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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)

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

OMB No 1545-0047

**2009**Open to Public  
Inspection**A** For the **2009** calendar year, or tax year beginning **OCT 1, 2009** and ending **SEP 30, 2010****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type  
See Specific Instructions**C** Name of organization**PROJECT CONCERN INTERNATIONAL**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**5151 MURPHY CANYON ROAD 320**City or town, state or country, and ZIP + 4  
**SAN DIEGO, CA 92123****F** Name and address of principal officer-**GEORGE GUIMARAES**  
**SAME AS C ABOVE****D** Employer identification number**95-2248462****E** Telephone number  
**858-279-9690****G** Gross receipts \$ **29,685,628.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c) ( 3 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.PCIGLOBAL.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1961** **M** State of legal domicile: **CA****Part I Summary****1** Briefly describe the organization's mission or most significant activities: **PREVENT DISEASE, IMPROVE COMMUNITY HEALTH, AND PROMOTE SUSTAINABLE DEVELOPMENT.****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net 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** **75****6** Total number of volunteers (estimate if necessary)**6** **120000****7a** Total gross unrelated business revenue from Part VIII, column (C), line 12**7a** **0.****b** Net unrelated business taxable income from Form 990-T, line 34**7b** **0.****8** Contributions and grants (Part VII, line 1h)

Prior Year	Current Year
27,903,522.	29,348,785.

**9** Program service revenue (Part VIII, line 2g)

157,057. 89,669.

**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)

336,765. 190,066.

**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

-204,467. -207,987.

**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

28,192,877. 29,420,533.

**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)

5,608,722. 5,116,752.

**14** Benefits paid to or for members (Part IX, column (A), line 4)**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

11,079,183. 11,650,160.

**16a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25) ▶ **768,400.****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)

12,485,986. 12,679,407.

**18** Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)

29,173,891. 29,446,319.

**19** Revenue less expenses. Subtract line 18 from line 12

-981,014. -25,786.

**20** Total assets (Part X, line 16)

Beginning of Current Year	End of Year
19,165,110.	12,194,844.

**21** Total liabilities (Part X, line 26)

15,544,267. 8,593,261.

**22** Net assets or fund balances - Subtract line 21 from line 20

3,620,843. 3,601,583.

**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  
HereSignature of officer *George Gates*Date **7/8/11**Type or print name and title  
**George Gates, CFO**Paid  
Preparer's  
Use OnlyPreparer's  
signatureFirm's name (or  
yours if  
self-employed),  
address, and  
ZIP + 4
**MOSS ADAMS LLP**  
**9665 GRANITE RIDGE DRIVE, SUITE 600**  
**SAN DIEGO, CA 92123**

Date

**7/6/11**Check if  
self-  
employed ☐Preparer's identifying number  
(see instructions)

EIN ▶

Phone no. ▶ **858-627-1400**

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

☒ Yes ☐ No

932001 02-04-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

SCANNED JUL 18 2011

Activities &amp; Governance

Revenue

Expenses

Net Assets or  
Fund Balances

G17 110

**Part III Statement of Program Service Accomplishments**

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 \$ 13,703,336. including grants of \$ 3,887,247. ) (Revenue \$ )  
 PCI OPERATES PROGRAMS PREVENTING THE SPREAD OF INFECTIOUS DISEASES AND PROVIDING SUSTAINABLE TREATMENT FOR HIV/AIDS, TUBERCULOSIS, POLIO, PNEUMONIA, DIARRHEA, AND LEPROSY. IN MEXICO, PCI AND OTHER PARTNERS IMPROVED TB CASE MANAGEMENT, RESULTING IN AN AVERAGE CURE RATE IN 13 TARGET STATES OF 91%, COMPARED TO A NATIONAL RATE OF 84%. IN INDIA, PCI'S POLIO PREVENTION AND IMMUNIZATION PROMOTION EFFORTS CONTRIBUTED TO THE OUTCOME OF NO NEW POLIO CASES IN THE TARGET DISTRICT IN 2010. IN ZAMBIA AND ETHIOPIA, PCI BUILT THE CAPACITY OF OVER 500 LOCAL ORGANIZATIONS TO PROVIDE DIRECT SERVICES TO ORPHANS AND VULNERABLE CHILDREN BENEFITING NEARLY 252,000 OVC AND OVER 15,700 CAREGIVERS IN BOTH COUNTRIES BETWEEN 2004 AND 2010.

