PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO^{LLP}

Form 99

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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



A	For the	and and a second a second and a second	enaing				
B	Check if applicabl	c Name of organization		D Employer identific	cation number		
	Addre	e CIRCLE OF CONCERN					
	Name chang	Doing business as CIRCLE OF CONCERN FOOD PANTRY	23-7085010				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final return/	PO BOX 444		636.861.2623			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,471,933.		
	Ameno	VALLEY PARK, MO 63088-0444		H(a) Is this a group re	turn		
	Applic tion	F Name and address of principal officer. Belloking Robinsbird		for subordinates	?		
	pendir	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
1	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 🚺 527	If "No," attach a	list. See instructions		
J	Websit	e: WWW.CIRCLEOFCONCERN.ORG		H(c) Group exemption	n number		
ĸ	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 1969 🛛 🛛	I State of legal domicile: MO		
Pa	art I	Summary					
-	1	Briefly describe the organization's mission or most significant activities: IMPROV	ING EVERY	LIFE IN OUR			
Governance		COMMUNITY BY REDUCING HUNGER AND POVERTY.					
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.		
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	11		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			11		
es é	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			7		
viti	6	Total number of volunteers (estimate if necessary)		6	197		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.		
				Prior Year	Current Year		
e	8	Contributions and grants (Part VIII, line 1h)		2,508,595.	3,900,554.		
nua	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		59,986.	106,635.		
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,371.	17,439.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,570,952.	4,024,628.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,682,133.	1,831,514.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		405,593.	472,823.		
sus	16 a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 220,					
ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		371,646.	358,249.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,459,372.	2,662,586.		
		Revenue less expenses. Subtract line 18 from line 12		111,580.	1,362,042.		
S OF	3		Be	ginning of Current Year	End of Year		
Assets	ਧੂ 20	Total assets (Part X, line 16)		5,621,907.	7,081,221.		
3t As	-	Total liabilities (Part X, line 26)		78,887.	65,911.		
Det.		Net assets or fund balances. Subtract line 21 from line 20		5,543,020.	7,015,310.		

Part II Signature Block

Т

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	n Signature of officer Date												
Here	CYNTHIA MILLER, EXECUTIVE DIRECTOR												
	Type or print name and title												
	Print/Type prepa	arer's name	Preparer's signa	ature	Date		Check	PTIN					
Paid	JENNIFER M.	VACHA	JENNIFER M.	VACHA	09/04/24	L ;	it self-employed	P01251998					
Preparer	Firm's name	ARMANINO LLP				Firm's	EIN 94-	6214841					
Use Only	Firm's address	6 CITYPLACE DRIVE, SUITE	900										
		ST. LOUIS, MO 63141				Phone	no.314-98	33-1200					
May the II	RS discuss this	return with the preparer shown abo	ve? See instruc	tions				X Yes	No				
LHA For	Paperwork Re	duction Act Notice, see the separ	rate instruction	IS. 332001 12-21-23				Form 990) (2023)				

1	Check if Schedule O contains a response or note to any line in this Part III
1	
	Briefly describe the organization's mission:
	CIRCLE OF CONCERN FEEDS THE HUNGRY AND PROVIDES ASSISTANCE TO
	LOW-INCOME FAMILIES LIVING IN WEST ST. LOUIS COUNTY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ? Yes X If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
40	revenue, if any, for each program service reported. (Code:) (Expenses \$1,534,979. including grants of \$1,289,643.) (Revenue \$]
4a	FOOD PANTRY:
	IN 2023, CIRCLE OF CONCERN FED APPROXIMATELY 3,510 INDIVIDUALS, SERVING
	APPROXIMATELY 1,213 UNDUPLICATED HOUSEHOLDS THROUGHOUT WEST ST. LOUIS
	COUNTY. THROUGH MONTHLY CASEWORK APPOINTMENTS, FAMILIES RECEIVED A
	VARIETY OF SERVICES AND VISITS TO OUR CLIENT CHOICE FOOD PANTRY FOR
	NONPERISHABLE ITEMS AND FRESH FOODS, INCLUDING EGGS, DAIRY, PRODUCE AND
	FROZEN MEATS, AS WELL AS DETERGENT, DIAPERS AND PERSONAL CARE ITEMS.
4b	(Code:) (Expenses \$285,588. including grants of \$220,367.) (Revenue \$ BIRTHDAY AND HOLIDAY PROGRAM: FAMILIES THAT STRUGGLE TO PAY THEIR MONTHLY EXPENSES OFTEN DO WITHOUT DURING THE HOLIDAYS. THROUGH FUNDRAISING EVENTS AND COMMUNITY FOOD DRIVES, CIRCLE WAS ABLE TO PROVIDE CLIENT FAMILIES WITH ALL THE
	FOLLOWING THROUGHOUT 2023:
	- 416 CLIENT CHILDREN, AGES 11 AND UNDER, RECEIVED HAND-SELECTED GIFTS,
	BOOKS AND TOYS THROUGH OUR BIRTHDAY CLUB.
	- CIRCLE SUPPORTED 712 HOUSEHOLDS WITH THANKSGIVING BOXES; EACH WAS
	FILLED WITH SEASONAL FOODS INCLUDING CRANBERRY SAUCE, STUFFING MIX,
	GRAVY, FRESH SWEET POTATOES AND CARROTS, AS WELL AS A \$30 GIFT CARD TO
	PURCHASE A TURKEY, HAM OR OTHER FOOD ITEM(S).
	(CONTINUED ON SCHEDULE O)
4c	(Code:) (Expenses \$204,707. including grants of \$177,322. (Revenue \$ FINANCIAL ASSISTANCE:
	IN 2023, 422 FAMILIES RECEIVED EMERGENCY FINANCIAL ASSISTANCE, MOST
	OFTEN TO PREVENT EVICTION OR UTILITY SHUT-OFF, THESE CIRCUMSTANCES CAN
	LEAD TO SERIOUS HARDSHIP FOR FAMILIES, ESPECIALLY WHEN CHILDREN ARE
	INVOLVED.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 205, 413. including grants of \$ 144, 182.) (Revenue \$)
	Total program service expenses 2,230,687.
4e	
<u>4e</u>	Form 990
	Form 990 SEE SCHEDULE O FOR CONTINUATION(S)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	┝───
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
~	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		x
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> " <i>Yes</i> ," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<u> </u>
'	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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, VII, 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	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	x	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
120	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		<u> </u>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		Ŧ	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
00	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21		x
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Form **990** (2023)

