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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

2008

Open to Public Inspection

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

A For the 2008 calendar year, or tax year beginning **OCT 1, 2008** and ending **SEP 30, 2009**

| | | | | |
|--|---|--|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type: See Specific Instructions | C Name of organization PROJECT CONCERN INTERNATIONAL | | D Employer identification number 95-2248462 |
| | | Doing Business As | | E Telephone number 858-279-9690 |
| | | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5151 MURPHY CANYON ROAD, SUITE 320 | | G Gross receipts \$ 28,523,758. |
| | | City or town, state or country, and ZIP + 4 SAN DIEGO, CA 92123 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | F Name and address of principal officer: GEORGE GUIMARAES 5151 MURPHY CANYON ROAD, SUITE 320, SAN DIEGO | | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | | |
| J Website: WWW.PROJECTCONCERN.ORG | | | | |
| K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | | | |
| L Year of formation: 1961 | | | | M State of legal domicile: CA |

Part I Summary

| | | | |
|--|--|--------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: PREVENT DISEASE, IMPROVE COMMUNITY HEALTH, AND PROMOTE SUSTAINABLE DEVELOPMENT. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 27 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 27 |
| | 5 Total number of employees (Part V, line 2a) | 5 | 81 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 121195 |
| | 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 30,956,305. | 27,903,522. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 157,057. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6, 7c, 9, 10c, and 11e) | 216,552. | 336,765. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | -239,006. | -204,467. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 30,933,851. | 28,192,877. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 5,160,354. | 5,608,722. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 10,680,868. | 11,079,183. |
| | b Total fundraising expenses (Part IX, column (B), line 25) 568,018. | | |
| Net Assets or Fund Balances | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 12,989,549. | 12,485,986. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 28,830,771. | 29,173,891. |
| | 19 Revenue less expenses. Subtract line 18 from line 12 | 2,103,080. | -981,014. |
| | 20 Total assets (Part X, line 16) | Beginning of Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 9,286,333. | 19,165,110. |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 4,679,111. | 15,544,267. | |
| | | 4,607,222. | 3,620,843. |

Part II Signature Block

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

Sign Here

Signature of officer: *George Gates* Date: *5/28/10*

Type or print name and title: *George Gates CFO*

Paid Preparer's Use Only

Preparer's signature: *Patricia J. Mayer* Date: *5/28/10* Check if self-employed: ☐ Preparer's identifying number (see instructions):

Firm's name (or yours if self-employed), address, and ZIP + 4: **MOSS ADAMS LLP**
9665 GRANITE RIDGE DRIVE, SUITE 600
SAN DIEGO, CA 92123

EIN: **95-2248462** Phone no.: **858-627-1400**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

2 ne

SCANNED JUL 26 2010

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

PROJECT CONCERN INTERNATIONAL'S MISSION IS TO PREVENT DISEASE, IMPROVE COMMUNITY HEALTH, AND PROMOTE SUSTAINABLE DEVELOPMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes", describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes", describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 11,933,233. including grants of \$ 3,124,643.) (Revenue \$)
 HIV/AIDS - PCI HAS BEEN ACTIVE IN HIV/AIDS PREVENTION, TREATMENT, AND CARE AND SUPPORT SINCE THE EARLY 1990'S WITH AN EMPHASIS ON BUILDING THE CAPACITY OF LOCAL ORGANIZATIONS. ACHIEVEMENTS INCLUDE: IN INDIA, SINCE 2001, PCI IMPLEMENTED THE MOST EXTENSIVE HIV COMMUNITY AND HOME-BASED CARE PROGRAM IN THE COUNTRY, REACHING 6,000 PEOPLE ANNUALLY; IN THE AMERICAS, PCI HAS IMPLEMENTED HIV/AIDS PROGRAMS IN HONDURAS AND NICARAGUA, AND IN 2009 COMPLETED A 3-YEAR PROJECT IN CALIFORNIA THAT INCREASED HIV PREVENTION AND CARE SKILLS AMONG HEALTHCARE PROVIDERS; AND IN AFRICA PCI HIV/AIDS PROGRAMS IN 5 COUNTRIES AND IN ZAMBIA AND ETHIOPIA HAVE PROVIDED DIRECT SERVICES TO NEARLY 252,000 ORPHANS AND VULNERABLE CHILDREN (OVC) AND OVER 15,700 OVC CAREGIVERS AIMED AT KEEPING OVC IN THEIR HOME COMMUNITIES.

4b (Code) (Expenses \$ 3,924,838. including grants of \$ 207,495.) (Revenue \$)
 FOOD, NUTRITION & LIVELIHOOD SECURITY - PCI HAS SIGNIFICANT EXPERIENCE IN THE DESIGN AND IMPLEMENTATION OF COMMUNITY-BASED, INTEGRATED FOOD AID, AND FOOD AND NUTRITION SECURITY (FNS) PROGRAMMING, AS WELL AS IN COMMERCIALIZATION, AGRI-BUSINESS, AND MICROFINANCE. PCI UNDERSTANDS THAT FNS COMBINED WITH LIVELIHOOD ACTIVITIES ARE INTEGRAL TO IMPROVED HEALTH OUTCOMES. PROGRAMMING INCLUDES: PCI'S RURAL MIS LLAMAS PROJECT (MY LLAMAS) AGRIBUSINESS APPROACH IN BOLIVIA IS FEATURED AS A KEY SUCCESS STORY BY USDA FOR IMPROVING LLAMA FARMERS PRODUCTIVITY AND INCOMES (UP 29%), BENEFITING OVER 34,000 PRODUCERS AND THEIR FAMILIES; AND SINCE 2001, IN NICARAGUA, PCI HAS RAISED THE AVERAGE INCOMES OF OVER 1,500 SMALL/MEDIUM-SIZED FARMERS BY 156% REDUCING MALNUTRITION BY 35% AMONG 10,194 CHILDREN UNDER AGE 2.