4b (Code: ) (Expenses \$ 6,155,710. including grants of \$ 198,966. ) (Revenue \$ )  
 PCI UNDERSTANDS THAT FOOD AND NUTRITION SECURITY COMBINED WITH LIVELIHOOD ACTIVITIES ARE INTEGRAL TO IMPROVED HEALTH OUTCOMES. PCI FOOD PROGRAMMING INCLUDES ITS RURAL MIS LLAMAS PROJECT IN BOLIVIA IMPROVING THE PRODUCTIVITY AND INCOMES OF OVER 34,000 LLAMAS FARMERS AND THEIR FAMILIES. THROUGH ITS FOOD PROJECT IN NICARAGUA PCI IMPROVED AGRICULTURAL OUTPUTS IN 2 IMPOVERISHED, RURAL COUNTIES FOR OVER 34 SMALL FARMER COOPERATIVES AND FARMER-OWNED AGRIBUSINESSES. IN TANZANIA AND GUATEMALA, PCI INITIATED PROGRAMS TO BENEFIT 118,000 CHILDREN, TEACHERS AND PARENTS OVER THE NEXT 3 YEARS.

4c (Code: ) (Expenses \$ 2,358,717. including grants of \$ 130,806. ) (Revenue \$ )  
 IN INDIA, IN THE RURAL STATE OF BIHAR, PCI IS RESPONDING TO FLOODS BY ESTABLISHING VILLAGE DISASTER MANAGEMENT COMMITTEES IN 30 VILLAGES. IN RESPONSE TO THE 2010 EARTHQUAKE IN HAITI, PCI HAS PROVIDED HEALTH CARE TO OVER 98,000 PEOPLE, PROVIDED REINFORCED SHELTERS AND EMERGENCY SUPPLIES TO NEARLY 40,000 PEOPLE, AND PROVIDED SAFE SPACES FOR RECREATION, BASIC EDUCATION, AND COUNSELING TO 1,800 CHILDREN.

4d Other program services (Describe in Schedule O)

(Expenses \$ 2,534,202. including grants of \$ 899,733. ) (Revenue \$ )

4e Total program service expenses \$ 24,751,965.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>2</b> X	
<b>3</b> 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>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	X
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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>	<b>5</b>	
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or 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>	<b>6</b>	X
<b>7</b> 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>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
<b>11</b> Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<b>11</b> X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X</i>		
<b>12</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<b>12</b> X	
<b>12A</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	<b>12A</b> Yes No X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b> X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	<b>14b</b> X	
<b>15</b> 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>	<b>15</b> X	
<b>16</b> 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>	<b>16</b> X	
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	<b>20</b>	X

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<b>22</b>	X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	<b>23</b> X	
<b>24a</b> 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	<b>24a</b>	X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>	<b>25a</b>	X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	<b>25b</b>	X
<b>26</b> 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>	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<b>31</b>	X
<b>32</b> 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>	<b>32</b>	X
<b>33</b> 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>	<b>33</b>	X
<b>34</b> 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>	<b>34</b>	X
<b>35</b> 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>	<b>35</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>36</b>	X
<b>37</b> 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>	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<b>38</b> X	

**Note.** All Form 990 filers are required to complete Schedule O.

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	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	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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	75	
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	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>4b</b>	If "Yes," enter the name of the foreign country: <b>SEE SCHEDULE O</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body	27	
<b>b</b> Enter the number of voting members that are independent	27	
<b>2</b> 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?		X
<b>3</b> 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?		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> Is there any officer, director, 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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**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, SUITE 320, 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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(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.
JOHN D. COLLINS, ESQ. PAST CHAIRMAN	1.00	X						0.	0.	0.
RUTH M. COVELL, M.D. DIRECTOR	1.00	X						0.	0.	0.
KAREN ZABLE COX DIRECTOR	1.00	X						0.	0.	0.
AMBASSADOR JEFFREY DAVIDOW DIRECTOR	1.00	X						0.	0.	0.
JUDITH A. ETTINGER MANAGING DIRECTOR	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.D. DIRECTOR	1.00	X						0.	0.	0.
PHILIP R. MATTHEWS, ESQ. 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.
ANNE OTTERSON DIRECTOR	1.00	X						0.	0.	0.
ROYCE PEPIN, AM, MBE, KCSJ, PHC DIRECTOR	1.00	X						0.	0.	0.
CHERYL PIA 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			
NANCY PLAXICO DIRECTOR	1.00	X						0.	0.	0.
PIERRE-RICHARD PROSPER DIRECTOR	1.00	X						0.	0.	0.
JOHN RADAK DIRECTOR	1.00	X						0.	0.	0.
JULIE H. SULLIVAN, PH.D. DIRECTOR	1.00	X						0.	0.	0.
HAEYOUNG KONG TANG 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.
CHRIS TWOMEY DIRECTOR	1.00	X						0.	0.	0.
GADDI VASQUEZ DIRECTOR	1.00	X						0.	0.	0.
LAWRENCE A. WEITZEN DIRECTOR	1.00	X						0.	0.	0.
<b>1b Total</b>								<b>1,460,330.</b>	<b>0.</b>	<b>196,612.</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **10**

- 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
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		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.