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CIRCLE OF CONCERN

Form 990 (2023)

Form	990	(2023)
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CIRCLE OF CONCERN

Par	The checklist of Required Schedules (continued)								
			Yes	No					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on								
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х						
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current								
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete								
	Schedule J	23		x					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the								
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete								
	Schedule K. If "No," go to line 25a								
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							
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit								
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and								
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete								
	Schedule L. Part I	25b		x					
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	<u> </u>							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%								
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x					
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,								
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled								
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x					
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21							
20									
~	instructions for applicable filing thresholds, conditions, and exceptions):								
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	28a		x					
h	"Yes," complete Schedule L, Part IV								
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		X					
C		28c		x					
20	"Yes," complete Schedule L, Part IV	200	x						
29 20	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	21						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x					
04	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							
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x					
00	Schedule N, Part II	32							
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	0		x					
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33							
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and								
<u>م</u> -	Part V, line 1	34		X X					
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>					
α	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51							
20	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?	0		x					
07	If "Yes," complete Schedule R, Part V, line 2	36							
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		x					
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37							
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х						
Par	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	<u> </u>					
	Check if Schedule O contains a reasonance or note to any line in this Dart)/								
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	V-						
			Yes	No					
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7	-							
	Enter the number of forms wind ded of the fa. Enter of it not applicable	-							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v						
	(gambling) winnings to prize winners?	1c	X 000						
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Form	990 (2023) CIRCLE OF CONCERN 23-708503	.0	P	o _{age} 5						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 2									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a										
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		x						
h	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).									
'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?	7a	х							
		7a 7b	x							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-10		<u> </u>						
С		7-		x						
	to file Form 8282?	7c								
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		x						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g								
g										
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
-	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
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									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	-								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
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	-								
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?	<u>13a</u>		-						
	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	-								
С	Enter the amount of reserves on hand									
14a	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 on Schedule O	14b		─						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									
332005	12-21-23	Forn	1 990	(2023)						

Form	990 (2023) CIRCLE OF CONCERN		23-7085		Р	age 6							
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	hrough	7b below, and for	ra "No" i	respon	se							
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	. See i	nstructions.										
	Check if Schedule O contains a response or note to any line in this Part VI					X							
Sec	tion A. Governing Body and Management												
			ı		Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	:	11									
	If there are material differences in voting rights among members of the governing body, or if the governing												
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.												
b	5												
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other										
	officer, director, trustee, or key employee?												
3													
	of officers, directors, trustees, or key employees to a management company or other person?												
4													
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		. 5		X							
6	Did the organization have members or stockholders?			6		X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or										
	more members of the governing body?			7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or										
	persons other than the governing body?			7b		х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by the	e following:										
а	The governing body?			8a	Х								
b	Each committee with authority to act on behalf of the governing body?			8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the										
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			. 9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		-								
					Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х							
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?			. 10b									
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?												
b													
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cont	flicts?	12b	Х								
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," d	escribe										
	on Schedule O how this was done	, ,		12c	х								
13	Did the organization have a written whistleblower policy?			13	Х								
14	Did the organization have a written document retention and destruction policy?				Х								
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	dependent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
а	The organization's CEO, Executive Director, or top management official			15a	х								
b	Other officers or key employees of the organization			15b		X							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.												
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a										
	taxable entity during the year?			16a		х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat												
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-										
	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 filedNONE												
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section 501(c)(3)s onlv)	availal	ole							
	for public inspection. Indicate how you made these available. Check all that apply.		. (-,,,									
	X Own website Another's website X Upon request Other (explain	on Sc	hedule (0)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	nd finan	cial								
	statements available to the public during the tax year.												
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records										
	BETH NIEZING - 636.861.2623												
	PO BOX 444, VALLEY PARK, MO 63088-0444												
332006) 12-21-23			Form	9 90	(2023)							
	7					, - <i></i> /							
109	04 701245 CUS000011536 2023.04020 CIRCLE O	F CO	ONCERN		CU	S00							

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Form 990 (202	23) CIRCLE OF CONCERN	23-7085010	Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
E	mployees, and Independent Contractors									
C	heck if Schedule O contains a response or note to any line in this Part VII									
Section A. C	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
1a Complete	1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.									
	of the organization's current officers, directors, trustees (whether individuals or organizations),	regardless of amount of compen-	sation.							
Enter -0- in co	lumns (D), (E), and (F) if no compensation was paid.									

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	week					ector/trustee)		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	ee e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		vold	t con	~	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CYNTHIA MILLER	40.00	_			Ť	1 0	ш			
EXECUTIVE DIRECTOR				x				101,541.	0.	3,600.
(2) DOLORES RODENBERG	5.00									
PRESIDENT		х		х				٥.	0.	0.
(3) ALLISON LOVE	2.00									
VICE PRESIDENT		х		х				0.	0.	0.
(4) CINDY WOLK	3.00									
SECRETARY		х		х				٥.	٥.	0.
(5) MARK BARBEE	3.00									
TREASURER		Х		х				٥.	0.	0.
(6) BRIAN BOEGLIN	2.00									
DIRECTOR		Х						0.	0.	0.
(7) MAYANK CHAUDHARY	1.00									
DIRECTOR		х						0.	0.	0.
(8) THOMAS CHIBNALL	1.00									
DIRECTOR		х						0.	0.	0.
(9) AARON FROEHLICH	1.00									
DIRECTOR		х						0.	0.	0.
(10) BRIDGET GUFFEY	1.00									
DIRECTOR		х						0.	0.	0.
(11) BRANDI HAMM	1.00									
DIRECTOR		х						0.	0.	0.
(12) EDIE QUICK	1.50									
DIRECTOR		х						0.	0.	0.
						-				
						-				
332007 12-21-23	1	I				1	1	I	l	Form 990 (2023)

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332007 12-21-23

Form 990 (2023)

