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Secretary and the present of the Present Secretary	Form 990-T	Exempt Organization Business Income Tax Return) -	OMB No 1545-0047
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Do not enter SSN numbers on this form as it may be made uplied if your organization is a 501(c)[3]. Story of Organization is a dideas changed		Forca							ZU 13
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Signature Property Comparison Property Comparison Property Comparison Compariso	B Exempt under section	Print	CONCERN WORLDW	IDE (U.S.	.),	INC.		13	-3712030
Solicy S	X 501(c(1)3)	_ or	Number, street, and room or sui	ite no. If a P.O. box	, see in	structions.	· · · · · · · · · · · · · · · · · · ·		
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## Comparison of the organization type ★ X 501(c) corporation ## Comparison of the organization's unrelated trades or businesses. ## Comparison of the organization's unrelated trade or businesses. ## Comparison of the organization's unrelated trade or businesses. ## Comparison of the organization's unrelated trade or businesses. ## Comparison organization organization's unrelated trade or businesses. ## Comparison organization org		L	 					9000	99
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describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. I During the tax year, was the corporation a subsidiary in an affitiated group or a parent-subsidiary controlled group? If Yes, enter the name and identifying number of the parent corporation. If Yes, enter the name and identifying number of the parent corporation. The part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Telephone number (A) Income (B) Expenses (C) Net Telephone number (A) Income (B) Expenses (C) Net Telephone number (C) Net Telephone number (D) Expenses (C) Net Telephone number (E) Expenses (C) Net Telephone number (*				han one.
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The books are in care of KRISTEN PACKETT, CFO Telephone number (212) 557-8000				d group or a paren	ıt-subsı	diary controlled group?	>	Yes	X No
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	o-T(2916) CONCERN WORLDWIDE (U.S.), INC.	13-3/120	SU Page 2
	Total Unrelated Business Taxable Income		
32	figital of unrelated business taxable income computed from all unrelated trades or pusinesses (see instructions)	32	0.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see Instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		
	enter the smaller of zero or line 27	39	0.
Par	t. IV. Tax Computation	1 7	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	Δ'n	0
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	E 12	
71		41	
42	Tax rate schedule or Schedule D (Form 1041)	 	
_	Proxy tax. See instructions	43	
43	Alternative minimum tax (trusts only)		
44	Tax on Noncompliant Facility Income. See instructions	44	0.
45 Doz	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies. t Y i \ Tax and Payments	1 45 1	
		\$ 7 T	
468	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
D	Other credits (see instructions) General business credit. Attach Form 3800 46b 46c		
C	General business credit. Attach Form 3800		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	ilainia.	
	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
	a Payments: A 2018 overpayment credited to 2019		
	b 2019 estimated tax payments		
(c Tax deposited with Form 8868		
	d Foreign organizations: Tax paid or withheld at source (see instructions)		
(e Backup withholding (see instructions)	高	
1	f Credit for small employer health insurance premiums (attach Form 8941)	Section 1	
(g Other credits, adjustments, and payments: Form 2439	£5	
	Form 4136 X Other 13,806. Total 13,806.	Single Control	000
52	Total payments. Add lines 51a through 51g SEE STATEMENT 2		806.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	-006
55			806.
<u> 58</u>	Enter the amount of line 55 you want. Credited to 2020 estimated tax	56 13	806.
	t VI Statements Regarding Certain Activities and Other Information (see instructions)	·-	
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	<u></u>	es No
	over a financial account (bank, securities, or other) in a foreign country? If Yes, the organization may have to file	h ages	1 . 3
	FinCEN Form 114, Report of Foreign Bank; and Financial Accounts. If "Yes," enter the name of the foreign country	فتنا	
	here, D		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	. ، ، <u>ا</u>	X
	If "Yes," see instructions for other forms the organization may have to file.		3
59	Enter the amount of tax-exempt interest received or accrued during the tax year	1	_4
٠.	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements; and to the best of my knowledge correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge CHIEF EXECUTIVE	edge and belief, it is true,	
Sigr	. 1 011- 7 × 4000	May the IRS discuss this ret	urn with
Here		he preparer shown below (s	
	Signature of officer Date Title in	nstructions)? X Yes	No
	Print/Type preparer's name Preparer's signature Date Check	if PŢIN	
Pai	d Sciller self-employed		
	pager STACY CULLEN 10/12/20	P009743	
	Only Firm's name TAIT, WELLER & BAKER LLP Firm's EIN	23-1144	520
	50 SOUTH 16TH STREET, SUITE 2900	_	
	Firm's address ▶ PHILADELPHIA, PA 19102 Phone no. 2	<u> 215-979-88</u>	
000744	101.27.20	Form 990	T masa

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory va	luation N/A				
1 Inventory at beginning of year	1 1			Inventory at end of year	ar		6	
2 Purchases	2			Cost of goods sold. S	ine 6			
3 Cost of labor	3		1	from line 5. Enter here				
4 a Additional section 263A costs			1	line 2		,	7	
(attach schedule)	4a		8	Do the rules of section	1 263A (with respect to		Yes No
b Other costs (attach schedule)	4b		1	property produced or		*		
5 Total Add lines 1 through 4b	5			the organization?	•	,		
Schedule C - Rent Income (From Real	Property and	Pers	onal Property L	_ease	d With Real Prop	erty)	
(see instructions)								
Description of property								
(1)								
(2)								
(3)				•				
(4)								
	2. Rent receive	ed or accrued						
(a) From personal property (if the perconnection from the personal property is more 10% but not more than 50%)	centage of than	` of rent for p	personal į	nal property (if the percente property exceeds 50% or if d on profit or income)	ıge	3(a) Deductions directly columns 2(a) ar	connected with t nd 2(b) (attach sci	he income in nedule)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I line 6, column (B)	.	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstruc	ctions)				
	<u>-</u>		Τ,	Gross income from		3 Deductions directly cont to debt-finance		ocable
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Oth	er deductions h schedule)
(1)	·-		 		1			
(2)			 	· · · · · · · · · · · · · · · · · · ·				
(3)			1		1			
(4)			 	_	1	-	1	
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property a schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6	able deductions x total of columns a) and 3(b))
(1)				%				
(2)		•	1	%	<u> </u>			
(3)			T	%				
(4)		_		%		· · · · · · · · · · · · · · · · · · ·		
						inter here and on page 1, Part I, line 7, column (A)		e and on page 1, e 7 column (B)
Totals				•	.	0	.	0.
Total dividends-received deductions in	icluded in column	18		•			•	0.
								orm 990-T (2019)

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0.

0.

Form 990-T (2019)

Totals (carry to Part II, line (5))

Form 990-T (2019) CONCERN WORLDWIDE (U.S.), INC. 13-37120
Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical		2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6 Readership costs	7. Excess readership costs (column 8 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	▶	0.	0.			•	0
		Enter here and on page 1, Part I, line 11, col. (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	▶	0.	0.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		▶	0.

Form 990-T (2019)

743)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

REPEALED - UNRELATED BUSINESS INCOME - SECTION 512 (A) (7)

TO FORM 990-T, PAGE 1

FORM 990-T OTHER CREDITS AND PAYMENTS	STATEMENT 2
DESCRIPTION	AMOUNT
2019 TAX PAID - SECTION 512 (A) (7) REPEAL	13,806.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 51G	13,806.