(A) Name and business address	(B) Description of services	(C) Compensation
MOSS ADAMS, 9665 GRANITE RIDGE DRIVE, STE. 600, SAN DIEGO, CA 92123	AUDIT SERVICES	131,466.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

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

Form 990 (2009)

**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	<b>1 a</b> Federated campaigns	<b>1a</b>	4,405.				
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	429,066.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	23147311.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	5,768,003.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$		2,023,835.				
	<b>h Total.</b> Add lines 1a-1f			29348785.			
Program Service Revenue	<b>2 a</b> CONTRACT PROFIT	Business Code	900099	42,666.	42,666.		
	<b>b</b> MISCELLANEOUS INCOME		900099	25,901.	25,901.		
	<b>c</b> OTHER INCOME		900099	21,102.	21,102.		
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			89,669.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			106,937.			106,937.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross Rents	(i) Real	(ii) Personal				
	<b>b</b> Less rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less cost or other basis and sales expenses						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)						
	<b>8 a</b> Gross income from fundraising events (not including \$ 429,066. of contributions reported on line 1c). See Part IV, line 18						
	<b>a</b>			49,420.			
	<b>b</b> Less: direct expenses			257,407.			
	<b>c</b> Net income or (loss) from fundraising events				-207,987.		-207,987.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19						
	<b>a</b>						
<b>b</b> Less: direct expenses							
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances							
<b>a</b>							
<b>b</b> Less: cost of goods sold							
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions.				29420533.	89,669.	0.	-17,921.

**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	196,631.	196,631.		
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	4,920,121.	4,920,121.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	863,649.	214,572.	628,256.	20,821.
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	8,614,832.	6,813,049.	1,402,202.	399,581.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	156,478.	115,672.	37,270.	3,536.
9 Other employee benefits	1,591,600.	1,285,405.	261,231.	44,964.
10 Payroll taxes	423,601.	228,481.	161,479.	33,641.
11 Fees for services (non-employees):				
a Management				
b Legal	51,091.	24,462.	26,629.	
c Accounting	225,639.	54,004.	171,635.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	2,062,360.	1,587,343.	295,267.	179,750.
12 Advertising and promotion	544,249.	535,063.	9,003.	183.
13 Office expenses	494,431.	422,366.	63,141.	8,924.
14 Information technology	364,004.	286,527.	68,246.	9,231.
15 Royalties				
16 Occupancy	931,988.	658,164.	272,173.	1,651.
17 Travel	2,788,076.	2,501,323.	240,382.	46,371.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	36,857.	14,160.	19,818.	2,879.
20 Interest	-5,890.	-5,890.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	60,598.		60,598.	
23 Insurance	156,907.	103,935.	52,972.	
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 <b>PROGRAM SUPPLIES</b>	2,225,221.	2,223,230.	1,606.	385.
b <b>SUPPLIES</b>	2,011,439.	2,011,439.		
c <b>REPAIRS AND MAINTENANCE</b>	293,137.	284,072.	9,021.	44.
d <b>OTHER</b>	292,710.	141,848.	134,639.	16,223.
e <b>TRAINING</b>	146,590.	135,988.	10,386.	216.
f All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	29,446,319.	24,751,965.	3,925,954.	768,400.
26 <b>Joint costs.</b> 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
<b>Assets</b>	1 Cash - non-interest-bearing	2,067,703.	1	1,815,251.
	2 Savings and temporary cash investments	9,258,869.	2	4,429,470.
	3 Pledges and grants receivable, net	826,730.	3	717,280.
	4 Accounts receivable, net	3,026,369.	4	2,630,233.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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	3,111,787.	8	1,383,465.
	9 Prepaid expenses and deferred charges	356,492.	9	615,574.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 863,131.		
	b Less: accumulated depreciation	10b 592,980.	241,144.	10c 270,151.
	11 Investments - publicly traded securities		11	5,151.
	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	276,016.	15	328,269.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	19,165,110.	16	12,194,844.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	2,224,624.	17	1,996,757.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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 to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	13,319,643.	25	6,596,504.
	26 <b>Total liabilities.</b> Add lines 17 through 25	15,544,267.	26	8,593,261.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	1,516,156.	27	1,692,643.
	28 Temporarily restricted net assets	1,828,671.	28	1,580,671.
	29 Permanently restricted net assets	276,016.	29	328,269.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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	3,620,843.	33	3,601,583.
	34 <b>Total liabilities and net assets/fund balances</b>	19,165,110.	34	12,194,844.