	990 (2023) CIRCLE OF COM	ICERN								23-70	8501	0	Р	age 8
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week	box offi	not c , unle	Posi heck i ss per nd a di	more rson i	than o s both	n an	(D) Reportable compensation from	(E) Reportable compensatio from related		ar	(F) stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fi org an	pensa om th anizat d relat anizati	ie tion ted
	Subtotal								101,541.		0.	3,600.		600.
С	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.		0.			0.
2	Total number of individuals (including but n compensation from the organization								,	000 of reportable	-		/	1
													Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> .											3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com											5		X
Sec	tion B. Independent Contractors	-												
1	Complete this table for your five highest con the organization. Report compensation for										ensat	ion fr	om	
	(A) Name and business	address	NO	NE					(B) Description of s	ervices	С	ompe	C) nsatio	'n
2	Total number of independent contractors (ii		nt lin	niter		thor	e lie	ted	above) who received mo	ore than				
۷	\$100,000 of compensation from the organiz	0	JUII	me	0		o 0	.eu		ore unall				

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ar	t VIII	Statement of Re	venu	e						
		Check if Schedule O	<u>contai</u> i	<u>ns a re</u> spo	nse	or note to any line	<u>e in this Part</u> VIII		<u></u>	
							(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue exclu from tax und sections 512 -
S	1 a	Federated campaigns		1a						
IUN										
e E		Fundraising events				58,591.				
ar A										
and Other Similar Amounts		Government grants (contr				13,600.				
2	f	All other contributions, gifts,	grants,	, and						
the		similar amounts not included	above	1f		3,828,363.				
D	g	Noncash contributions included in	lines 1a-	-1f 1g \$	6	868,809.				
an	h	Total. Add lines 1a-1f					3,900,554.			
						Business Code				
	2 a									
Ð	b									
Bnu	С									
eve	d									
Revenue	е									
		All other program service								
_		Total. Add lines 2a-2f								
	3	Investment income (includ					110 000			110 0
							110,079.			110,0
	4	Income from investment o		-		Г				
	5	Royalties	·	(i) Real		(ii) Personal				
		a		(I) Real		(II) Personal				
		Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss) Gross amount from sales of)	(i) Securit		(ii) Other				
	7 а	assets other than inventory	7a	424,9						
	h	Less: cost or other basis	10	,>						
	D	and sales expenses	7b	425,6	66.	2,774.				
	c	Gain or (loss)	70 7c		70.	-2,774.				
		Net gain or (loss)	· · · ·				-3,444.			-3,4
		Gross income from fundraisi					,			,
	• •	including \$	-	-						
		contributions reported on								
		Part IV, line 18		-	8a	18,378.				
	b				8b	18,849.				
	с	Net income or (loss) from			nts		-471.			- 4
		Gross income from gamin		-						
		Part IV, line 19			9a	4,556.				
	b	Less: direct expenses			9b	16.				
		Net income or (loss) from			s		4,540.			4,5
	10 a	Gross sales of inventory, I	ess re	turns						
		and allowances			10a					
	b	Less: cost of goods sold			10b					
	с	Net income or (loss) from	sales	of inventor	у					
						Business Code				
e		REBATES AND REFUNDS				900099	12,909.			12,9
Kevenue	b	MISCELLANEOUS				900099	461.			4
Yev	с									
۲		All other revenue								
	е	Total. Add lines 11a-11d					13,370.			
	12	Total revenue. See instruction	nne				4,024,628.	0.	0.	124,0

CIRCLE OF CONCERN

23-7085010 Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b, Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 1,831,514 1,831,514. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and 105,142. 12,617. 80,959. 11,566. persons described in section 4958(c)(3)(B) 305,683. 189,798. 102,772. Other salaries and wages 13,113. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9,170 5,694 393 3,083. 21,797 11,020 4,584 6,193. Other employee benefits 9 31,031 15,391. 6,957 8,683. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 40,413. 40,413 Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 4,423 4,423 column (A), amount, list line 11g expenses on Sch 0.) 36,042 36,042. Advertising and promotion 12 24,561 83,347. 23,047. 35,739. 13 Office expenses 22,078. 12,887. 4,367 4,824. 14 Information technology 15 Royalties 54,219 41,735. 8,323 4,161. 16 Occupancy _____ 1,891 1,891, Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 49,585 38,648, 7,291 3,646. 22 Depreciation, depletion, and amortization 28,917. 20,242. 5,783 2,892. 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) MISCELLANEOUS 18,643. 8,749. 9,456 438. а VOLUNTEER SERVICES 17,454 17,454 b MEMBERSHIPS 1,237. 1,237. С d All other expenses е 220,039. 2,662,586 2,230,687 211,860 Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

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09510904 701245 CUS000011536

educational campaign and fundraising solicitation. Check here X if following SOP 98-2 (ASC 958-720)

> 11 2023.04020 CIRCLE OF CONCERN

Form 990 (2023)

Accounts receivable, net			
Loans and other receivables from any current or	former offic	er, director,	
trustee, key employee, creator or founder, subst	antial contril	outor, or 35%	
controlled entity or family member of any of the	se persons		
Loans and other receivables from other disquali	fied persons	(as defined	
under section 4958(f)(1)), and persons described	l in section 4	958(c)(3)(B)	
Notes and loans receivable, net			
Inventories for sale or use			
Propaid expenses and deferred charges			
Land, buildings, and equipment: cost or other			
basis. Complete Part VI of Schedule D	10a	2,142,590.	
Less: accumulated depreciation	10b	857,979.	
Investments - publicly traded securities			
Investments - other securities. See Part IV, line 1	1		
Investments - program-related. See Part IV, line	11		
Intangible assets			

	l v	Edulo and other receivables normany current of					
		trustee, key employee, creator or founder, subst	antial cont	ributor, or 35%			
		controlled entity or family member of any of thes	e persons			5	
	6	Loans and other receivables from other disqualif	ied person	s (as defined			
		under section 4958(f)(1)), and persons described	in section	4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			254,527.	8	259,483.
As	9			8,674.	9	8,076.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,142,590.			
	b	Less: accumulated depreciation		857,979.	1,329,607.	10c	1,284,611.
	11	Investments - publicly traded securities			1,667,696.	11	4,236,770.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line -	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			5,621,907.	16	7,081,221.
	17	Accounts payable and accrued expenses			78,887.	17	65,911.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ŝ	22	Loans and other payables to any current or form	er officer,	director,			
Liabilities		trustee, key employee, creator or founder, subst	antial cont	ributor, or 35%			
abil		controlled entity or family member of any of thes	e persons			22	
	23	Secured mortgages and notes payable to unrela	ted third p	arties		23	
	24	Unsecured notes and loans payable to unrelated	I third parti	ies		24	
	25	Other liabilities (including federal income tax, page	yables to re	elated third			
		parties, and other liabilities not included on lines	17-24). Co	omplete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			78,887.	26	65,911.
		Organizations that follow FASB ASC 958, che	ck here	X			
ces		and complete lines 27, 28, 32, and 33.					
an	27	Net assets without donor restrictions			5,426,986.	27	6,993,931.
Ba	28	Net assets with donor restrictions		<u></u>	116,034.	28	21,379.
Fund Balances		Organizations that do not follow FASB ASC 9	58, check	here			
ц		and complete lines 29 through 33.					
s or	29	Capital stock or trust principal, or current funds				29	
Net Assets	30	Paid-in or capital surplus, or land, building, or eq	uipment fu	ind		30	
t As	31	Retained earnings, endowment, accumulated in				31	
Nei	32	Total net assets or fund balances			5,543,020.	32	7,015,310.
	33	Total liabilities and net assets/fund balances			5,621,907.	33	7,081,221.

