separate basis Cash Cash Cash Both consolidated and separate basis Cash			. 10	3	,005	,943.					
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Par	t XII Financial Statements and Reporting									
1 Accounting method used to prepare the Form 990: □ Cash X Accrual □ Other Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 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: □ 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 □ □ □ b Were the organization's financial statements audited by an independent accountant? 2b X 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: □ 2b X 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: □ □ □ Separate basis X Consolidated basis □ □ □ □ If "Yes," the che a dox below to indicate whether the financial statements for the year were audited on a separate basis □ □ □ □ □		Check if Schedule O contains a response to any question in this Part XII									
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis C If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?					Yes	No					
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: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X 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: 2b X 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: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other									
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: If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 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: 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: If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If "Yes," check a basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If "Xes,"											
separate basis, consolidated basis, or both: Separate basis Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Separate basis X Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X					
 Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ved on a								
b Were the organization's financial statements audited by an independent accountant? 2b X 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: 2b X Separate basis X Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X		separate basis, consolidated basis, or both:									
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: Separate basis X Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	Separate basis Consolidated basis Both consolidated and separate basis										
consolidated basis, or both: Separate basis	b	Were the organization's financial statements audited by an independent accountant?		2b	Х						
 Separate basis X Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a sepa	ırate basis,								
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X											
review, or compilation of its financial statements and selection of an independent accountant?		Separate basis X Consolidated basis Both consolidated and separate basis									
	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,										
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	review, or compilation of its financial statements and selection of an independent accountant?										
		If the organization changed either its oversight process or selection process during the tax year, explain in S	chedule O.								
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			Single Audit								
Act and OMB Circular A-133? 3a X				3a		X					
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	equired audit								
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b							

Form **990** (2012)

232012 12-10-12

SCHEDULE A	
------------	--

(Form 990 or 990-E	2
--------------------	---

Department of the Treasury

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.

Intern	al Reve	nue Service	🕨 At	tach to Form 990 or Fo	orm 990-E	Z. 🕨 See	separate	instructio	ons.			Inspe	ction	
Nan	ne of t	the organizati	on						E	mployer	iden	tificati	on nu	mber
			CONCERN FOU	UNDATION						2	3-70	02878		
Pa	rt I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.					
The	organ	nization is not a	a private foundation	because it is: (For lines ⁻	1 through	11, check	only one b	ox.)						
1	Ľ	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)						
2				'0(b)(1)(A)(ii). (Attach Sc										
3		A hospital or	a cooperative hospi	tal service organization	described	in section	170(b)(1)(A)(iii).						
4		A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the r	ospital	's nan	ne,
		city, and state:												
5		An organizati	ion operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental un	t descrik	oed ir	۱		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)										
6		A federal, sta	te, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).						
7	X	An organizati	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit c	or from the	general	publ	ic desc	ribed	in
		section 170(b)(1)(A)(vi). (Comple	te Part II.)										
8		A community	r trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)								
9		An organizati	ion that normally rec	eives: (1) more than 33 ⁻	1/3% of its	support fi	rom contri	butions, m	nembershi	p fees, a	and g	ross rec	eipts	from
		activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	3% of its	suppor	t fron	n gross	invest	tment
		income and ι	unrelated business ta	axable income (less sect	tion 511 ta	ıx) from bu	sinesses a	acquired b	y the orga	nization	after	June 3	0, 197	75.
		See section	509(a)(2). (Complete	e Part III.)										
10		An organizati	ion organized and op	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	4).					
11		An organizati	ion organized and op	perated exclusively for the	ne benefit	of, to perfo	orm the fur	nctions of,	or to carr	y out the	e purp	ooses c	of one	or
				ations described in section				?). See sec	tion 509(a)(3). Ch	ieck t	he box	that	
				organization and compl		-								
		a 📖 Type I				nctionally i	•			e III - No			-	•
е				at the organization is not										
			•	han one or more publicly	, ,,	•				9(a)(1) or	sect	ion 509	(a)(2).	
f				ten determination from t										_
				nis box										. ட
g		•		organization accepted ar					• ·				No.	
		., .		lirectly controls, either al	•		•				́ г	4 4/:)	Yes	No
				upported organization?								11g(i)	<u> </u>	
		(ii) A family member of a person described in (i) above? 11g(ii)												
h	(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s).													
h		Provide the h	ollowing information	about the supported of	ganization	(S).								
	Mamo	of cupported	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Did you	unotify the	(vi) Is	the	(1411)	Amount	ofmo	notary
(1)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9	r /	sted in your	organizati		organizáti (i) organiz	on in col.	(vii) Amount of monetary support			
	5.9			above or IRC section	governing	document?	(i) of your	support?	U.S	?		Sab		
				(see instructions))	Yes	No	Yes	No	Yes	No	1			
											<u> </u>			

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

16541111 701224 1730

14 2012.04040 CONCERN FOUNDATION OMB No. 1545-0047

Open to Public

l

Schedule A (Form 990 or 990-EZ) 2012 CONCERN FOUNDATION

(a) 2008

1,330,733

Part II

Section A. Public Support Calendar year (or fiscal year beginning in)

1 Gifts, grants, contributions, and membership fees received. (Do not

2 Tax revenues levied for the organ-

include any "unusual grants.")

%

%

► X

173,742

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 6,177,329. 1,330,733 1,095,396. 1,050,575. 1,368,004. 1,332,621, The portion of total contributions 5 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) 5,667,577, Public support. Subtract line 5 from line 4. 6 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 1,330,733 1,095,396 1,050,575 1,368,004 1,332,621 6,177,329. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 160,175 131,627 131,429 121,747 127,073 and income from similar sources 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 41,118. 34,359 29,869. 33,202 35,194 assets (Explain in Part IV.) 7,023,122 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 80.70 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f) 14 84.70 15 Public support percentage from 2011 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

(b) 2009

1,095,396

<u>(c)</u>2010

1,050,575.

(d) 2011

1,368,004

16541111 701224 1730

232022 12-04-12

Schedule A (Form 990 or 990-EZ) 2012

23 - 7002878Page 2

(f) Total

6,177,329.