Form 990 (2009)

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant?

**b** Were the organization's financial statements audited by an independent accountant?

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

**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?

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		<b>X</b>
<b>2b</b>	<b>X</b>	
<b>2c</b>	<b>X</b>	
<b>3a</b>	<b>X</b>	
<b>3b</b>	<b>X</b>	

Form **990** (2009)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2009**

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: (For lines 1 through 11, check only one box.)

- 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).**
- 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 Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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 supported organization(s)

	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	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2009

**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27015944.	25043643.	30956305.	27504732.	29348785.	139869409
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 <b>Total.</b> Add lines 1 through 3	27015944.	25043643.	30956305.	27504732.	29348785.	139869409
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 <b>Public support.</b> Subtract line 5 from line 4						139869409

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	27015944.	25043643.	30956305.	27504732.	29348785.	139869409
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	87,637.	68,527.	221,067.	272,358.	106,937.	756,526.
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.	86,076.	49,420.	259,120.
11 <b>Total support.</b> Add lines 7 through 10						140885055
12 Gross receipts from related activities, etc. (see instructions)					12	246,726.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.28	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.06	%
16a <b>33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
b <b>33 1/3% support test - 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a <b>10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> 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 <b>10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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) 2009

**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** 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 ☐

**b 33 1/3% support tests - 2008.** 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 ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



## Part IV

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

OTHER INCOME SCHEDULE 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**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

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? ☐ Yes ☐ No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ 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 a certified historic structure      |
| <input type="checkbox"/> Preservation of open space   |  |
- 2 Complete lines 2a through 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 Tax 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 tax 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 acquisition, 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 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:

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

**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 the 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
<b>1a</b> Beginning of year balance	276,016.	226,620.			
<b>b</b> Contributions	45,728.	54,451.			
<b>c</b> Net investment earnings, gains, and losses	6,525.	-5,055.			
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	328,269.	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

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

	Yes	No
<b>3a(i)</b>	X	
<b>3a(ii)</b>		X
<b>3b</b>		

**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) Accumulated depreciation	(d) Book value
<b>1a</b> Land		9,047.		9,047.
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		169,191.	149,984.	19,207.
<b>d</b> Equipment		145,016.	94,559.	50,457.
<b>e</b> Other		539,877.	348,437.	191,440.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				270,151.

Schedule D (Form 990) 2009

<b>Part VII</b>	<b>Investments - Other Securities.</b> See Form 990, Part X, line 12.
-----------------	---

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ►		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

Part VII Investments - Program Related See Form 990, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ►		

<b>Part IX</b>	<b>Other Assets.</b> See Form 990, Part X, line 15
----------------	--

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	▶

<b>Part X</b>	<b>Other Liabilities.</b> See Form 990, Part X, line 25.
---------------	--

1.	(a) Description of liability	(b) Amount
	Federal income taxes	
	<b>REFUNDABLE DEPOSITS</b>	<b>6,596,504.</b>
	<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)</b>	<b>6,596,504.</b>

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	29,420,533.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	29,446,319.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-25,786.
4	Net unrealized gains (losses) on investments	4	6,526.
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 through 8	9	6,526.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-19,260.

**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	31,187,640.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	6,526.
b	Donated services and use of facilities	2b	1,503,174.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	257,407.
e	Add lines 2a through 2d	2e	1,767,107.
3	Subtract line 2e from line 1	3	29,420,533.
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 must equal Form 990, Part I, line 12.)	5	29,420,533.

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

1	Total expenses and losses per audited financial statements	1	31,206,900.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,503,174.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	257,407.
e	Add lines 2a through 2d	2e	1,760,581.
3	Subtract line 2e from line 1	3	29,446,319.
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 must equal Form 990, Part I, line 18.)	5	29,446,319.

**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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4: THE ORGANIZATION'S ENDOWMENT FUNDS PROVIDE**

UNRESTRICTED FUNDING TO THE ORGANIZATION.