CIRCLE OF CONCERN

Check if Schedule O contains a response or note to any line in this Part X

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

(B) End of year

508,309.

783,802.

170.

(A) Beginning of year

342,539.

204,763.

1,814,101.

1

2

3

4

Form 990 (2023)

Form 990 (2023) Part X Balance Sheet

1

2

3

4

5

Form	1990 (2023) CIRCLE OF CONCERN	23-708501	0	Pad	_{ge} 12
	rt XI Reconciliation of Net Assets				4
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,	024,	628.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	662,	586.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	362,	042.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,	543,	020.
5	Net unrealized gains (losses) on investments	5		110,	248.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	7,	015,	310.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u> T		
		ſ		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a			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?	l l	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?	l l	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				v
-	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	(0000)

Form **990** (2023)

OULE A
OULE A

Department of the Treasury

(Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2023
Open to Public

Interna	li neve	nue Service	Go to www.irs.gov/l	Form990 for instructior	ns and the	e latest inf	ormation.			Inspection
Nam	e of	the organization						Employer		fication number
Do	~+ I		OF CONCERN	(All					23-70	085010
Pa		Reason for Public C					ee instructior	18.		
	organ	ization is not a private found		e .		,				
1		A church, convention of ch				on 170(b)(1	I)(A)(I).			
2		A school described in section								
3		A hospital or a cooperative								
4		A medical research organize	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the ho	spital's name,
_		city, and state:								
5		An organization operated for		lege or university owned	or operat	ed by a go	overnmental u	init describe	ea in	
-		section 170(b)(1)(A)(iv). (C								
6		A federal, state, or local gov	-							
7	X	An organization that norma		ntial part of its support fi	rom a gove	ernmental	unit or from t	he general p		described in
~		section 170(b)(1)(A)(vi). (C								
8		A community trust describe			-			1		_
9		An agricultural research org								3
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the	name, city	, and state of	the college	or	
10		university:		than 22 1/20/ of its supp	ort from o	ontribution	na mambarak	in food on	daroos	reasiets from
10		An organization that norma activities related to its exem	• • • •					-	-	-
		income and unrelated busir		-					-	
		See section 509(a)(2). (Cor				ses acqui	ieu by the oli	yanization a	iitei Ju	ne 30, 1973.
11		An organization organized a		vely to test for public sa	fety See	section 50)Q(a)(4)			
12		An organization organized a	-	•	•			arry out the	nurnos	ses of one or
		more publicly supported or	-	-				-		
		lines 12a through 12d that							billoon	
а		Type I. A supporting orga							aivina	
	-	the supported organization		-	• • • •	-				na
		organization. You must o			, ,					5
b		Type II. A supporting org	•		tion with its	s supporte	ed organizatio	on(s), by hav	ving	
		control or management o								
		organization(s). You mus	t complete Part IV,	Sections A and C.						
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functiona	lly integrate	d with	,
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection w	vith its suppo	rted organiz	zation(s	5)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	d an attentiv	/eness	
	_	requirement (see instructi								
е		Check this box if the orga					Туре I, Туре	II, Type III		
		functionally integrated, or	•••	nally integrated supportion	ng organiz	ation.				
		er the number of supported c	•							
<u> </u>		vide the following informatior (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	f monetary	(vi)	Amount of other
		organization	(,	(described on lines 1-10	<u> </u>	ing document?	support (see i			rt (see instructions)
				above (see instructions))	Yes	No				
Tota	I									

Schedule	A (Form 990)) 2023
Part II	Suppor	t Sc

CIRCLE OF CONCERN

23-7085010

Page 2 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,495,514.	3,273,600.	3,083,726.	2,508,595.	3,900,554.	15,261,989.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	2,495,514.	3,273,600.	3,083,726.	2,508,595.	3,900,554.	15,261,989.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,368,077.
6	Public support. Subtract line 5 from line 4.						13,893,912.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	2,495,514.	3,273,600.	3,083,726.	2,508,595.	3,900,554.	15,261,989.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	34,716.	36,185.	71,882.	60,981.	110,079.	313,843.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			568.		4,069.	4,637.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	3,280.	4,268.	3,921.	6,993.	13,370.	31,832.
11	Total support. Add lines 7 through 10						15,612,301.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	88.99 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	95.80 %
16 a	1 33 1/3% support test - 2023. If the c	organization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo>	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the c	organization did not	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2023. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a put	olicly supported or	ganization		
b	0 10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and st e	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. The	e organization qua	lifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	
						Schedule A	(Form 990) 2023

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332022 12-21-23

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to)					
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified person	d					
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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesse	'S					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busines activities not included on line 10b, whether or not the business is regularly carried on	s					
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for	the organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
Section C. Computation of Pul	olic Support Per	rcentage				
15 Public support percentage for 2023	3 (line 8, column (f), c	divided by line 13,	column (f))		15	%
<u>16</u> Public support percentage from 20 Section D. Computation of Inve			<u></u>		16	%
17 Investment income percentage for	2023 (line 10c, colu	mn (f), divided by	line 13, column (f)))	17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2023. If t					33 1/3%, and I	line 17 is not
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2022. If t						3%, and
line 18 is not more than 33 1/3%, c						
20 Private foundation. If the organiza						
332023 12-21-23					Scheo	dule A (Form 990) 2023
		16	5			

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1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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| 10b | Schedule A (Form 990) 2023

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

Schedule A (Form 990) 2023

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Γ

Yes No

Schedule A (Form 990) 2023 CIRCLE OF CONCERN Part IV Supporting Organizations (continued)

Has the organization accepted a gift or contribution from any of the following

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 332025 12-21-23

Part V Type III Non-Functionally Integrated 509(a)(3) Suppor	ting Organi	zations	
Check here if the organization satisfied the Integral Part Test as a qual	fying trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instruction
All other Type III non-functionally integrated supporting organizations n	nust complete S	Sections A through E.	1
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
B Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
3 Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2023

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instructions).