509,752.

672,051.

(e) 2012

1,332,621

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support					_	
Calendar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and	1					
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	L					
3 Gross receipts from activities that	·					
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or overaged an its behalf						
or expended on its behalf						
5 The value of services or facilities	1					
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	1					
3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	l					
b Unrelated business taxable income	·					
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for	the organization'	s first second thi	ird fourth or fifth	tax vear as a secti	on 501(c)(3) organi	zation
check this box and stop here	Ũ	, ,	, ,		()()	í m
Section C. Computation of Publi						·····
15 Public support percentage for 2012 (I			column (f))		15	%
16 Public support percentage from 2011						%
Section D. Computation of Inves						/0
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2						%
19a 33 1/3% support tests - 2012. If the						
more than 33 1/3%, check this box a	-					
b 33 1/3% support tests - 2011. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio			•			
232023 12-04-12			, or roo, oncort		hedule A (Form 99	
			16			

16541111 701224 1730

2012.04040 CONCERN FOUNDATION

1730___1

23-7002878	Pag
II, line 10; Part II, line 17a	or 17b;
hedule A (Form 990 or 99	0-EZ) 2
	23-7002878 II, line 10; Part II, line 17a

Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Employer identification number

23-7002878

N	ame	of	the	organ	ization
---	-----	----	-----	-------	---------

Organization	type (check one):	
--------------	-------------------	--

Filers of:	Section:
Form 990 or 990-EZ	X 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 is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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.

J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2012)
------------	------------	---------	------------	--------

Name of organization

Page 2

CONCERN FOUNDATION

Employer identification number

23-7002878

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	24 	\$143,250.	Person X Payroll D Noncash (Complete Part II if there is a noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$99,636.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$60,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$50,000.	Person X Payroll Noncash (Complete Part II if there

2012.04040 CONCERN FOUNDATION

16541111 701224 1730

Schedule B	(Form 990,	, 990-EZ, or	990-PF)	(2012)
------------	------------	--------------	---------	--------

Name of organization

CONCERN FOUNDATION

23-7002878

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$40,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		- \$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Development of the second sec
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II if there is a noncash contribution.)
223452 12-2	1-12 20	Schedule B (Form	990, 990-EZ, or 990-PF) (2012

2012.04040 CONCERN FOUNDATION

16541111 701224 1730

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)
Name of organization

Page **3**

CONCERN FOUNDATION

23-7002878

Employer identification number

	Noncash Property (see instructions). Use duplicate copies of Part		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	1,380 SHARES OF ACE LIMITED STOCK	—	
		\$99,636.	07/19/12
(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
_		\$	

16541111 701224 1730

2012.04040 CONCERN FOUNDATION

1730___1

	year. Complete columns (a) through (e) and the total of <i>exclusively</i> religious, charitable, e Use duplicate copies of Part III if additio	etc., contributions of \$1,000 or less fo	ons completing Part I r the year. _{(Enter this inform}	anizations that total more than \$1,000 II, enter mation once.) ► \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(1	d) Description of how gift is held
		(e) Transfer of gi	 ft	
-	Transferee's name, address, a	and ZIP + 4	Relationshi	o of transferor to transferee
(a) No. from Part I –	(b) Purpose of gift	(c) Use of gift	(i	d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gi and ZIP + 4		o of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(0	d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gi		o 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	 ft	
-	Transferee's name, address, a	and ZIP + 4	Relationshi	o of transferor to transferee

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

Nam	e of the organization				Employer identification number
De	CONCERN FOUNDATION	d Eundo a	v Other Similar Fur	de er A	23-7002878
Pa			or Other Similar Fur	ias or A	ccounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		onor advised funds	0	b) Funds and other accounts
	-	(d) D		, (L	Funds and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	-			
•	are the organization's property, subject to the organization's				
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of				
Pa	impermissible private benefit?				Yes No
		-		J, Fartiv, I	line 7.
1	Purpose(s) of conservation easements held by the organizat Preservation of land for public use (e.g., recreation or elements)			historically	wimportant land area
	Protection of natural habitat	education	Preservation of a c		y important land area
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied consonua	tion contribution in the fe	rm of a co	nsonvation assemant on the last
2	day of the tax year.				iservation easement on the last
	day of the tax year.			Г	Held at the End of the Tax Year
а	Total number of conservation easements				2a
b	Total acreage restricted by conservation easements				2b
с С	Number of conservation easements on a certified historic st				2c
d	Number of conservation easements included in (c) acquired				20
u	listed in the National Register				2d
3	Number of conservation easements modified, transferred, re				
•	year		galeriea, er terrinnatea by	the ergan	
4	Number of states where property subject to conservation ea	isement is loc	ated		
5	Does the organization have a written policy regarding the pe			 of	
-	violations, and enforcement of the conservation easements				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting				
7	Amount of expenses incurred in monitoring, inspecting, and				
8	Does each conservation easement reported on line 2(d) abo				
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservat				
	include, if applicable, the text of the footnote to the organiza	tion's financia	al statements that describ	es the org	anization's accounting for
	conservation easements.			-	-
Pa	t III Organizations Maintaining Collections of	of Art, Hist	orical Treasures, or	Other S	Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV,	line 8.		
1a	If the organization elected, as permitted under SFAS 116 (As	SC 958), not t	o report in its revenue sta	itement an	d balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, educ	ation, or research in furth	erance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these ite	ms.		
b	If the organization elected, as permitted under SFAS 116 (As	SC 958), to re	port in its revenue statem	ent and ba	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or r	esearch in furtherance of	public ser	vice, provide the following amounts
	relating to these items:				
	(i) Revenues included in Form 990, Part VIII, line 1				▶ \$
					-
2	If the organization received or held works of art, historical tre	easures, or oth	her similar assets for finar	icial gain, p	provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958)) relating to these items:		
а	Revenues included in Form 990, Part VIII, line 1				
b	Assets included in Form 990, Part X				▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 9	90.		Schedule D (Form 990) 2012
23205 12-10-	2		0.0		