PROJECT CONCERN INTERNATIONAL ADOPTED NEW PROVISIONS OF ACCOUNTING

STANDARDS CODIFICATION 740-10, INCOME TAXES, RELATED TO ACCOUNTING FOR

UNCERTAIN TAX POSITIONS AS OF OCTOBER 1, 2009. NO ADJUSTMENT TO NET

ASSETS WAS REQUIRED UPON THE ADOPTION OF THE NEW PROVISIONS AS PROJECT

CONCERN HAD NO UNRECOGNIZED TAX BENEFITS OR LIABILITIES AS OF SEPTEMBER

**Part XIV** Supplemental Information (continued)

30, 2010 AND 2009. PROJECT CONCERN FILES AN EXEMPT ORGANIZATION RETURN IN THE UNITED STATES FEDERAL JURISDICTION AND WITH THE FRANCHISE TAX BOARD IN THE STATE OF CALIFORNIA. PROJECT CONCERN IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE 2006 FOR ITS FEDERAL FILINGS AND FOR YEARS BEFORE 2005 FOR ITS STATE FILINGS.

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

SPECIAL EVENT EXPENSE	\$257,407
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## SCHEDULE D, PART XIII, LINE 2A, RECONCILIATION OF EXPENSES:

SPECIAL EVENT EXPENSE	\$257,407
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**Schedule F  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

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

OMB No 1545-0047

**2009**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 for region
CENTRAL AMERICA & CARRIBEAN	1	7	PROGRAM SERVICES	BIRTHING CLINIC	264,366.
SUB-SAHARAN AFRICA	1	20	PROGRAM SERVICES	AIDS PREVENTION, PALLIATIVE CARE	4,048,351.
SUB-SAHARAN AFRICA	3	30	PROGRAM SERVICES	AIDS, ORPHANS AND VULNERABLE CHILDREN	3,832,987.
SUB-SAHARAN AFRICA	2	18	PROGRAM SERVICES	AIDS, TRAFFICKING, PANDEMIC PREPAREDNESS, GENDER EQUITY	800,556.
SUB-SAHARAN AFRICA	1	0	PROGRAM SERVICES	CLEAN WATER	425,518.
EAST ASIA & THE PACIFIC	1	0	PROGRAM SERVICES	CLEAN WATER, MATERNAL/CHILD HEALTH	570,556.
SUB-SAHARAN AFRICA	1	28	PROGRAM SERVICES	FISH FARMING, AIDS IN THE DEFENSE FORCE	1,133,856.
CENTRAL AMERICA & CARRIBEAN	2	47	PROGRAM SERVICES	FOOD SECURITY, CLEAN WATER	2,229,320.
<b>Totals</b>	<b>24</b>	<b>403</b>			<b>25,798,163.</b>

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

Schedule F (Form 990) 2009

**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 ☐

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)
			SUB-SAHARAN AFRICA	WATER WELLS IN TANZANIA	343,212.CHECK		0.		
			SUB-SAHARAN AFRICA	SERVICES FOR ORPHANS, PALLIATIVE CARE, AND ANTIRETROVIRAL THERAPY FOR ADULTS	145,802.CHECK		0.		
			SUB-SAHARAN AFRICA	SERVICES FOR ORPHANS, PALLIATIVE CARE, AND ANTIRETROVIRAL THERAPY FOR ADULTS	139,707.CHECK		0.		
			SUB-SAHARAN AFRICA	SERVICES FOR ORPHANS, PALLIATIVE CARE, AND ANTIRETROVIRAL THERAPY FOR ADULTS	132,183.CHECK		0.		
			SUB-SAHARAN AFRICA	SERVICES FOR ORPHANS, PALLIATIVE CARE, AND ANTIRETROVIRAL THERAPY FOR ADULTS	124,026.CHECK		0.		
			SUB-SAHARAN AFRICA	SERVICES FOR ORPHANS, PALLIATIVE CARE, AND ANTIRETROVIRAL THERAPY FOR ADULTS	120,540.CHECK		0.		
			SUB-SAHARAN AFRICA	SERVICES FOR ORPHANS, PALLIATIVE CARE, AND ANTIRETROVIRAL THERAPY FOR ADULTS	118,507.CHECK		0.		
			SUB-SAHARAN AFRICA	SERVICES FOR ORPHANS, PALLIATIVE CARE, AND ANTIRETROVIRAL THERAPY FOR ADULTS	113,479.CHECK		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, 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 ☐