Sche	dule A (Form 990) 2023 CIRCLE OF CONCERN				23-7085010	Page 7
Pa	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations _{(continu}	ied)		
Sect	ion D - Distributions				Current Y	/ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
_3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	1		10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributa Amount for	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
с	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2019					
b	Excess from 2020					
C	Excess from 2021					
d	Excess from 2022					
e	Excess from 2023					

Schedule A (Form 990) 2023

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS INCOME
2019 AMOUNT: \$ 171.
2020 AMOUNT: \$ 969.
2021 AMOUNT. Č. 1.074
2022 AMOUNT: \$ 3,239.
2023 AMOUNT: \$ 461.
REBATES AND REFUNDS
2019 AMOUNT: \$ 3,109.
2020 AMOUNT: \$ 3,299.
2021 AMOUNT: \$ 2,847.
2022 AMOUNT: \$ 3,754.
2023 AMOUNT: \$ 12,909.

CIRCLE OF CONCERN

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2023

Employer identification number

23-7085010

CIRCLE OF CONCERN

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

Schedule B

Department of the Treasury

Internal Revenue Service Name of the organization

(Form 990)

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the set of the parts unless to the set of the

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

	B (Form 990) (2023)		Page
Name of or	rganization	Empl	oyer identification number
CIRCLE O	OF CONCERN		23-7085010
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,344,117.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$148,035.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 12-26		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2023)

CUS00001

	orm 990) (2023)			Page
lame of organ	ization		Employ	ver identification number
IRCLE OF C	ONCERN		23	-7085010
Part II N	Ioncash Property (see instructions). Use duplicate copies of Part II	if additional space is	needed.	
(a) No. from Part I	(b) Description of noncash property given	(c FMV (or e (See instr	estimate)	(d) Date received
2 FO	OD AND PERSONAL CARE ITEMS	_		
		\$	22,835.	12/31/23
(a) No. from Part I	(b) Description of noncash property given	(c FMV (or e (See instr	estimate)	(d) Date received
 		\$		
(a) No. from Part I	(b) Description of noncash property given	(c FMV (or e (See instr	estimate)	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c FMV (or e (See instr	estimate)	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(d FMV (or e (See instr	estimate)	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c FMV (or e (See instr	estimate)	(d) Date received
3453 12-26-23		\$		Schedule B (Form 990) (202

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25 2023.04020 CIRCLE OF CONCERN

CUS00001

2

	B (Form 990) (2023)		Page 4
Name of c	organization		Employer identification number
CIRCLE (OF CONCERN		23-7085010
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in sec	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000 or le	\$\$ for the year. (Enter this info. once.)
(a) No.	Use duplicate copies of Part III if additional s		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
			•
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I		() = 0	
		(e) Transfer of gift	I
		(-,	
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	I
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

Schedule B (Form 990) (2023)

Department of the Treasury

Internal Revenue Service

(Form 9	90)
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Supplemental Financial Statements

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



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

Name of the organization

Employer identification number

	CIRCLE OF CONCERN		23-7085010
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or <i>I</i>	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value of grants norm (during year)		
- 5	Did the organization inform all donors and donor advisors in v	L	undo
5	are the organization's property, subject to the organization's	0	
6	Did the organization inform all grantees, donors, and donor a		
U	for charitable purposes and not for the benefit of the donor o		•
Par		repiration annuared "Ves" on Form 000. Dort	
			IV, IIIle 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the orga	anization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	tion easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
•			
8	Does each conservation easement reported on line 2d above		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		
9	balance sheet, and include, if applicable, the text of the footr	-	
			that describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art. Historical Treasures. or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95		alance sheet works
	of art, historical treasures, or other similar assets held for put		
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		nce sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treater		
_	the following amounts required to be reported under FASB A		,, ····
а	Revenue included on Form 990, Part VIII, line 1		\$
b			•
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023
	09-28-23		

Sche	dule D (Form 990) 2023 CIRCLE OF C							23-708		Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	[·] Other	Similar	Assets	s (contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that	make sig	nificant u	ise of its			
	collection items (check all that apply).										
а	Public exhibition	d	I 🗌 I	Loan or exc	hange progra	ım					
b	Scholarly research	e	. 🗌 (Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	how th	ey further th	ne organizatio	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or othe	r similar a	assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	he organ	ization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements Comple	te if the	organizatior	answered "	res" on F	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for	contribution	is or other as	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	able:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	escrow or cu	ustodial accou	unt liabilit	y?		Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete if										
		(a) Current year		rior year	(c) Two year			ears back	(e) Four	,	
1a	Beginning of year balance	1,667,696. 1,871,576. 1,023,138. 820,934. 745,167.									
b	Contributions	16,644.		7,280.		,735.		51,841.		,	486.
С	Net investment earnings, gains, and losses	181,660.	-	-211,160.	104	,703.		50,363.		52,	281.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	1,866,000.	1,	,667,696.	1,871	,576.	1,02	23,138.		820,	934.
2	Provide the estimated percentage of the curr		e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment	100	_%								
b	Permanent endowment .0000	%									
С	Term endowment0000	%									
	The percentages on lines 2a, 2b, and 2c show	•									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that	t are held ar	nd administer	ed for the)		1	1	
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		X
									3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the	<u>u</u>	wment fu	unds.							
Par	t VI Land, Buildings, and Equipm				C 000	Devit V II	10				
	Complete if the organization answere			-							
	Description of property	(a) Cost or o		.,	or other	• •	cumulate	d	(d) Boo	k valu	е
	Level	basis (investn	nerit)	Sizeu	(other)	dep	reciation			245	076
	Land			1	245,076.		624		1	,	076.
	Buildings			1	<u>,659,343.</u>		634,		т,	,024,	100.
	Leasehold improvements				220 171		222	402		14	760
	Equipment				238,171.		223,4	±02.		±4,	769.
	Other								-	204	611
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part J	<u>X, line 10</u>	<u>0c, column</u>	<u>(B))</u>					,284,	
							:	Schedule	D (Forn	n 990)	2023