4c (Code) (Expenses \$ 3,919,488. including grants of \$ 632,844.) (Revenue \$)
 DISEASE PREVENTION AND TREATMENT - SINCE 1961, PCI HAS DESIGNED AND IMPLEMENTED PROGRAMS AIMED AT PREVENTING THE SPREAD OF INFECTIOUS DISEASES AND PROVIDING EFFECTIVE AND SUSTAINABLE TREATMENT FOR DISEASES, INCLUDING: TUBERCULOSIS, POLIO, PNEUMONIA, DIARRHEA, AND LEPROSY. ACHIEVEMENTS INCLUDE: PCI'S TB PREVENTION AND CONTROL PROGRAM IN MEXICO - A COLLABORATION BETWEEN USAID, THE GOVERNMENT OF MEXICO AND OTHER PARTNERS - HAS IMPROVED TB CASE MANAGEMENT AND TREATMENT AND COMMUNITY PARTICIPATION IN TB ACTIVITIES, RESULTING IN AN AVERAGE CURE RATE IN THE 13 TARGET STATES OF 90.7%, COMPARED TO A NATIONAL RATE OF 84.1%; AND IN INDIA, PCI AND ITS CORE GROUP POLIO PROJECT PARTNERS CONTRIBUTED TO A REDUCTION IN THE NUMBER OF DISTRICTS WITH WILD POLIO VIRUS FROM 82 IN 2008 TO 44 IN 2009 - A REDUCTION OF 46%.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 4,707,659. including grants of \$ 1,643,740.) (Revenue \$)

4e Total program service expenses ► \$ 24,485,218. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> | | |
| 6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> | X | |
| 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> | X | |
| 13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the U.S.? | X | |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i> | X | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> | X | |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> | X | |
| 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> | | X |
| 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> | 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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> | | X |

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Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee: | | |
| a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | | X |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |

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Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | Yes | No |
|------------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | 48 | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 0 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |
| 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 | 81 | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | X | |
| b | If "Yes," enter the name of the foreign country: SEE SCHEDULE O See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | X | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | X | |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter N/A | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter N/A | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A | 12b | |

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

- 1a** Enter the number of voting members of the governing body **1a** 27
- b** Enter the number of voting members that are independent **1b** 27
- 2** Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
- 3** Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?
- 4** Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?
- 5** Did the organization become aware during the year of a material diversion of the organization's assets?
- 6** Does the organization have members or stockholders?
- 7a** Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?
- b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons?
- 8** Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following
- a** The governing body?
- b** Each committee with authority to act on behalf of the governing body?
- 9a** Does the organization have local chapters, branches, or affiliates?
- b** If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?
- 10** Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990
- 11** Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

| | Yes | No |
|-----------|-----|----|
| 2 | | X |
| 3 | | X |
| 4 | X | |
| 5 | | X |
| 6 | | X |
| 7a | | X |
| 7b | | X |
| 8a | X | |
| 8b | X | |
| 9a | | X |
| 9b | | |
| 10 | X | |
| 11 | | X |

Section B. Policies

- 12a** Does the organization have a written conflict of interest policy? If "No," go to line 13
- b** Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
- c** Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done
- 13** Does the organization have a written whistleblower policy?
- 14** Does the organization have a written document retention and destruction policy?
- 15** Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
- a** The organization's CEO, Executive Director, or top management official?
- b** Other officers or key employees of the organization?
- Describe the process in Schedule O. (see instructions)
- 16a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
- b** If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

| | Yes | No |
|------------|-----|----|
| 12a | X | |
| 12b | X | |
| 12c | X | |
| 13 | X | |
| 14 | X | |
| 15a | X | |
| 15b | X | |
| 16a | | X |
| 16b | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AK, AL, AR, AZ, CA, CT, FL, GA, IL, KS, KY, LA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
- ☐ Own website ☒ Another's website ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
- GEORGE GATES, C.F.O. - 858-279-9690**
- 5151 MURPHY CANYON ROAD, SAN DIEGO, CA 92123**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| KEVIN E. MOLEY BOARD CHAIRMAN | 1.00 | X | | | | | | 0. | 0. | 0. |
| RUTH M. COVELL, M.D. DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| AMB. JEFFREY DAVIDOW DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| JOHN D. COLLINS, ESQ. PAST CHAIRMAN OF THE BOA | 1.00 | X | | | | | | 0. | 0. | 0. |
| JUDITH A. ETTINGER MANAGING DIRECTOR OF THE | 1.00 | X | | | | | | 0. | 0. | 0. |
| SANDRA HADLEY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| NORMAN F. HAPKE JR. DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| KURT HONOLD DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| DONALD M. INGS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| CATHERINE J. MACKEY, PH. DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| PHILIP R. MATTHEWS, ESQ. DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| KAREN ZABLE COX DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| WILLIAM C. MCQUINN, M.D. DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| KAREN MERCALDO DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| CHERYL PIA DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| NANCY PLAXICO DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| JOHN RADAK DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| JULIE SULLIVAN, PH.D. DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| TED TARBET DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| RICHARD TAYLOR DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| LAWRENCE A. WEITZEN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| DAVID WICKER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| ROYCE PEPIN, AM, MBE, KC DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| HAEYOUNG KONG TANG DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| CHRIS TWOMEY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| GADDI VASQUEZ DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| MARSHALL WHITING, PHD DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Total | | | | | | | | 1,280,512. | 0. | 139,361. |

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

8

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

| | Yes | No |
|---|-----|----|
| 3 | | X |
| 4 | X | |
| 5 | | X |

Section B. Independent Contractors

- 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

- 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

0

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2008)