16541111 701224 1730

23 2012.04040 CONCERN FOUNDATION OMB No. 1545-0047

Open to Public

Inspection

1

2

Sche	dule D (Form 990) 2012 CONCERN FOU	JNDATION				23-7002	378	Page 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or C	other Si	milar Asse	ts(contin	nued)
3	Using the organization's acquisition, accessi	ion, and other record	s, check any of the	following that are	e a signific	ant use of its	collection	n items
	(check all that apply):							
а	Public exhibition	d		hange programs				
b	Scholarly research	е	U Other					
с	Preservation for future generations							
4	Provide a description of the organization's co						t XIII.	
5	During the year, did the organization solicit of						٦	—
Dec	to be sold to raise funds rather than to be m						Yes	└── No
Pa	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Yes	" to Form	990, Part IV,	line 9, or	
	reported an amount on Form 990, Pa							
та	Is the organization an agent, trustee, custod						7	
	on Form 990, Part X?					L	Yes	└── No
a	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				A	
							Amount	
	Beginning balance					lc Id		
	Additions during the year					le		
f	Distributions during the year					le 1f		
	Ending balance Did the organization include an amount on F	orm 990 Part X line			····· L		Yes	No
	If "Yes," explain the arrangement in Part XIII.							
Pai								
		(a) Current year	(b) Prior year	(c) Two years ba		ree years back	(e) Four	years back
1a	Beginning of year balance	1,943,115.	1,961,975.			1,983,193.		,978,827.
	Contributions					<u> </u>		
	Net investment earnings, gains, and losses	102,537.	93,994.	94,70	06.	87,822.		10,805.
	Grants or scholarships							
	Other expenditures for facilities							
	and programs	97,455.	112,854.	104,00)5.	99,741.		6,439.
f	Administrative expenses							
	End of year balance	1,948,197.	1,943,115.	1,961,97	75.	1,971,274.	1	,983,193.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment 🕨		_%					
b	Permanent endowment 99.00	%						
с	Temporarily restricted endowment	1.00 %						
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered	for the org	ganization	-	
	by:							Yes No
	(i) unrelated organizations							X
	(ii) related organizations							X
b	If "Yes" to 3a(ii), are the related organization						3b	
4	Describe in Part XIII the intended uses of the							
Pai	t VI Land, Buildings, and Equipm							
	Description of property	(a) Cost or ot			c) Accumi		(d) Bool	< value
	L - u - d	basis (investm		(other)	deprecia			
	Land							
	Buildings			2 751		1 334		1 /17
	Leasehold improvements			2,751.		1,334.		1,417.
	Equipment			31,833.		29,800.		2,133.
	Other		X column (P) line 1	,		<u> </u>		5,583.
Tota	Add miles ta trifough te. (Column (d) must e	quai i 01111 990, Fall i	л, сошти (Б), ште т	0(0)./		Sobodula	D (Earm	1 990) 2012
						Scheddle	ווטיזו ע	1 3301 20 12

16541111 701224 1730

Schedule D (Form 990) 2012 CONCERN FOUNDATIO			23-	7002878 Page
Part VII Investments - Other Securities. See				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or end	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related. See				
(a) Description of investment type	(b) Book value		valuation: Cost or end	d-of-year market value
	(b) BOOK value			roryear market value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(7)				
(8)				
(9)				
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►				
Part IX Other Assets. See Form 990, Part X, line	15.			
	Description			(b) Book value
(1) PLANNED GIFT RECEIVABLE				238,388
(2) OTHER ASSETS				68,608
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line				306,996
Part X Other Liabilities. See Form 990, Part X, li	ine 25.			
1.(a) Description of liability		(b) Book value	_	
(1) Federal income taxes			_	
(2)			_	
(3)			_	
(4)			_	
(5)			_	
(6)			_	
(7)			_	
(8)			_	
(9)			_	
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line				
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the tex				
liability for uncertain tax positions under FIN 48 (ASC 7	40). Check here if the	e text of the footnote has	s been provided in Pa	urt XIII X

232053	
12-10-12	

Sche	dule D	O (Form 990) 2012 CONCERN FOUNDATION			23-7002878	Page 4
Par	t XI	Reconciliation of Revenue per Audited Financial Sta	tements With F	Revenue per R	eturn	
1	Total	revenue, gains, and other support per audited financial statements			1	1,521,689.
2	Amou	unts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains on investments	2a	10,223.		
b	Dona	ted services and use of facilities	2b	15,400.		
с	Reco	veries of prior year grants	2c			
d	Othe	r (Describe in Part XIII.)	2d	16,093.		
е		ines 2a through 2d			2e	41,716.
3		ract line 2e from line 1			3	1,479,973.
4		unts included on Form 990, Part VIII, line 12, but not on line 1 :				
а		tment expenses not included on Form 990, Part VIII, line 7b				
b	Othe	r (Describe in Part XIII.)	4b	17,714.		
с		ines 4a and 4b			4c	17,714.
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,497,687.
Pa		Reconciliation of Expenses per Audited Financial Sta			Return	
1		expenses and losses per audited financial statements			1	1,830,982.
2		unts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а		ted services and use of facilities		15,400.		
b		year adjustments				
С		r losses				
d		r (Describe in Part XIII.)	2d			
е		ines 2a through 2d			2e	15,400.
3		ract line 2e from line 1			3	1,815,582.
4		unts included on Form 990, Part IX, line 25, but not on line 1 :	1 1			
а		tment expenses not included on Form 990, Part VIII, line 7b				
b	Othe	r (Describe in Part XIII.)	4b	11,563.		
С		ines 4a and 4b			4c	11,563.
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	8.)		5	1,827,145.
		Supplemental Information				
		his part to provide the descriptions required for Part II, lines 3, 5, and 9;				V, line 4; Part
		art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this		additional informat	ion.	
PART	'V, 1	LINE 4: EARNINGS FROM THE MYNDA COHN/JENSEN MEMORIAL F	FUND ARE			
USEL) TO I	REIMBURSE THE FOUNDATION FOR GENERAL AND ADMINISTRATIV	/E EXPENSES.			
EARN	IINGS	FROM THE STERIC FUND ARE USED TO REIMBURSE EXPENSES F	RELATED TO			
THE	SCIE	NTIFIC REVIEW COMMITTEE MEETINGS HELD IN LOS ANGELES,				
637 7						
CALI	FORN	IA, INCLUDING AIRLINE TICKETS, HOTEL ROOMS, MEETING ROO	DMS, LOCAL			
TRAN	ISPOR	TATION AND OUT-OF-POCKET EXPENSES INCURRED BY THE SCIE	ENTISTS			
RELA	TING	TO THEIR WORK AS PART OF THE REVIEW COMMITTEE. EARNIN	IGS FROM THE			
WILE	BUR S	. SCHWARTZ FUND ARE TO BE USED TO PAY FOR AWARDS, SCHO	DLARSHIPS,			
					Schedule D (F	orm 990) 2012