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Complete if the organization answered "Yes" (a) Description of security or Category (including name of security)		(c) Method of valuation: Cost or end-	of yoor market yolyo
	(b) Book value	(c) Method of Valuation: Cost or end-	of-year market value
1) Financial derivatives			
2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
	an Fauna 000 Davit IV (line	11a Cas Farma 000 Bart V line 10	
Complete if the organization answered "Yes"			of yook mented and the
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	oi-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co	I. (В))		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability			(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability			(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability			(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes			(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)			(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)			(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)			(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value

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

Schedule D (Form 990) 2023

332053 09-28-23

X

Sche	edule D (Form 990) 2023 CIRCLE OF CONCERN			23-7085010	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Re	evenue per Ret	urn	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.	T		
1	Total revenue, gains, and other support per audited financial statements			1	4,134,876.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		110,248.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	9			2e	110,248.
3	Subtract line 2e from line 1			3	4,024,628.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.))		5	4,024,628.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With E	xpenses per R	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.	<u> </u>		
1	Total expenses and losses per audited financial statements			1	2,662,586.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d					
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,662,586.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	٥.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18	8.)		5	2,662,586.
Pa	rt XIII Supplemental Information				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	l; Part IV, lines 1b an	d 2b; Part V, line 4;	Part X, line 2; F	² art XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ny additional informa	tion.		
PAR	TV, LINE 4:				
THE	INVESTMENT OBJECTIVE OF THE ORGANIZATION IS TO PROVIDE A	RETURN ON			

INVESTMENTS THAT SUPPORTS THE ORGANIZATION BOTH IN THE SHORT-TERM FOR

ANNUAL INCOME AND THE LONG-TERM FOR MAINTENANCE AND GROWTH OF THE

ENDOWMENT'S PURCHASING POWER. ACHIEVEMENT OF THE RETURN WILL BE SOUGHT

FROM AN INVESTMENT STRATEGY WHICH PROVIDES AN OPPORTUNITY FOR OPTIMAL

RETURNS WITHIN ACCEPTABLE LEVELS OF RISK AND VOLATILITY OF RETURNS. THE

ORGANIZATION HAS ADOPTED A POLICY STATING THAT DISTRIBUTIONS OF

INCOME/GAIN FROM THE FAIR VALUE OF THE ENDOWMENT FUND TO OPERATING FUND

SHALL BE RECOMMENDED ON AN ANNUAL BASIS BY THE FINANCE COMMITTEE OF THE

BOARD AND APPROVED BY THE BOARD.

332054 09-28-23

PART X, LINE 2:

CIRCLE CONSTITUTES A QUALIFIED NOT-FOR-PROFIT ORGANIZATION UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE AND IS, THERFORE, EXEMPT FROM

FEDERAL INCOME TAXES.

CIRCLE HAS ADDRESSED THE PROVISIONS OF FASB ASC 740, ACCOUNTING FOR INCOME

TAXES. IN THAT REGARD, CIRCLE HAS EVALUATED ITS TAX POSITIONS, EXPIRING

STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW

AND NEW AUTHORITATIVE RULINGS AND BELIEVES THAT NO PROVISION FOR INCOME

TAXES IS NECESSARY, AT THIS TIME, TO COVER ANY UNCERTAIN TAX POSITIONS.

Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctivi	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2023
Department of the Treasury		Attach to Form 990 c						Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instruc	tions	and t	ne latest information	ı.	Employer id.	
Name of the organizatior	CIRCLE OF (CONCERN					23-70850	entification number
Part I Fundrais	ing Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 17	7. Form 990-E	Z filers are not
	complete this part							
 a Mail solicitat b Internet and c Phone solici d In-person so 	ions email solicitations tations licitations		tion of tion of fundra	non-g gover aising	overnment grants nment grants events	tees,	or	
		art VII) or entity in connection with pr			•		Ye	
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursua organization.	ant to	agreei	ments under which th	ne fur	idraiser is to b	e
(i) Name and addres or entity (func	s of individual	(ii) Activity	(iii) fundr have c or cor contribu	ustody itrol of	(iv) Gross receipts from activity	tò (c	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 whi		n is registered or licensed to solicit c		utions	or has been notified	it is e	exempt from re	egistration
or licensing.								

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		G	OLF	TRIVIA	1	(add col. (a) through
a			(event type)	(event type)	(total number)	col. (c))
Revenue	1 Gross receipts		46,598.	20,217.	10,154.	76,969.
	2 Less: Contributions		33,903.	14,534.	10,154.	58,591.
	3 Gross income (line 1	minus line 2)	12,695.	5,683.		18,378.
	4 Cash prizes		750.	350.		1,100.
	5 Noncash prizes		430.			430.
senses	6 Rent/facility costs		7,500.	500.		8,000.
Direct Expenses	7 Food and beverages		2,804.	3,578.		6,382.
D	8 Entertainment			400.		400.
		es	1,394.	190.	953.	2,537.
	10 Direct expense sum	nary. Add lines 4 through 9	9 in column (d)			18,849.
		y. Subtract line 10 from line				-471.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1 Gross revenue				
s	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
irect E	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes %	Yes %	Yes %	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Enter the state(s) in which the organization conduc	cts gaming activities:			
а	Is the organization licensed to conduct gaming ac				
b	If "No," explain:				
10a	Were any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax	/ear?	Yes No
	If "Yes," explain:		• •		

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Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	CIRCLE OF CONCERN	23-7085010	Page 3
11	Does the organization conduct ga	ming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, bene	ficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?		🗌 Yes	🗌 No
13	Indicate the percentage of gaming	activity conducted in:		
a	The organization's facility		13a	%
k	An outside facility		13b	%
14	Enter the name and address of th	e person who prepares the organization's gaming/special events books and records:		
	Name			
	Address			
15a	Does the organization have a con	tract with a third party from whom the organization receives gaming revenue?	Yes	No
Ľ		ing revenue received by the organization \$ and the amour	IT	
	of gaming revenue retained by the If "Yes," enter name and address			
C	in res, entername and address	or the third party.		
	Name			
	Address			
	Address			
16	Gaming manager information:			
10	Gaming manager information.			
	Name			
	Gaming manager compensation	\$		
	danning manager compensation	Ф		
	Description of services provided			
	Director/officer	Employee Independent contractor		
17	Mandatory distributions:			
a	Is the organization required under	state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		Yes	🗌 No
k		required under state law to be distributed to other exempt organizations or spent in th		
	organization's own exempt activit			
Pa	rt IV Supplemental Infor	mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide any additional information. See instructions.		
3320	83 09-13-23		chedule G (Form	n 990) 2023
		34		