Part VIII Statement of Revenue

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---------------|----------------------|---|---|--|
| Contributions, gifts, grants and other similar amounts | 1 a Federated campaigns | 1a | 3,211. | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 398,790. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 25102573. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 2398948. | | | | |
| | g Noncash contributions included in lines 1a-1f \$ | | 827,110. | | | | |
| | h Total. Add lines 1a-1f | | | 27903522. | | | |
| Program Service Revenue | 2 a OTHER INCOME | Business Code | 900099 | 147,203. | 147,203. | | |
| | b CONTRACT PROFIT | | 900099 | 9,579. | 9,579. | | |
| | c MISCELLANEOUS INCOME | | 900099 | 275. | 275. | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | 157,057. | | | |
| | Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 272,358. | | |
| 4 Income from investment of tax-exempt bond proceeds | | | | | | | |
| 5 Royalties | | | | | | | |
| 6 a Gross Rents | | (i) Real | (ii) Personal | | | | |
| b Less: rental expenses | | | | | | | |
| c Rental income or (loss) | | | | | | | |
| d Net rental income or (loss) | | | | | | | |
| 7 a Gross amount from sales of assets other than inventory | | (i) Securities | (ii) Other | | | | |
| b Less: cost or other basis and sales expenses | | | | | | | |
| c Gain or (loss) | | | | | | | |
| d Net gain or (loss) | | | | 64,407. | | | 64,407. |
| 8 a Gross income from fundraising events (not including \$ 398,790. of contributions reported on line 1c) See Part IV, line 18 | | a | | 86,086. | | | |
| b Less: direct expenses | | b | | 290,553. | | | |
| c Net income or (loss) from fundraising events | | | | -204,467. | | | -204,467. |
| 9 a Gross income from gaming activities. See Part IV, line 19 | | a | | | | | |
| b Less: direct expenses | | b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | | a | | | | | |
| b Less: cost of goods sold | b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| 11 a | | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | | | | | |
| 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e | | | | 28192877. | 157,057. | 0. | 132,298. |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 269,014. | 269,014. | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | 5,339,708. | 5,339,708. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 903,049. | 338,684. | 522,506. | 41,859. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 7,881,371. | 6,207,656. | 1,411,197. | 262,518. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 345,854. | 299,395. | 40,531. | 5,928. |
| 9 Other employee benefits | 1,461,143. | 1,207,474. | 226,288. | 27,381. |
| 10 Payroll taxes | 487,766. | 326,141. | 139,038. | 22,587. |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 11,343. | 6,573. | 4,770. | |
| c Accounting | 172,906. | 29,645. | 143,261. | |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | 2,113,160. | 1,562,945. | 437,584. | 112,631. |
| 12 Advertising and promotion | 1,248,921. | 1,243,163. | 5,184. | 574. |
| 13 Office expenses | | | | |
| 14 Information technology | 105,345. | 43,680. | 56,628. | 5,037. |
| 15 Royalties | | | | |
| 16 Occupancy | 614,480. | 377,093. | 237,387. | |
| 17 Travel | 1,897,541. | 1,481,670. | 358,506. | 57,365. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 105,590. | 84,718. | 18,622. | 2,250. |
| 20 Interest | 5,960. | 5,915. | 45. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 58,460. | | 58,460. | |
| 23 Insurance | 147,448. | 101,560. | 45,888. | |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a TRAINING COSTS | 1,775,388. | 1,765,163. | 10,060. | 165. |
| b SUPPLIES | 1,513,534. | 1,483,528. | 29,493. | 513. |
| c MEDICAL/FOOD SUPPLIES | 788,696. | 788,696. | | |
| d EQUIPMENT RENTAL | 499,871. | 436,814. | 62,247. | 810. |
| e OTHER | 381,665. | 210,541. | 171,119. | 5. |
| f All other expenses | 1,045,678. | 875,442. | 141,841. | 28,395. |
| 25 Total functional expenses. Add lines 1 through 24f | 29,173,891. | 24,485,218. | 4,120,655. | 568,018. |
| 26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|--------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 2,286,940. | 1 | 2,067,703. |
| | 2 Savings and temporary cash investments | 3,588,489. | 2 | 9,258,869. |
| | 3 Pledges and grants receivable, net | 1,380,363. | 3 | 826,730. |
| | 4 Accounts receivable, net | 1,253,025. | 4 | 3,026,369. |
| | 5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L | | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 51,766. | 8 | 3,111,787. |
| | 9 Prepaid expenses and deferred charges | 353,959. | 9 | 356,492. |
| | 10a Land, buildings, and equipment - cost basis | 10a 891,132. | | |
| | b Less: accumulated depreciation. Complete Part VI of Schedule D | 10b 649,988. | 10c 145,171. | 241,144. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 226,620. | 15 | 276,016. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 9,286,333. | 16 | 19,165,110. | |
| Liabilities | 17 Accounts payable and accrued expenses | 2,559,141. | 17 | 2,224,624. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable | | 24 | |
| | 25 Other liabilities. Complete Part X of Schedule D | 2,119,970. | 25 | 13,319,643. |
| | 26 Total liabilities. Add lines 17 through 25 | 4,679,111. | 26 | 15,544,267. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 1,484,598. | 27 | 1,516,156. |
| | 28 Temporarily restricted net assets | 2,896,004. | 28 | 1,828,671. |
| | 29 Permanently restricted net assets | 226,620. | 29 | 276,016. |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 4,607,222. | 33 | 3,620,843. |
| | 34 Total liabilities and net assets/fund balances | 9,286,333. | 34 | 19,165,110. |

Part XI Financial Statements and Reporting

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| b Were the organization's financial statements audited by an independent accountant? | X | |
| c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | X | |
| b If "Yes," did the organization undergo the required audit or audits? | X | |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

PROJECT CONCERN INTERNATIONAL

Employer identification number

95-2248462

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).**
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 31157870. | 27015944. | 25043643. | 30956305. | 27504732. | 141678494 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 - 3 | 31157870. | 27015944. | 25043643. | 30956305. | 27504732. | 141678494 |
| 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) | | | | | | |
| 6 Public Support. Subtract line 5 from line 4 | | | | | | 141678494 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|-----------|
| 7 Amounts from line 4 | 31157870. | 27015944. | 25043643. | 30956305. | 27504732. | 141678494 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 81,581. | 87,637. | 68,527. | 221,067. | 272,358. | 731,170. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | 50,400. | 73,224. | 484,876. | 608,500. |
| 11 Total support. Add lines 7 through 10 | | | | | | 143018164 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 157,057. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | | |
|--|----|-------|---|
| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.06 | % |
| 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 15 | 99.68 | % |
| 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/> | | | |
| b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | | |
| 17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | | |
| b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | | | |

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

| Calendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (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 performed, 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 business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization'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 - 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | |
| 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) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (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 businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11, and 12) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h | 18 | % |
| 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/> | | |

Schedule A (Form 990 or 990-EZ) 2008

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

OTHER INCOME SCH A, PART II, SECTION B, LINE 10 IS SPECIAL EVENT INCOME.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

PROJECT CONCERN INTERNATIONAL

Employer identification number

95-2248462

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

| | |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

| | |
|--|------------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| (ii) Assets included in Form 990, Part X | ▶ \$ _____ |

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

| | |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X | ▶ \$ _____ |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 226,620. | | | | |
| b Contributions | 54,451. | | | | |
| c Investment earnings or losses | -5,055. | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 276,016. | | | | |