16541111 701224 1730

CONCERN FOUNDATION

Part XIII Supplemental Information (continued)

FELLOWSHIPS, SYMPOSIA AND/OR LECTURES.

PART X, LINE 2: THE FOUNDATION HAS ADOPTED FASB ACCOUNTING STANDARDS

CODIFICATION TOPIC NO. 740, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES"

("ASC 740"). ASC 740 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME

TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS IN ACCORDANCE

WITH FASB STATEMENTS NO. 109, "ACCOUNTING FOR INCOME TAXES" AND PRESCRIBES

A RECOGNITION THRESHOLD AND MEASUREMENT OF A TAX POSITION TAKEN OR

EXPECTED TO BE TAKEN IN A TAX RETURN. ASC 740 ALSO PROVIDES GUIDANCE ON

DE-RECOGNITION OF TAX BENEFITS, CLASSIFICATION ON THE BALANCE SHEET,

INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND

TRANSITION.

THE FOUNDATION HAS DETERMINED THAT THE ADOPTION OF ASC 740 DID NOT RESULT

IN THE RECOGNITION OF ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS AND THAT

THERE ARE NO UNRECOGNIZED TAX BENEFITS THAT WOULD, IF RECOGNIZED, AFFECT

THE EFFECTIVE TAX RATE. AS OF DECEMBER 31, 2012, THE OPEN TAX YEARS FOR

THE FOUNDATION WERE 2008 TO 2012.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF CHARITABLE TRUSTS

PARTNERSHIP INCOME DIFFERENCE BETWEEN K-1 AND BOOK

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GRANTS REFUNDED

TOTAL TO SCHEDULE D, PART XI, LINE 4B

PART XII, LINE 4B - OTHER ADJUSTMENTS:

232055 12-10-12 Schedule D (Form 990) 2012

16541111 701224 1730

27 2012.04040 CONCERN FOUNDATION

16,093.

11,563.

6,151.

17,714.

Schedule D (Form 990) 2012	CONCERN FOUNDATION		23-7002878	Page 5
Schedule D (Form 990) 2012 Part XIII Supplemental Inf	ormation (continued)			
GRANTS REFUNDED		11,563.		
			Cabadula D /F	m 000\ 0040
232055 12-10-12			Schedule D (For	m 990) 2012
		28	. –	

 16541111
 701224
 1730
 2012.04040
 CONCERN
 FOUNDATION
 1730_1

SCHEDULE	F
(Form 990)	

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047
0110
Open to Public
Inspection

Name o	of the organization					Employer identif	ication number
CONCER	N FOUNDATION					23-7002878	
Part		rmation on A	ctivities Out	side the United States. Compl	ete if the organ		Yes"
	to Form 990, Par				oto il tilo organ		
1 F			n maintain record	ds to substantiate the amount of its gr	ants and other	assistance,	
				the selection criteria used to award the			Yes 🗌 No
2 F	or grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance out	side the
	nited States.						
3 A				an be duplicated if additional space is	1		1
	(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in region		vity listed in (d)	(f) Total expenditures
		in the region	agents, and	(by type) (e.g., fundraising, program services, investments, grants to		gram service, e specific type	for and
		in the region	independent contractors	recipients located in the region)		ce(s) in region	investments
			in region			() 3	in region
				FUNDING OF RESEARCH			
ISRAEI		0	0	LABORATORY IN ISRAEL	N/A		160,000.
	2						100,000.
				FUNDING OF RESEARCH			
SWEDEN	1	0	0	LABORATORY IN SWEDEN	N/A		157,500.
							,
3 a S	ub-total	0	0				317,500
	otal from continuation						
sl	heets to Part I	0	0				0.
	otals (add lines 3a						

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

0

0

Schedule F (Form 990) 2012

232071 12-10-12

and 3b)

16541111 701224 1730

317,500.

			MECHANISMS REGULATING				
			THE SUSCEPTIBILITY OF				
		ISRAEL	HEMOPOIETIC MALIGNANT	100,000.	СНЕСК	0.	FMV
			DEVELOPING				
			ANTAGONISTIC PROTEIN				
			LIGANDS FOR CANCER				
		ISRAEL	IMAGING AND THERAPY	60,000.	СНЕСК	٥.	FMV
			STUDIES ON	-			
			EPSTEIN-BARR VIRUS				
			AND KAPOSI SARCOMA				
		SWEDEN	HERESVIRUS,,	157,500.	СНЕСК	٥.	FMV
2 Enter total number of	rocipiont organizatio	I	recognized as charities by the	foroign country	recognized as tax a	L	<u> </u>
			n 501(c)(3) equivalency letter				
3 Enter total number of	other organizations					····· 🚩	

30

(d) Purpose of

grant

NON-GENOMIC

(b) IRS code section

and EIN (if applicable)

(i) Method of

valuation (book, FMV,

appraisal, other)

(f) Manner of

cash disbursement

(e) Amount

of cash grant

(g) Amount of

non-cash

assistance

(h) Description

of non-cash

assistance

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(c) Region

Schedule F (Form 990) 2012 Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any