CIRCLE OF CONCERN

Part IV	Supplemental Information	(continued)		
				Schedule G (Form 990)
332084 04-01-	-23			

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SCHEDULE I								
(Form 990)		Go	vernments, ar	nd Individual	ls in the Ŭni	ted States		2023
Development of the Transmus		Compi	ete if the organizatio	Attach to Forn		rt IV, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service			Go to www.irs	s.gov/Form990 for		ation.		Inspection
Name of the organization	on			0				Employer identification number
	CIRCLE OF CONC	CERN						23-7085010
Part I General In	formation on Grants a	nd Assistance						
-	ation maintain records t ward the grants or assis		-			-		
	IV the organization's pro							
	d Other Assistance to I					anization answered "Y	es" on Form 990, Par	IV, line 21, for any
	nat received more than \$			1		(f) Method of	1	T
.,	ldress of organization /ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

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

3 Enter total number of other organizations listed in the line 1 table ...

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

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

	recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					CANNED GOODS, BAKERY ITEMS,
					MEAT, MILK, EGGS, AND FRESH
					PRODUCE; PERSONAL CARE ITEMS;
D AND PERSONAL CARE ITEMS	3510	500,255.	780,015.	FMV	GROCERY STORE GIFT CARDS
ANCIAL ASSISTANCE INCLUDING UTILITIES, RENT AN	D				
E REPAIRS, AND GASOLINE	422	177,322.	0.	CASH	
IDAY PROGRAM	2171	108,550.	0.	САЅН	
OLARSHIPS FOR CIRCLE FAMILY HIGH SCHOOL SENIOR	s				
PURSUE PROFESSIONAL OR TRADE SCHOOLS, COMMUNIT	Y				
LEGES, OR FOUR YEAR INSTITUTIONS.	47	107,635.	0.	CASH	
· · ·					PARENTS RECEIVE GIFT CARDS TO
					SUPPLEMENT SUMMER FOOD
					PURCHASES FOR THEIR
BAG PROGRAM	828	0.	28,767.	FMV	SCHOOL-AGED CHILDREN
rt IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
T I, LINE 2: CLE OF CONCERN IS A FOOD PANTRY AND SOCIAL SER	VICES AGENCY C	FERING			
LESOME FOODS AND WRAPAROUND PROGRAMS. CLIENTS					
A, MEET GUIDELINES FOR HOUSEHOLD INCOME, AND P.	ARTICIPATE IN	MONTHLY CASE			
AGEMENT. CLIENTS MAY RECEIVE SHORT-TERM, EMER	GENCY RENT OR	UTILITY			
ISTANCE AND OTHER SERVICES, WHICH ARE RECORDED	IN THE CLIENT	MANAGEMENT			
TEM. CURRENTLY, RENT AND/OR UTILITY ASSISTANC	E IS LIMITED T	°O \$700			
UALLY. CIRCLE OF CONCERN ALSO HAS A CRISIS FU	ND FOR MORE SF	RIOUS			

ISSUES. ASSISTANCE THROUGH THAT FUND IS AWARDED FOR HIGHER AMOUNTS, SUBJECT

Page 2

CIRCLE OF CONCERN CIRCLE OF CONCERN Part III Continuation of Grants and Other Assistance to D	omontio Individuale d	Sobodulo I (Earmo)			23-7085010	Pag
Part III Continuation of Grants and Other Assistance to D		Schedule I (Form 9:	90), Part III.) T			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
ACK TO SCHOOL SUPPLIES	493.	24,800.	0.	CASH		
					HOLIDAY SPECIFIC FOOD: INCLUDING SWEET POTAT	
					CRANBERRIES, STUFFING	•
HANKSGIVING BASKET PROGRAM	698.	20,940.	17,405.	FMV	VEGETABLES, FRUIT, PI	
					BIRTHDAY CLUB RECIPIE RECEIVE WRAPPED BIRTH AND BIRTHDAY BAGS WIT	DAY GIFTS
IRTHDAY CLUB	416.	11,787.	42,291.	FMV	FIXINGS AND PARTY FAV	
AMPERSHIPS	96.	11,747.	0.	CASH		
					Cabada	

Schedule I (Form 990)

Dart IV	Supplemental	Information
	Jupplemental	mormation

CIRCLE OF CONCERN

TO APPROPRIATE OVERSIGHT, APPROVAL AND DOCUMENTATION IN COMPLIANCE WITH

CIRCLE POLICIES.

Schedule I (Form 990)

332291 04-01-23

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

ſ

Employer identification number

23-7085010

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

23 ZU **Open to Public** Inspection

Name of the organization

CIRCLE OF CONCERN

Pai	rti Ty	pes of Property	-						
			(a)	(b)	(C)	(d)			
			Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu			_
			applicable	items contributed		noncash contribu	alional	nount	5
1	Art - Work	s of art							
2		rical treasures							
3	Art - Fracti	ional interests							
4		publications							
5		nd household goods							
6		other vehicles							
7		planes							
8	Intellectua								
9		- Publicly traded	Х	5	20,665.	PUBLICLY TRADED	EXCHA	NGE	
10		- Closely held stock							
11		- Partnership, LLC, or							
		ests							
12	Securities	- Miscellaneous							
13		conservation contribution -							
	Historic st								
14		conservation contribution - Other							
15		e - Residential							
16		e - Commercial							
17		e - Other							
18		25							
19		ntory	X	1,722	825 798.	COMPARABLE SALES			
20		I medical supplies			,				
20									
22		r Artifaata							
22		artifacts							
		specimens							
24	Ũ	ical artifacts (BIRTHDAY BAGS)	x	1,070	22 346	COMPARABLE SALES			
25	Other			1,070	22,340.	COMPARABLE SALES			
26	Other	()							
27	Other	()							
28	Other	()	<u> </u>						
29		f Forms 8283 received by the organi	•					0	
	for which t	the organization completed Form 82	283, Part V, L	onee Acknowledg	ement 29				N
~~								Yes	No
30a		e year, did the organization receive b							
		for at least 3 years from the date of	•	-	·				v
		urposes for the entire holding period	?				30a		X
		escribe the arrangement in Part II.						77	
31		organization have a gift acceptance				tions?	31	X	
32a		organization hire or use third parties		•	· • ·				
	contributio						32a		X
b		escribe in Part II.							
33	-	nization didn't report an amount in o	column (c) fo	r a type of property	r for which column (a) is cheo	cked,			
	describe ir								
For F	Paperwork	Reduction Act Notice, see the Ins	tructions for	⁻ Form 990.		Schedule N	/ (Forn	n 990)	2023