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☒ 100.00 %
 c Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | X | |
| 3a(ii) | | X |
| 3b | | |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------|----------------|
| 1a Land | | 9,047. | | 9,047. |
| b Buildings | | | | |
| c Leasehold improvements | | 150,489. | 140,038. | 10,451. |
| d Equipment | | 153,073. | 102,738. | 50,335. |
| e Other | | 578,523. | 407,212. | 171,311. |
| Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | | 241,144. |

Schedule D (Form 990) 2008

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 28,192,877. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 29,173,891. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | -981,014. |
| 4 | Net unrealized gains (losses) on investments | 4 | -5,365. |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net). Add lines 4-8 | 9 | -5,365. |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 | -986,379. |

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|---|---|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 29,701,154. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12. | | |
| a | Net unrealized gains on investments | 2a | -5,365. |
| b | Donated services and use of facilities | 2b | 1,223,088. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | 290,554. |
| e | Add lines 2a through 2d | 2e | 1,508,277. |
| 3 | Subtract line 2e from line 1 | 3 | 28,192,877. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) | 5 | 28,192,877. |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|--|----|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 30,687,533. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 1,223,088. |
| b | Prior year adjustments | 2b | |
| c | Losses reported on Form 990, Part IX, line 25 | 2c | |
| d | Other (Describe in Part XIV) | 2d | 290,554. |
| e | Add lines 2a through 2d | 2e | 1,513,642. |
| 3 | Subtract line 2e from line 1 | 3 | 29,173,891. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) | 5 | 29,173,891. |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

SCHEDULE D, PART VI, LINE 4:

THE ORGANIZATION'S ENDOWMENT FUNDS PROVIDE UNRESTRICTED FUNDING TO THE ORGANIZATION.

SCHEDULE D, PART X:

PROJECT CONCERN, AN INTERNATIONAL, NON-PROFIT HEALTH AND DEVELOPMENT

ORGANIZATION, IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE. MANAGEMENT HAS ELECTED TO DEFER TO FISCAL YEAR

Part XIV Supplemental Information (continued)

2010, AS PERMITTED, THE APPLICATION OF NEW GUIDANCE IN ACCOUNTING STANDARDS CODIFICATION 740-10, INCOME TAXES, REGARDING UNCERTAIN TAX POSITIONS. PROJECT CONCERN EVALUATES UNCERTAIN TAX POSITIONS AND RECORDS A LIABILITY IF THE OUTCOME OF THE UNCERTAINTY RESULTING IN A LIABILITY WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE. AS OF SEPTEMBER 30, 2009 AND 2008, PROJECT CONCERN HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.

SCHEDULE D, PART XII, LINE 2D, RECONCILIATION OF REVENUE:

| | |
|-----------------------|-----------|
| SPECIAL EVENT EXPENSE | \$290,554 |
|-----------------------|-----------|

SCHEDULE D, PART XIII, LINE 2D, RECONCILIATION OF EXPENSES:

| | |
|-----------------------|-----------|
| SPECIAL EVENT EXPENSE | \$290,554 |
|-----------------------|-----------|

Schedule F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

Employer identification number

PROJECT CONCERN INTERNATIONAL

95-2248462

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures in region |
|-------------------------|-------------------------------------|---|--|--|----------------------------------|
| SUB-SAHARAN AFRICA | 5 | 45 | PROGRAM SERVICES | AIDS, ORPHANS AND VULNERABLE CHILDREN | 3,520,737. |
| SUB-SAHARAN AFRICA | 2 | 26 | PROGRAM SERVICES | AIDS, TRAFFICKING, PANDEMIC PREPAREDNESS, GENDER EQUITY | 1,177,304. |
| SUB-SAHARAN AFRICA | 1 | 21 | PROGRAM SERVICES | AIDS PREVENTION, PALLIATIVE CARE | 2,940,570. |
| SUB-SAHARAN AFRICA | 1 | 1 | PROGRAM SERVICES | CLEAN WATER | 237,892. |
| SUB-SAHARAN AFRICA | 1 | 14 | PROGRAM SERVICES | FISH FARMING, AIDS IN THE DEFENSE FORCE | 610,127. |
| SUB-SAHARAN AFRICA | 1 | 7 | PROGRAM SERVICES | GENDER VIOLENCE | 3,276,400. |
| SOUTH ASIA | 4 | 134 | PROGRAM SERVICES | HIV/AIDS, POLIO, EMERGENCY ASSISTANCE, FAMILY HEALTH | 2,680,379. |
| EAST ASIA & THE PACIFIC | 4 | 63 | PROGRAM SERVICES | CLEAN WATER, MATERNAL/CHILD HEALTH | 1,740,869. |
| Totals | 28 | 780 | | | 21,449,931. |

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

Schedule F (Form 990) 2008

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☒ X

Use Schedule F-1 (Form 990) if additional space is needed

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|--------------------------|--|--------------------|--|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | | SOUTH AMERICA | INCREASING LLAMA SURVIVAL THROUGH CORRAL CONSTRUCTION, IMPROVING THE QUALITY OF LIFE OF PEOPLE LIVING WITH HIV/AIDS & THEIR FAMILIES | 8,180. | CHECK | 0. | | |
| | | | SOUTH ASIA | ENHANCING CAPACITY OF NACO AND STATE AIDS CONTROL SOCIETIES THROUGH TECHNICAL | 141,840. | CHECK | 0. | | |
| | | | SOUTH ASIA | ENHANCING AND INCREASING SUSTAINABILITY OF MATERNAL AND NEWBORN | 47,789. | CHECK | 0. | | |
| | | | SOUTH ASIA | ELIMINATION OF POLIO VIRUS FROM UTTAR PRADESH | 112,726. | CHECK | 0. | | |
| | | | SOUTH ASIA | MOBILIZING COMMUNITIES FOR A POLIO PROGRAM, ROUTINE IMMUNIZATION | 183,379. | CHECK | 0. | | |
| | | | SOUTH ASIA | IMPROVED HEALTH STATUS AND INCREASED ACCESS TO AND USE OF HEALTH SERVICES BY ACTIVITIES TO STRENGTHEN THE INTEGRATION OF COMMUNITY-BASED | 354,127. | CHECK | 0. | | |
| | | | SOUTH ASIA | | 26,543. | CHECK | 0. | | |
| | | | SUB-SAHARAN AFRICA | | 1235314. | CHECK | 0. | | |