(a) Name of organization

1

Part III can be duplicated if a		u.	(d) Amount of	(a) Mannor of	(f) Amount of	(a) Description of	(b) Method of
(a) Type of grant or assistance	(b) Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
			1				

Schedule F (Form 990) 2012

Page 3

Schedule F (Form 990) 2012

CONCERN FOUNDATION

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

23-7002878

ched	ule F (Form 990) 2012 CONCERN FOUNDATION	23-7002878	Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions		

for Form 5713)

Schedule F (Form 990) 2012

Yes X No

Schedule F (Form 990) 2012 CONCERN FOUNDATION	23-7002878	Dogo F
Schedule F (Form 990) 2012 CONCERN FOUNDATION Part V Supplemental Information	23 7002070	Page 5
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, lir	ne 3, column (f) (account	ing method;
amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (acc		
(c) (estimated number of recipients), as applicable. Also complete this part to provide any additional		
SCHEDULE F, PART I, LINE 2: THE ORGANIZATION SENDS OUT VERIFICATION		
LETTERS WITH CHECKS WHICH THE GRANTEES MUST SIGN AND SEND BACK. THERE IS		
A REVIEW OF THE GRANTS AFTER FIRST YEAR AND A RESULTS REPORT IS PRODUCED		
AFTER GRANT IS OVER.		
PART II, COLUMN (D):		
REGION: ISRAEL		
(D) PURPOSE OF GRANT: NON-GENOMIC MECHANISMS REGULATING THE		
SUSCEPTIBILITY OF HEMOPOIETIC MALIGNANT CELLS TO APOPTOSIS'		
REGION: SWEDEN		
(D) PURPOSE OF GRANT: STUDIES ON EPSTEIN-BARR VIRUS AND KAPOSI SARCOMA		
HERESVIRUS,, ONCOGENES AND TUMOR SUPPRESSOR GENES, TUMOR IMMUNOLOGY AND		
INHIBITION OF TUMOR CELL GROWTH BY STROMA		

16541111 701224 1730

Schedule F (Form 990) 2012

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury	
Internal Revenue Service	

Supplemental Information Regarding Fundraising or Gaming Activities

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

2012	
Open To Public Inspection	

OMB No. 1545-0047

Name of the organization					Employer identification number				
CONCERN FO	JNDATION					23-7002878			
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, P b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru iundraising services?	stees	Yes			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity			have custody		have custody		Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No						
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrik	oution	s or has been notifie	d it is	exempt from re	egistration		
LHA Paperwork Reduction Act Notice,	see the Instructions for Form 990	or 990)-EZ.			Schedule G (Forr	n 990 or 990-EZ) 2012		

Pa	rt		•	•		
		of fundraising event contributions and gr	oss income on Form 990 (a) Event #1	0-EZ, lines 1 and 6b. List ((b) Event #2	events with gross receip (c) Other events	ots greater than \$5,000.
				(b) Event #2	(C) Other events	(d) Total events
			BLOCK PARTY	KID'S EVENTS	1	(add col. (a) through
0			(event type)	(event type)	(total number)	col. (c))
Revenue						
Reve	1	Gross receipts	1,399,924.	9,434.	13,299.	1,422,657.
ш						
	2	Less: Contributions	885,489.			885,489.
	2	Grass income (line 1 minus line 2)	514,435.	9,434.	13,299.	537,168.
	3	Gross income (line 1 minus line 2)	514,455.	5,131.	13,233.	
	4	Cash prizes				
(0	5	Noncash prizes				
Direct Expenses	~		09 570	10.060		110 641
xpe	6	Rent/facility costs	98,579.	12,062.		110,641.
ш t	7	Food and beverages	48,936.			48,936.
Dire		.				
	8	Entertainment				13,747.
	9	Other direct expenses			17,303.	372,608.
	10	, , , , , , , , , , , , , , , , , , , ,				(545,932)
Pa	11 		n (d), and line 10 answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	-8,764.
		\$15,000 on Form 990-EZ, line 6a.				
0			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
Rev						
	1	Gross revenue				
	2	Cash prizes				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
ш Н						
Direc	4	Rent/facility costs				
-	_					
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor			□ Tes %	
	-					
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	()
	8	Net gaming income summary. Combine line 1	, column d, and line 7		····· •	
9	En	ter the state(s) in which the organization opera	tes camina activities:			
		the organization licensed to operate gaming ac		states?		Yes No
b If "No," explain:						
	_					
		ere any of the organization's gaming licenses re				Yes No
b If "Yes," explain:						
						m 000 or 000 EZ) 2012

232082 01-07-13

Schedule G (Form 990 or 990-EZ) 2012

Sch	edule G (Form 990 or 990-EZ) 2012 CONCERN FOUNDATION 2	3-700287	8	Page 3
	Does the organization operate gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	
13	Indicate the percentage of gaming activity operated in:			
	The organization's facility	13	a	%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records			/0
14		·-		
	Namo			
	Address			
45-			Yes	
158	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	······ └─		
	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amoun	π		
	of gaming revenue retained by the third party \triangleright \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	_	
	retain the state gaming license?	L	Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
	organization's own exempt activities during the tax year 🕨 \$			
Pa	rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, colum	ns (iii) anc	l (v), an	d Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional infor	nation (se	e instru	ictions).
2320	83 01-07-13 Schedule G	(Form 99	0 or 99	0-EZ) 2012
_320	36			, _0, 2