LHA 332141 09-11-23

Schedule M (Form 99	90) 2023 CIRCLE OF CONCERN	23-7085010	Page 2
Part II Suppl is repor	lemental Information. Provide the information required by Part I, lines 30b, 32b, ting in Part I, column (b), the number of contributions, the number of items received, or t for any additional information.	and 33, and whether the organiz r a combination of both. Also cor	zation
CHEDULE M, PAR	T I, COLUMN (B):		
HE ORGANIZATIO	N IS REPORTING THE ESTIMATED NUMBER OF CONTRIBUTIONS		
SCEIVED.			
2142 00 11 22		Schedule M (For	m 990) 201
32142 09-11-23	41	Schedule M (FU)	530j 202

09510904 701245 CUS000011536

SCHE	DU	LE	0
(Form	990)	

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 23-7085010

CIRCLE OF CONCERN

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

- IN MID-NOVEMBER AND DECEMBER, CIRCLE SUPPORTED 2,171 INDIVIDUALS (608

HOUSEHOLDS) THROUGH OUR HOLIDAY ADOPTION PROGRAM. EACH ELIGIBLE

HOUSEHOLD MEMBER RECEIVED A \$50 TARGET GIFT CARD TO PURCHASE CLOTHING,

SHOES, HOUSEHOLD ITEMS OR OTHER NEEDED PRODUCTS.

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

EDUCATIONAL SCHOLARSHIPS:

BECAUSE EDUCATION IS A KEY FACTOR IN THE FIGHT AGAINST POVERTY, THROUGH

A COMPETITIVE APPLICATION AND INTERVIEW PROCESS, CIRCLE AWARDED 27

EDUCATIONAL SCHOLARSHIPS TOTALING OVER \$107,000 TO LOW-INCOME STUDENTS

FOR COLLEGE, TRADE OR PROFESSIONAL SCHOOL TUITION. SIXTEEN ADULT

CLIENTS RECEIVED SCHOLARSHIPS UP TO \$1,000 PER SEMESTER TOWARD

CONTINUING EDUCATION.

EXPENSES \$ 147,175. INCLUDING GRANTS OF \$ 107,635. REVENUE \$ 0.

BACK TO SCHOOL:

IN 2023, CIRCLE HELPED 493 STUDENTS FROM LOW-INCOME FAMILIES THROUGH

OUR BACK TO SCHOOL PROGRAM. PARENTS RECEIVED A \$50 TARGET GIFT CARD FOR

EACH SCHOOL-AGED CHILD IN THEIR HOUSEHOLD TO PURCHASE BACKPACKS,

NOTEBOOKS, CLOTHING OR OTHER SUPPLIES AS NEEDED FOR THEIR CHILDREN.

EXPENSES \$ 44,498. INCLUDING GRANTS OF \$ 24,800. REVENUE \$ 0.

SUMMER OPPORTUNITIES/CAMPERSHIPS:

CIRCLE HELPED 96 CHILDREN TO EACH ENJOY A MEMORABLE, ENRICHING SUMMER

PROGRAM IN 2023, PARENTS AND KIDS CHOSE THE ACTIVITIES, WHICH INCLUDED

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

Schedule O (Form 990) 2023

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CUS00001

Name of the organization

CIRCLE OF CONCERN

Employer identification number 23-7085010

SPORTS, MUSIC AND SCOUTS' CAMPS, SWIMMING LESSONS AND MORE.

EXPENSES \$ 13,740. INCLUDING GRANTS OF \$ 11,747. REVENUE \$ 0.

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

ONCE THE FORM 990 IS COMPLETED BY THE INDEPENDENT ACCOUNTING FIRM IT IS

PRESENTED TO THE BOARD OF DIRECTORS. CHANGES, IF ANY, ARE COMMUNICATED AND

INCORPORATED FOR FINAL APPROVAL BY THE BOARD OF DIRECTORS PRIOR TO FILING

WITH THE INTERNAL REVENUE SERVICE.

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

EACH YEAR A CONFLICT OF INTEREST DISCLOSURE STATEMENT IS FURNISHED TO, AND

MUST BE COMPLETED BY, EACH DIRECTOR, PAID STAFF MEMBER AND VOLUNTEER

INVOLVED IN MONETARY TRANSACTIONS (E.G. CASE AND INTAKE PERSONNEL,

FACILITIES SUPERINTENDENT, CHAIRPERSONS OF BACK TO SCHOOL, BIRTHDAY CLUB,

HOLIDAY ADOPTION, ETC.)

THE DISCLOSURE STATEMENTS ARE RETURNED TO THE ACCOUNTING OFFICE FOR THE

CIRCLE FINANCE COMMITTEE TO REVIEW.

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

CIRCLE OF CONCERN HAS TASKED THE PERSONNEL COMMITTEE TO ANNUALLY REVIEW

SALARIES AND JOB PERFORMANCE OF THE EXECUTIVE DIRECTOR. THE COMMITTEE

INCLUDES THE PRESIDENT AND ADDITIONAL BOARD MEMBERS AND THIS COMMITTEE DOES

UTILIZE COMPARABLE SALARY DATA FROM OTHER LOCAL AND REGIONAL FOOD PANTRIES

AND OTHER CHARITABLE AGENCIES. THE PERSONNEL COMMITTEE REPORTS TO THE

BOARD OF DIRECTORS TO RECEIVE AUTHORIZATION FOR SALARY AMOUNTS FOR BUDGET

AND PAYMENT PURPOSES.

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Schedule O (Form 990) 2023	
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Name of the organization

CIRCLE OF CONCERN

Employer identification number 23-7085010

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

CIRCLE OF CONCERN DOES NOT CURRENTLY COMPENSATE ANY OFFICERS OR KEY

EMPLOYEES (PER IRS DEFINITION).

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

CIRCLE OF CONCERN MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

THROUGH ITS WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST

POLICY ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

Schedule O (Form 990) 2023

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