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

57

Schedule F (Form 990) 2008

SEE PART IV FOR COLUMN (D) DESCRIPTIONS
25

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

Use Schedule F-1 (Form 990) if additional space is needed

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|--------------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| CASH FOR WORK | SOUTH ASIA | 4,511 | 88,772 | CASH | 0. | | CASH |
| MICROLOANS | SOUTH ASIA | 649 | 168,903 | CASH | 0. | | CASH |
| SCHOOL TUITION | SUB-SAHARAN AFRICA | 6 | 2,706 | CASH | 0. | | CASH |
| FISH FEED, BUS HIRE | SUB-SAHARAN AFRICA | 38 | 537 | CASH | 0. | | CASH |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Schedule F (Form 990) 2008

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

SCHEDULE F, PART I, LINE 2: PROJECT CONCERN INTERNATIONAL ISSUES
SUB-GRANTS TO OTHER INTERNATIONAL NGOS AND TO PRIVATE VOLUNTARY
ORGANIZATIONS BASED IN THE COUNTRIES WHERE WE WORK. MONITORING
PROCEDURES INCLUDE REVIEW OF MONTHLY OR QUARTERLY FINANCIAL AND PROGRAM
REPORTS, ALONG WITH SITE VISITS.

PART II, COLUMN (D):

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: INCREASING LLAMA SURVIVAL THROUGH CORRAL
CONSTRUCTION, IMPROVING THE QUALITY OF LLAMA BY-PRODUCTS, AND
STRENGTHENING THE PRIVATE SECTOR BY INCREASING MARKET ACCESS FOR LLAMA
AND LLAMA BY -PRODUCTS

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: ENHANCING CAPACITY OF NACO AND STATE AIDS CONTROL
SOCIETIES THROUGH TECHNICAL EXPERTS IN SPECIFIC THEMATIC AREAS AND
SHORT-TERM SERVICES OF PROFESSIONALS AND EXPERTS INVOLVED IN HIV/AIDS)

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: ENHANCING AND INCREASING SUSTAINABILITY OF
MATERNAL AND NEWBORN HEALTH STATUS THROUGH EFFECTIVE COMMUNITY ACTION

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: MOBILIZING COMMUNITIES FOR A POLIO PROGRAM,
ROUTINE IMMUNIZATION AND HEALTH CAMPS IN UTTAR PRADESH

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: IMPROVED HEALTH STATUS AND INCREASED ACCESS TO AND

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

USE OF HEALTH SERVICES BY THE TARGET GROUPS IN MAHARASHTRA, KAMATAKA, AND
TAMIL NADU.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ACTIVITIES TO STRENGTHEN THE INTEGRATION OF
COMMUNITY-BASED SERVICES FOR ORPHANS AND VULNERABLE CHILDREN, PALLIATIVE
CARE AND ANTIRETROVIRAL THERAPY FOR ADULTS AND CHILDREN

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROVISION OF AQUACULTURE SECTOR BUSINESS MODELS,
BUSINESS TRAINING MATERIALS, AND OTHER TECHNICAL ASSISTANCE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROVISION OF AQUACULTURE TECHNICAL BACKSTOPPING
FOR FIELD ACTIVITIES, RESEARCH ACTIVITIES, AND WORKING WITH THE
GOVERNMENT OF MALAWI TO DEVELOP AN ENVIRONMENT THAT INCREASES
PROFITABILITY OF THE AQUACULTURE SECTOR

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROVISION OF TRAINING, BUSINESS DEVELOPMENT
SERVICES, AND FINGERLINGS FOR PROJECT BENEFICIARIES.

REGION: EAST ASIA & PACIFIC

(D) PURPOSE OF GRANT: REDUCING MOTALITY AND MORBIDITY AMONG WOMEN OF
CHILD-BEARING AGE AND CHILDREN UNDER FIVE AND REDUCING COMMUNITY
VULNERABILITY TO FUTURE DISASTER IN SELECTED SUB-DISTRICTS OF NABIRE

REGION: EAST ASIA & PACIFIC

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information

(D) PURPOSE OF GRANT: IMPLEMENTING POST-TSUNAMI PARTICIPATORY RECOVERY PROJECTS IN NANGGORE ACEH DARUSSALAM (NAD), NAMELY THE "ACEH HEALTH, WATER SUPPLY AND SANITATION PROJECT"

REGION: EAST ASIA & PACIFIC

(D) PURPOSE OF GRANT: IMPLEMENTING POST-CONFLICT PARTICIPATORY HEALTH RECOVERY PROJECTS IN ACEH TENGAH AND BENER MERIAH, NANGGROE ACEH DARUSSALAM (NAD), NAMELY THE "WATER SANITATION AND HYGIENE IN COMMUNITIES, SCHOOLS AND HEALTH CENTERS IN CENTRAL ACEH (WASH)"

REGION: EAST ASIA & PACIFIC

(D) PURPOSE OF GRANT: IMPROVING HEALTH AND NUTRITION STATUS OF CHILDREN UNDER FIVE YEARS OLD AND WOMEN OF CHILD-BEARING AGE IN SELECTED VILLAGES IN MIMIKA DISTRICT, PAPUA PROVINCE, INDONESIA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ROLLING OUT ECONOMIC EMPOWERMENT PROGRAMS AND COMMUNITY MITIGATION TO PROVIDE INTERVENTIONS THAT PREVENT GIRLS AT RISK FROM DRIFTING INTO STREET LIFE IN LUSAKA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ROLLING OUT ECONOMIC EMPOWERMENT PROGRAMS AND COMMUNITY MITIGATION TO PROVIDE INTERVENTIONS THAT PREVENT CHILDREN AT RISK FROM DRIFTING INTO STREET LIFE IN LUSAKA AND LIVINGSTONE. ALSO IMPLEMENTING THE MOBILE HEALTH GRANT IN LUSAKA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ROLLING OUT ECONOMIC EMPOWERMENT PROGRAMS AND

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information

COMMUNITY MITIGATION TO PROVIDE INTERVENTIONS THAT PREVENT CHILDREN AT
RISK FROM DRIFTING INTO STREET LIFE IN KITWE

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: INCREASE THE NUMBER OF ORPHANS AND VULNERABLE
CHILDREN ACCESSING QUALITY SERVICES THROUGH SUSTAINABLE COMMUNITY
PROGRAMS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORTING THE IMPLEMENTATION OF ACTIVITIES TO
STRENGTHEN HIV PREVENTION AND PALLIATIVE CARE FOR ZAMBIA DEFENSE FORCE
(ZDF) PERSONNEL AND FAMILIES THROUGH TRAINING PROVIDED TO ZDF CHAPLAINS
AND OTHERS IN THE FAITH-BASED COMMUNITY. BWAFWANO HAS PROVIDED ZDF
CHAPLAINS AND THEIR SPOUSES WITH TOOLS TO PROMOTE ABSTINENCE AMONG
UNMARRIED INDIVIDUALS AND SUPPORT MARITAL FAITHFULNESS BETWEEN MARRIED
COUPLES. THESE TOOLS INCLUDE TRAINING IN A PROGRAM CALLED "TRUE LOVE
WAITS" AND "TRUE LOVE STAYS".