SCHEDULE I								OMB N	o. 1545-0047
(Form 990)				d Other Assistance	•	•		21	012
				s, and Individuals					JIZ
Department of the Treasury Internal Revenue Service		Comp	lete if the organizatio	on answered "Yes" Attach to For	-	art IV, line 21 or 22.			to Public pection
Name of the organizat	ion Concern Founda	ATTON						Employer identifica 23-700	
Part I General II	nformation on Grants a							20,00	
1 Does the organiz	zation maintain records t	to substantiate th	e amount of the grants	s or assistance. the	arantees' eligibili	ty for the grants or ass	sistance, and the selec	ction	
-	award the grants or assis		-						No
	IV the organization's pro								
Part II Grants an	nd Other Assistance to	Governments an	d Organizations in th	e United States. C	complete if the org	ganization answered	/es" to Form 990, Part	t IV, line 21, for any	
recipient t	hat received more than	\$5,000. Part II car	n be duplicated if addit	tional space is need	ded.				
.,	ddress of organization vernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of or assista	
CHILDREN'S HOSPIT 4650 WEST SUNSET LOS ANGELES, CA S	BOULEVARD		501(C)(3)	75,000.	0.	FMV		PID1-KNOCKOUT M STUDY THE ROLE NOVEL TUMOR SUPPRESSOR-LIKE	OF PID1, A
WASHINGTON STATE	UNIVERSITY							FUNCTION OF CST	IN
30 NE VALLEY RD								TELOMERE MAINTE	NANCE AND
PULLMAN, WA 99163	3		501(C)(3)	60,000.	0	FMV		CANCER CELL GRO	WTH
	EALTH SCIENCE FONIO - 7703 FLOYD ANTONIO, TX 78229		501(C)(3)	60,000.	0.	FMV		TARGETING NAE: STRATEGY FOR OV CANCER THERAPY TARGETED APPROA	ARIAN
UNIVERSITY OF MIN 231 PILLSBURY DRJ MINNEAPOLIS, MN 5	IVE		501(C)(3)	60,000.	0	FMV		OVERCOMING DRUG RESISTANCE IN O CANCER	ł
UNIVERSITY OF CA, 405 HILGARD AVE LOS ANGELES, CA 9	, LOS ANGELES		501(C)(3)	60,000.		FMV		TARGETING THE IMMUNOSUPPRESSI ACTIVITY OF MDS PANCREATIC CANC	C IN ER
UNIVERSITY OF MAS MEDICAL - 55 N LA WORCESTER, MA 010	AKE AVE - 655		501(C)(3)	60,000.		FMV		FUNCTION OF THE CHROMATIN REMOD COMPLEX IN MYEL LEUKEMIAS	ELING OID
	per of section 501(c)(3) a per of other organizations	•	•	ne line 1 table				······ >	20.
	Reduction Act Notice,							Schedule I (For	m 990) (2012)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) CONCERN FOUNDATION

23-7002878

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SIGNALING CHANGES THAT
UNIVERSITY OF CA, LOS ANGELES							CONFER RESISTANCE TO
405 HILGARD AVE							BRAF-TARGETED MELANOMA
LOS ANGELES, CA 90095		501(C)(3)	60,000.	0.	FMV		THERAPY
NEW YORK UNIVERSITY, SCHOOL OF							STAT3 IN T CELLS: AT THE
MEDICINE - 550 1ST AVE - NEW YORK,							CROSSROADS OF
NY 10016		501(C)(3)	60,000.	0	FMV		INFLAMMATION AND CANCER
							POTENTIAL UTILITY OF A
UNIVERSITY OF CA, LOS ANGELES							PARP INHIBITOR IN
405 HILGARD AVE							TARGETING ENDOMETRIAL
LOS ANGELES, CA 90095		501(C)(3)	60,000.	0.	FMV		CANCERS
USC/UNIVERSITY OF SOUTHERN							
CALIFORNIA - 850 W 37TH ST - LOS							CANCER METABOLISM AND
ANGELES, CA 90089		501(C)(3)	60,000.	0.	FMV		PROTEIN GLYCOSYLATION
THE HENRY M. JACKSON FOUNDATION							
FOR THE ADVANCEMENT OF MILITARY							DIFFERENTIAL SIGNALING OF
MEDICINE - 6720-A ROCKLEDGE DRIVE,							ONCOGENIC CARD11 MUTANTS
SUITE 100 - BETHESDA, MD 20817		501(C)(3)	60,000.	0.	FMV		IN LYMPHOCYTES
YALE UNIVERSITY							THE ROLE OF IMMUNE
1017 CHAPEL STREET				_			DIVERSIFICATION IN
NEW HAVEN, CT 06520		501(C)(3)	60,000.	0.	FMV		LYMPHOMAGENESIS
UNIVERSITY OF UTAH							
201 PRESIDENTS CIRCLE							CONTROL OF MYELOID
SALT LAKE CITY, UT 84112		501(C)(3)	60,000.	0.	FMV		LEUKEMIA SELF-RENEWAL
							DEFINING POLARITY CUES
BOSTON UNIVERSITY, BU MEDICAL							THAT CONTROL TUMOR
CAMPUS - 715 ALBANY STREET -							INITIATION AND
BOSTON, MA 02118		501(C)(3)	60,000.	0.	FMV		PROGRESSION
CASE WESTERN RESERVE UNIVERSITY							MODULATION OF THE TUMOR
SCHOOL OF MEDICINE - 2109 ADELBERT							MICROENVIRONMENT BY THE
RD - CLEVELAND, OH 44106		501(C)(3)	60,000.	0.	FMV		MIF SIGNALING PROGRAM

Schedule I (Form 990)

Schedule I (Form 990) CONCERN FOUNDATION

23-7002878

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CA, LOS ANGELES 405 HILGARD AVE LOS ANGELES, CA 90095		501(C)(3)	60,000.	0.	FMV		CHARACTERIZING THE ROLE OF TIN2 IN TELOMERASE ACTIVATION
JNIVERSITY OF TEXAS, MD ANDERSON 1515 HOLCOMBE BLVD. HOUSTON, TX 77030		501(C)(3)	60,000.	0.	FMV		TO STUDY THE IMPACT OF FOXO REACTIVATION ON PANCREATIC CANCER TREATMENT
JSC/NORRIS COMPREHENSIVE CANCER CENTER – 1411 EASTLAKE AVENUE – LOS ANGELES, CA 90033		501(C)(3)	25,000.	0.	FMV		USC AYA PROGRAM: USC ADOLESCENT AND YOUNG ADULT CANCER PROGRAM
CITY OF HOPE 1500 E. DUARTE ROAD DUARTE, CA 91010		501(C)(3)	25,000.	0.	FMV		ROLE OF WHOLE EXOMIC SNP'S
UNIVERSITY OF CA, LOS ANGELES 405 HILGARD AVE LOS ANGELES, CA 90095		501(C)(3)	25,000.	0.	FMV		THE ROLE OF INFLAMMATION AND IMMUNE SIGNALING PATHWAYS IN THE INITIATION AND