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: CARRY OUT "5 VOICES AND IMAGES" PROJECT FOR TB
PROGRAMS IN PRIORITY STATES IN MEXICO

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROVIDING ORPHANS AND VULNERABLE CHILDREN SUPPORT
IN THE AREAS OF EDUCATION, PROTECTION AND MEDICAL SUPPORT

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SOCIAL MOBILIZATION TO END GENDER-BASED

| | |
|----------------|---------------------------------|
| Part IV | Supplemental Information |
|----------------|---------------------------------|

Complete this part to provide the information required by Part I, line 2, and any other additional information.

VIOLENCE--AN ESSENTIAL HIV PREVENTION STRATEGY FOR SOUTH AFRICA

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Part I, line 3; Part II, line 1; or Part III.

2008

Open to Public Inspection

95-2248462

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures in region |
|--------------------------------|--|---|--|---|-------------------------------------|
| NORTH AMERICA | 1 | 129 | PROGRAM SERVICES | TUBERCULOSIS | 1,705,431. |
| SOUTH AMERICA | 4 | 292 | PROGRAM SERVICES | LLAMA HERD MANAGEMENT, CHAGAS-FREE HOUSING, YOUTH SEXUALITY EDUCATION | 2,137,413. |
| CENTRAL AMERICA & CARRIBEAN | 1 | 7 | PROGRAM SERVICES | BIRTHING CLINIC | 203,353. |
| CENTRAL AMERICA & CARRIBEAN | 3 | 41 | PROGRAM SERVICES | FOOD SECURITY, CLEAN WATER | 1,219,456. |
| | | | | | |
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| | | | | | |
| | | | | | |
| Totals | 9 | 469 | | | 5,265,653. |

Schedule F-1 (Form 990) 2008

| Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II) | | | | | | | | | |
|---|--------------------------|--|---------------------|---|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | | SUB-SAHARAN AFRICA | PROVISION OF AQUACULTURE SECTOR BUSINESS MODELS, BUSINESS TRAINING | 45,148. CHECK | | 0. | | |
| | | | SUB-SAHARAN AFRICA | PROVISION OF AQUACULTURE TECHNICAL BACKSTOPPING FOR FIELD ACTIVITIES, | 138,170. CHECK | | 0. | | |
| | | | SUB-SAHARAN AFRICA | PROVISION OF TRAINING, BUSINESS DEVELOPMENT SERVICES, AND FINGERLINGS FOR | 6,158. CHECK | | 0. | | |
| | | | EAST ASIA & PACIFIC | REDUCING MOTALITY AND MORBIDITY AMONG WOMEN OF CHILD-BEARING AGE AND CHILDREN UNDER | 637,939. CHECK | | 0. | | |
| | | | EAST ASIA & PACIFIC | IMPLEMENTING POST-TSUNAMI PARTICIPATORY RECOVERY PROJECTS IN | 231,429. CHECK | | 0. | | |
| | | | EAST ASIA & PACIFIC | IMPLEMENTING POST-CONFLICT PARTICIPATORY HEALTH RECOVERY PROJECTS IN | 63,221. CHECK | | 0. | | |
| | | | EAST ASIA & PACIFIC | IMPROVING HEALTH AND NUTRITION STATUS OF CHILDREN UNDER FIVE YEARS OLD AND WOMEN | 95,920. CHECK | | 0. | | |
| | | | SUB-SAHARAN AFRICA | UMBRELLA GRANT TASKED WITH ISSUING GRANTS TO KIDSAFE PARTNERS ON BEHALF OF PCI | 461,863. CHECK | | 0. | | |
| | | | SUB-SAHARAN AFRICA | ROLLING OUT ECONOMIC EMPOWERMENT PROGRAMS AND COMMUNITY MITIGATION TO PROVIDE | 22,323. CHECK | | 0. | | |

Schedule F-1 (Form 990) 2008

| Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II) | | | | | | | | | |
|---|--------------------------|--|--------------------|---|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | | SUB-SAHARAN AFRICA | ROLLING OUT ECONOMIC EMPOWERMENT PROGRAMS AND COMMUNITY MITIGATION TO PROVIDE | 9,592. | CHECK | 0. | | |
| | | | SUB-SAHARAN AFRICA | ROLLING OUT ECONOMIC EMPOWERMENT PROGRAMS AND COMMUNITY MITIGATION TO PROVIDE | 12,554. | CHECK | 0. | | |
| | | | SUB-SAHARAN AFRICA | INCREASE THE NUMBER OF ORPHANS AND VULNERABLE CHILDREN ACCESSING QUALITY | 120,000. | CHECK | 0. | | |
| | | | SUB-SAHARAN AFRICA | SUPPORTING THE IMPLEMENTATION OF ACTIVITIES TO STRENGTHEN HIV | 44,781. | CHECK | 0. | | |
| | | | NORTH AMERICA | CARRY OUT "5 VOICES AND IMAGES" PROJECT FOR TB PROGRAMS IN PRIORITY STATES IN | 55,455. | CHECK | 0. | | |
| | | | SUB-SAHARAN AFRICA | FIGHTING TRAFFICKING AND SEXUAL ABUSE IN PERSONS; CHILD RIGHTS | 37,000. | CHECK | 0. | | |
| | | | SUB-SAHARAN AFRICA | PROVIDING ORPHANS AND VULNERABLE CHILDREN SUPPORT IN THE AREAS OF | 279,327. | CHECK | 0. | | |
| | | | SUB-SAHARAN AFRICA | WATER WELLS | 203,271. | CHECK | 0. | | |
| | | | SUB-SAHARAN AFRICA | SOCIAL MOBILIZATION TO END GENDER-BASED VIOLENCE--AN ESSENTIAL HIV | 508,453. | CHECK | 0. | | |