Schedule I (Form 990) (2012)

CONCERN FOUNDATION

23-7002878

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION RECEIVES AN ANNUAL PROGRESS

REPORT OF THE ACTIVITIES FROM THE LABS FUNDED.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S HOSPITAL LOS ANGELES

(H) PURPOSE OF GRANT OR ASSISTANCE: PID1-KNOCKOUT MOUSE TO STUDY THE

ROLE OF PID1, A NOVEL TUMOR SUPPRESSOR-LIKE GENE, IN MEDULLOBLASTOMA

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CA, LOS ANGELES

CONCERN FOUNDATION

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: THE ROLE OF INFLAMMATION AND IMMUNE

SIGNALING PATHWAYS IN THE INITIATION AND PROGRESSION OF PROSTATE CANCER.

Schedule I (Form 990)

232291 05-01-12

41 2012.04040 CONCERN FOUNDATION

SC	HEDULE J	Compensation Information	0	MB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	12	,
		Compensated Employees Complete if the organization answered "Yes" to Form 990,		20	12	•
Depa	rtment of the Treasury	Part IV, line 23.	0	pen to		ic
_	al Revenue Service	Attach to Form 990. See separate instructions.	Employer ident	Inspe		
ivan	ne of the organization	CONCERN FOUNDATION	Employer ident 23-700287		on nu	nber
Pa	rt I Question	s Regarding Compensation	23-700207	0		
	ducotion				Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed in Form	990.		100	
		line 1a. Complete Part III to provide any relevant information regarding these items.	,			
	First-class or c		onal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary s	spending account Personal services (e.g., maid, chauffeur, o	chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	•			1b		
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all officers, dir	rectors,			
	trustees, and the C	EO/Executive Director, regarding the items checked in line 1a?		2		
2	ladiaata which if a	a stable following the filling proprietion wood to establish the componentian of the propriet				
3		ny, of the following the filing organization used to establish the compensation of the organiz actor. Check all that apply. Do not check any boxes for methods used by a related organizat				
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					1
		compensation consultant Compensation survey or study				
		ther organizations X Approval by the board or compensation of	committee			
						l
4		any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing				l
	organization or a re					v
		e payment or change-of-control payment?		4a		X X
		ceive payment from, a supplemental nonqualified retirement plan?		4b 4c		X
C		ceive payment from, an equity-based compensation arrangement?		40		
	In res to any or m					l
	Only section 501(c	:)(3) and 501(c)(4) organizations must complete lines 5-9.				
5	For persons listed i	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
				5a		X
b		ation?		5b		X
~		r 5b, describe in Part III.				
6	-	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of the section of	in .			
-	contingent on the r			6a		x
		ation?		6b		x
~		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	S			
		es 5 and 6? If "Yes," describe in Part III		7		x
8		reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				<u> </u>
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x
9	If "Yes" to line 8, di	d the organization also follow the rebuttable presumption procedure described in				_
		n 53.4958-6(c)?	<u></u>	9		Ĺ
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedule .	J (Forr	n 990)	2012

232111 12-10-12

16541111 701224 1730

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

CONCERN FOUNDATION

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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
(1) DEREK ALPERT	(i)	2	L0.	0.				0.
PRESIDENT	(ii)	<u></u>).	0				0.
(2) DEREK ALPERT - SPEC. EVENTS	(i)		0.	0.				0.
PRESIDENT	(ii)	υ.		0.	0.	U.	U.	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

43

Page 2

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047

l

Open to Public

Inspection Employer identification number

Name of the organization

23-7002878

CONCERN FOUNDATION

Par	t I Types of Property								
		(a)	(b)	(c)		(d)			
		Check if	Number of contributions or	Noncash cont amounts repo		Method of d		•	_
		applicable	items contributed			noncash contrib	ution ar	nount	5
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	2	1	13,296.	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 ► ()								
26	Other • ()								
27	Other ()								
28	Other 🕨 ()								
29	Number of Forms 8283 received by the organi								
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement	29				
								Yes	No
30a	During the year, did the organization receive b								
	at least three years from the date of the initial			-					
	the entire holding period?						30a		X
	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance						31		X
32a	Does the organization hire or use third parties		-						
	contributions?						32a		X
	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which colu	mn (a) is ch	necked,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule M	(Form	990) (2012)

232141 12-20-12

16541111 701224 1730

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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 990-EZ.



Employer identification number

23 - 7002878

CONCERN FOUNDATION

FORM 990, PART VI, SECTION A, LINE 2: BOARD MEMBERS BILL BARNETT AND ANNE

BARNETT ARE HUSBAND AND WIFE.

BOARD MEMBERS JOHN CARROLL AND LEXY CARROLL ARE HUSBAND AND WIFE.

BOARD MEMBERS BOB GOLDMAN AND LORENE GOLDMAN ARE HUSBAND AND WIFE.

BOARD MEMBERS STANLEY GOTTLIEB AND JACKIE GOTTLIEB ARE HUSBAND AND WIFE.

BOARD MEMBERS IAN METROSE AND LAURI METROSE ARE HUSBAND AND WIFE.

BOARD MEMBERS LARRY POWELL AND JOYCE POWELL ARE HUSBAND AND WIFE.

BOARD MEMBERS BILL SCHWARTZ AND DANA SCHWARTZ ARE HUSBAND AND WIFE.

BOARD MEMBERS STEVE TELLER AND LISI TELLER ARE HUSBAND AND WIFE.