Schedule F-1 (Form 990) 2008

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

OMB No. 1545-0047

2008

Open To Public Inspection

Name of the organization

PROJECT CONCERN INTERNATIONAL

Employer identification number

95-2248462

| | |
|---------------|---|
| Part I | Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. |
|---------------|---|

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations

- b** ☐ Email solicitations

- c** ☐ Phone solicitations

- d** ☐ In-person solicitations

- e ☐ Solicitation of non-government grants

- f** ☐ Solicitation of government grants

- g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

Total

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events (Add col. (a) through col. (c)) | |
|-----------------|---|---|----------------------------------|---------------------|---|-------------|
| | | HANDS ACROSS THE BORDERS (event type) | DAY AT THE RACES (event type) | 2 (total number) | | |
| Revenue | 1 | Gross receipts | 423,497. | 31,445. | 29,934. | 484,876. |
| | 2 | Less: Charitable contributions | 368,147. | 21,445. | 9,198. | 398,790. |
| | 3 | Gross revenue (line 1 minus line 2) | 55,350. | 10,000. | 20,736. | 86,086. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Non-cash prizes | | | | |
| | 6 | Rent/facility costs | 67,024. | 8,300. | | 75,324. |
| | 7 | Other direct expenses | 111,747. | 103,482. | | 215,229. |
| | 8 | Direct expense summary. Add lines 4 through 7 in column (d) | | | | (290,553.) |
| | 9 | Net income summary. Combine lines 3 and 8 in column (d) | | | | -204,467. |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col. (a) through col. (c)) | |
|-----------------|---|--|---|---|---|-----|
| | | | | | | |
| Revenue | 1 | Gross revenue | | | | |
| | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Non-cash prizes | | | | |
| | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ % | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ % | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ % | |
| | 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | () |
| | 8 | Net gaming income summary. Combine lines 1 and 7 in column (d) | | | | |

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

| | Yes | No |
|-----|-----|----|
| 9a | | |
| 10a | | |
| 11 | | |
| 12 | | |

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

13a %

b An outside facility

13b %

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

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?

17a

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

2008

Open to Public Inspection

Employer identification number
95-2248462

| | |
|--------|--|
| Part I | General Information on Grants and Assistance |
|--------|--|

☒ Yes ☐ No

funds in the United States

"Yes" on Form 990, Part IV, line 21, for any 1-1 (Form 990) if additional space is needed

| | | |
|---|--|----|
| 2 | Enter total number of section 501(c)(3) and government organizations | 6. |
| 3 | Enter total number of other organizations | 6. |

Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

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

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

SCHEDULE I, PART I, LINE 2: PROJECT CONCERN INTERNATIONAL ISSUES SUB-GRANTS

TO OTHER NGOS IN THE US. MONITORING PROCEDURES INCLUDE REVIEW OF MONTHLY

OR QUARTERLY FINANCIAL AND PROGRAM REPORTS, ALONG WITH SITE VISITS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

PROJECT CONCERN INTERNATIONAL

Employer identification number

95-2248462

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

- b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

- 3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?

- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?

- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

- 7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

- 8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

| | Yes | No |
|----|-----|----|
| | | |
| 1b | X | |
| 2 | X | |
| | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| | | |
| 5a | | X |
| 5b | | X |
| | | |
| 6a | | X |
| 6b | | X |
| | | |
| 7 | X | |
| 8 | | X |

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

Schedule J (Form 990) 2008

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 1A: KURT HENNE RECEIVED HOUSING TAXABLE FRINGE BENEFIT OF

\$22,118 BECAUSE PCI RELOCATED HIM TO LUSAKA, ZAMBIA. THIS AMOUNT IS

INCLUDED IN HIS TAXABLE INCOME.

PART I, LINE 7: GEORGE GUIMARAES RECEIVED A PERFORMANCE-BASED BONUS OF

\$42,814.

COLUMN E, SCHEDULE J, PART II INCLUDES 2008 TAXABLE FRINGE

BENEFITS WHICH ARE NOT INCLUDED IN COLUMN F COMPENSATION FROM THE 2007 FORM

990. IN THE 2007 FORM 990, KURT HENE HAD TAXABLE FRINGE BENEFITS OF

\$74,860 RELATED TO POSTING ABROAD.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization

PROJECT CONCERN INTERNATIONAL

Employer Identification number
95-2248462

| | |
|---------------|--|
| Part I | Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees |
|---------------|--|

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

Schedule J-2 (Form 990) 2008

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

NonCash Contributions

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

PROJECT CONCERN INTERNATIONAL

Employer identification number

95-2248462

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|---|-------------------------------|-----------------------------------|---|--|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | X | 1 | 161,250.FMV | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 3 | 38,525.FMV | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution (historic structures) | | | | |
| 14 Qualified conservation contribution (other) | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | X | 4 | 299,533.FMV | |
| 20 Drugs and medical supplies | X | 123 | 245,041.FMV | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► (OFFICE EQUIPM) | X | 1 | 40,265.FMV | |
| 26 Other ► (HEALTH FAIR S) | X | 3 | 37,852.FMV | |
| 27 Other ► (AQUACULTURE S) | X | 2 | 4,644.FMV | |
| 28 Other ► () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II.

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | X | |
| 32a | | X |
| 33 | | |

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

Schedule M (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

PROJECT CONCERN INTERNATIONAL

Employer identification number
95-2248462

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

A HALLMARK OF PCI'S WORK IS THE ORGANIZATION'S COMMITMENT TO IMPLEMENT
HOLISTIC, INTEGRATED PROGRAMS THAT ARE PERSON-CENTERED AND RECOGNIZE
THE INTERRELATED NATURE OF THE ISSUES PEOPLE AND COMMUNITIES FACE.

THEREFORE, THE MAJORITY OF PCI'S PROGRAMMING ADDRESSES THE MULTIPLE
CAUSES OF POVERTY AND POOR HEALTH SIMULTANOUSLY AND EACH PROJECT OFTEN
ADDRESSES MORE THAN ONE OF THE THREE LARGEST PROGRAM AREAS LISTED
ABOVE. IN ADDITION TO THE INTERVENTION AREAS ALREADY NOTED HOWEVER,
PCI ALSO HAS SIGNIFICANT PROGRAMMING EXPERIENCE IN MATERNAL AND CHILD
HEALTH, SEXUAL AND REPRODUCTIVE HEALTH, WATER AND SANITATION AND
HUMANITARIAN ASSISTANCE AND DISASTER RISK MANAGEMENT.