BOARD MEMBERS SCOTT VICKERS AND BRIANA VICKERS ARE HUSBAND AND WIFE.

BOARD MEMBERS MYRNA ZIMMERMAN AND STANLEY ZIMMERMAN ARE HUSBAND AND WIFE.

BOARD MEMBERS LARRY POWELL AND RICK POWELL ARE PARENTS AND SON.

FORM 990, PART VI, SECTION B, LINE 11: THE CFO (AN UNCOMPENSATED OFFICER)

REVIEWS A DRAFT OF FORM 990 AND APPROVES IT. COPIES OF THE FINAL DOCUMENT

IS THEN FORWARDED TO THE EXECUTIVE COMMITTEE AND TO THE ENTIRE BOARD OF

DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: AT THE FIRST BOARD MEETING OF EACH

CALENDAR YEAR, THE BOARD MEMBERS ARE REMINDED OF THEIR OBLIGATION RELATED

TO THE ORGANZIATION'S CONFLICT OF INTEREST POLICY. NEW BOARD MEMBERS ARE

ALSO INFORMED OF THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15: STARTING SALARIES AND SALARY

INCREASES FOR OFFICERS AND KEY EMPLOYEES ARE PRESENTED TO AND VOTED ON BY

THE BOARD

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2012)

 232211 01-04-13
 45

2012.04040 CONCERN FOUNDATION

Name of the organization	Employer identification numb
CONCERN FOUNDATION	23-7002878
FORM 990, PART VI, SECTION C, LINE 18: CONCERN FOUNDATION MAKES ITS	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS	AND
FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST.	, ,
FORM 990, PART VI, SECTION C, LINE 19: CONCERN FOUNDATION MAKES ITS	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS	, AND
FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF CHARITABLE TRUSTS 16	,093.
PARTNERSHIP INCOME DIFFERENCE BETWEEN K-1 AND BOOK -6	,151.
TOTAL TO FORM 990, PART XI, LINE 9 9	,942.
³²²¹² ¹⁻⁰⁴⁻¹³ 46	Schedule O (Form 990 or 990-EZ) (20

SCH	EDI	JLE	R
0011			

(Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2012 Open to Public Inspection

Name of the organization

CONCERN FOUNDATION

Employer identification number 23-7002878

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

		1			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CONCERN FOUNDATION HOLDINGS, LLC -					
23-7002878, 1026 S. ROBERTSON BLVD. STE 300,	1				
LOS ANGELES, CA 90035	REAL ESTATE HOLDING COMPANY	CALIFORNIA	0.	3,387.	CONCERN FOUNDATION
	-				
	-				
	-				

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No

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

Page 2

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a)	(b)	(c)	(d)	(e)	((f)	(g)	() (ł	ר)	(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, excluded fr	ant income unrelated, om tax under		of total ome	Shar end-o ass	-year	Disprop ate alloc		Code V-UB amount in be 20 of Schedu	ule p	anaging artner?	Percenta ownersh
		country)		sections	512-514)					Yes	No	K-1 (Form 10	65) Y (es No	
	_														
	-														
	-														
	_														
	_														
	-														
	-														
IV Identification of Related C organizations treated as a c	organizations Taxable corporation or trust duri	as a Corpo	oration or Trust (Co year.)	omplete if th	ne organizat	ion answ	vered "Yes	s" to Form	n 990, Pa	art IV, I	ine 34	because it ha	d one	or mo	re relate
(a)			(b)	(c)	(d)		(e)		(f))		(g)	ł)	h)	(i) Sectio
Name, address, and of related organizat		Prim	ary activity	egal domicile (state or	Direct cont entity		Type of (C corp, S		Share c inco			Share of end-of-year		entage ership	512(b)(controll

Name, address, and EIN of related organization		(state or ent		Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	E Section 512(b)(13) controlled entity?	
		country)				400010		Yes	No
]								
]					1			

Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 351	o, or 36.)

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transaction	s with one or more r	elated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		
	Gift, grant, or capital contribution to related organization(s)				1b		
	Gift, grant, or capital contribution from related organization(s)				1c		
d	Loans or loan guarantees to or for related organization(s)				1d		
е	Loans or loan guarantees by related organization(s)				1e		
f	Dividends from related organization(s)				1f		
g	Sale of assets to related organization(s)				1g		
h	Purchase of assets from related organization(s)				1h		
i	Exchange of assets with related organization(s)				1i		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		
k Lease of facilities, equipment, or other assets from related organization(s)							
I Performance of services or membership or fundraising solicitations for related organization(s)							
m Performance of services or membership or fundraising solicitations by related organization(s)							
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
o Sharing of paid employees with related organization(s)							
p Reimbursement paid to related organization(s) for expenses							
q	Reimbursement paid by related organization(s) for expenses				1q		
r Other transfer of cash or property to related organization(s)							└──
-	Other transfer of cash or property from related organization(s)				1s		
2	If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t I	his line, including covered	relationships and transaction thresholds.			
	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	volved		
(1)							
(2)							
(3)							
(4)							
<u>.,</u>							

(5)

(6)

Schedule R (Form 990) 2012 CONCERN FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e Are	;)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partner	IN SEC.	Share of	Share of	Disprop	r- Code V-UBI	Gener	l or Percentag
of entity		(state or foreign	(related, unrelated,	501(c	c)(3) s ?	total	end-of-year	allocation	amount in box 20	partn	ownershi
		country)	Predominant income (related, unrelated, excluded from tax under section 512-514)	Vac	No	income	assets	Yes N	r- amount in box 20 s? of Schedule K-1 o (Form 1065)	Yes	10
		-	,	165	NU			Tesin		165	10
	4										
	1										
	4										
	1										
										+	
	4										
	_										
	1										
										+	
	4										
	1										
										+	
	4										
	1										
	4										
	1										
	4										
	1										
	+			┝─┦				+		+	
	4										
]										
]										
	1										
					1					1	

Schedule R (Form 990) 2012

Page	5

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

232165 12-	10-12
------------	-------

16541111 701224 1730

51 2012.04040 CONCERN FOUNDATION