EXPENSES \$ 4707659. INCLUDING GRANTS OF \$ 1643740. REVENUE \$ 0.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

BOLIVIA, BOTSWANA, ETHIOPIA, GUATEMALA,
INDIA, INDONESIA, MALAWI, MEXICO,
NICARAGUA, ZAMBIA, SOUTH AFRICA

FORM 990, PART VI, SECTION A, LINE 4: UPDATED BY-LAWS TO BETTER REFLECT
SEPARATION OF DUTIES BETWEEN THE BOARD OF DIRECTORS AND MANAGEMENT, AND TO
DEFINE THE ROLE OF THE PERSONNEL REVIEW COMMITTEE.

FORM 990, PART VI, SECTION A, LINE 10: A SUB-COMMITTEE OF FINANCE AND
AUDIT COMMITTEE MEMBERS AND PROJECT CONCERN INTERNATIONAL MANAGEMENT MEET
AND REVIEW THE DRAFT FORM 990, PROVIDING COMMENTS RESULTING IN SOME MINOR
REVISIONS OF THE DOCUMENT. THEN, THE FINALIZED FORM 990 IS DISTRIBUTED TO

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

PROJECT CONCERN INTERNATIONAL

Employer identification number
95-2248462

THE ENTIRE BOARD OF DIRECTORS VIA E-MAIL PRIOR TO ITS SUBMISSION TO THE
IRS.

FORM 990, PART VI, SECTION B, LINE 12C: MEMBERS OF THE BOARD OF DIRECTORS,
OFFICERS, AND KEY STAFF ARE COVERED UNDER THE CONFLICT OF INTEREST POLICY.
CONFLICTS ARE REPORTED TO THE CEO WHO DETERMINES IF A CONFLICT EXISTS, IN
CONSULTATION WITH THE AUDIT COMMITTEE AS NEEDED. TRANSACTIONS DEEMED TO
CONSTITUTE A CONFLICT ARE DISCLOSED TO THE BOARD (FOR BOARD MATTERS) OR A
DISINTERESTED SENIOR MEMBER OF MANAGEMENT (FOR NON-BOARD MATTERS) AND THE
PERSON WITH THE CONFLICT ABSTAINS FROM THE VOTE, BUT MAY BE ASKED TO SHARE
INFORMATION RELEVANT TO THE DECISION OR MAY BE ASKED TO LEAVE THE ROOM
DURING THE DISCUSSION, DEPENDING ON THE CIRCUMSTANCES.

FORM 990, PART VI, SECTION B, LINE 15: THE PERSONNEL REVIEW COMMITTEE OF
THE BOARD OF DIRECTORS REVIEWS COMPENSATION CHANGE RECOMMENDATIONS FOR THE
CEO AND CFO, AND REFERS THE COMPENSATION CHANGE RECOMMENDATIONS TO THE FULL
BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE FOR APPROVAL. THIS REVIEW IS
PERFORMED BY INDEPENDENT PERSONS UTILIZING COMPARABILITY DATA AND
DOCUMENTING THEIR DELIBERATION AND DECISIONS CONTEMPORANEOUSLY.
THE PERSONNEL REVIEW COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS
COMPENSATION CHANGE RECOMMENDATIONS FOR KEY EMPLOYEES AND APPROVES THEM.
THIS REVIEW IS PERFORMED BY INDEPENDENT PERSONS UTILIZING COMPARABILITY
DATA AND DOCUMENTING THEIR DELIBERATION AND DECISIONS CONTEMPORANEOUSLY.
THE DECISION PROCESS BY THE BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE IS
DOCUMENTED.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

PROJECT CONCERN INTERNATIONAL

Employer identification number
95-2248462

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

AK,AL,AR,AZ,CA,CT,FL,GA,IL,KS,KY,LA,MA,MD,ME,MI,MN,MS,NC,NH,NJ,NM,OH,OK,OR
PA,RI,SC,TN,UT,WA,WI,WV

FORM 990, PART VI, SECTION C, LINE 19: A SUMMARY OF THE INCOME STATEMENT
FROM PROJECT CONCERN INTERNATIONAL'S AUDITED FINANCIAL STATEMENTS IS
INCLUDED IN THE ANNUAL REPORT; A COPY OF THE COMPLETE AUDITED FINANCIAL
STATEMENTS IS PROVIDED UPON REQUEST. COMPLETE AUDITED FINANCIAL STATEMENTS
ARE ALSO FILED WITH THE FEDERAL AUDIT CLEARINGHOUSE. GOVERNING DOCUMENTS
ARE PROVIDED UPON REQUEST. ETHICS POLICY IS INCLUDED ON PROJECT CONCERN
INTERNATIONAL'S WEBSITE. THE FORM 990 AS SUBMITTED TO THE IRS IS AVAILABLE
FOR PUBLIC REVIEW ON GUIDESTAR.

FORM 990, PART V, LINE 7G & 7H:

DURING THE YEAR ENDING 9-30-09 THE ORGANIZATION DID NOT RECEIVE
CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY OR CARS, BOATS OR
VEHICLES.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

| | | |
|---|---|--------------------------------|
| Part II | Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). | |
| Type or print File by the extended due date for filing the return. See instructions. | Name of Exempt Organization | Employer identification number |
| | PROJECT CONCERN INTERNATIONAL | 95-2248462 |
| | Number, street, and room or suite no. If a P.O. box, see instructions | For IRS use only |
| | 5151 MURPHY CANYON ROAD, SUITE 320 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| | SAN DIEGO, CA 92123 | |

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

GEORGE GATES, C.F.O.

- The books are in the care of ☒ 5151 MURPHY CANYON ROAD - SAN DIEGO, CA 92123
Telephone No ☒ 858-279-9690 FAX No. ☒ 858-694-0294
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until AUGUST 15, 2010
- 5 For calendar year _____, or other tax year beginning OCT 1, 2008, and ending SEP 30, 2009
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension
THE ORGANIZATION RESPECTFULLY REQUESTS ADDITIONAL TIME NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

| | | | |
|----|---|----|--------|
| 8a | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a | \$ |
| b | If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ |
| c | Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | \$ N/A |

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☒

Title ☒

Date ☒

COPY