**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)
URBAN GARDENING SUPPLIES	SUB-SAHARAN AFRICA	100	856. CASH		0.		CASH
SCHOOL TUITION	SUB-SAHARAN AFRICA	662	37,656. CASH		0.		CASH
FISHERMEN SUPPLIES	SUB-SAHARAN AFRICA	1	579. CASH		0.		CASH
CASH FOR WORK	CARIBBEAN	223	13,781. CASH		0.		CASH

**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any 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 IT WORKS. MONITORING  
PROCEDURES INCLUDE REVIEW OF MONTHLY OR QUARTERLY FINANCIAL AND PROGRAM  
REPORTS, ALONG WITH SITE VISITS.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SERVICES FOR ORPHANS, PALLIATIVE CARE, AND  
ANTIRETROVIRAL THERAPY FOR ADULTS AND CHILDREN

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SERVICES FOR ORPHANS, PALLIATIVE CARE, AND  
ANTIRETROVIRAL THERAPY FOR ADULTS AND CHILDREN

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SERVICES FOR ORPHANS, PALLIATIVE CARE, AND  
ANTIRETROVIRAL THERAPY FOR ADULTS AND CHILDREN

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SERVICES FOR ORPHANS, PALLIATIVE CARE, AND  
ANTIRETROVIRAL THERAPY FOR ADULTS AND CHILDREN

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SERVICES FOR ORPHANS, PALLIATIVE CARE, AND  
ANTIRETROVIRAL THERAPY FOR ADULTS AND CHILDREN

REGION: SUB-SAHARAN AFRICA

**Part IV** Supplemental Information

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

(D) PURPOSE OF GRANT: SERVICES FOR ORPHANS, PALLIATIVE CARE, AND  
ANTIRETROVIRAL THERAPY FOR ADULTS AND CHILDREN

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SERVICES FOR ORPHANS, PALLIATIVE CARE, AND  
ANTIRETROVIRAL THERAPY FOR ADULTS AND CHILDREN

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SERVICES FOR ORPHANS, PALLIATIVE CARE, AND  
ANTIRETROVIRAL THERAPY FOR ADULTS AND CHILDREN

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SERVICES FOR ORPHANS, PALLIATIVE CARE, AND  
ANTIRETROVIRAL THERAPY FOR ADULTS AND CHILDREN

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SERVICES FOR ORPHANS, PALLIATIVE CARE, AND  
ANTIRETROVIRAL THERAPY FOR ADULTS AND CHILDREN

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SERVICES FOR ORPHANS, PALLIATIVE CARE, AND  
ANTIRETROVIRAL THERAPY FOR ADULTS AND CHILDREN

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SERVICES FOR ORPHANS, PALLIATIVE CARE, AND  
ANTIRETROVIRAL THERAPY FOR ADULTS AND CHILDREN

REGION: SUB-SAHARAN AFRICA

**Part IV** Supplemental Information

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

(D) PURPOSE OF GRANT: ENSURE THAT VULNERABLE CHILDREN STAY IN SCHOOL BY  
ENSURING WATER SANITATION AND TEACHING/LEARNING MATERIALS IN TIGRAY &  
AMAHARA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PSYCHOSOCIAL, EDUCATION, PROTECTION AND MEDICAL  
SUPPORT TO ORPHANS AND VULNERABLE CHILDREN

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PSYCHOSOCIAL, EDUCATION, PROTECTION AND MEDICAL  
SUPPORT TO ORPHANS AND VULNERABLE CHILDREN

REGION: CENTRAL AMERICA &amp; CARIBBEAN

(D) PURPOSE OF GRANT: COMMUNITY ASSESSMENT OF MORE THAN 11.000 HOUSES  
AND DISTRIBUTE HEALTH INFORMATION, HYGIENE KITS, AND MEDICINES.

REGION: CENTRAL AMERICA &amp; CARIBBEAN

(D) PURPOSE OF GRANT: IMPROVE HEALTH SERVICES IN FORT NATIONAL, AZILE  
COMMUNALE, CROIX DES PRET AND BELAIRE

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: ENHANCE MATERNAL AND NEWBORN HEALTH STATUS;  
IMPROVE QUALITY OF LIFE OF PEOPLE LIVING WITH HIV/AIDS AND THEIR FAMILIES

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: MOBILIZE POLIO PROGRAMS, IMMUNIZATION, AND HEALTH  
CAMPS IN UTTAR PRADESH

**Part IV** Supplemental Information

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

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: MOBILIZE POLIO PROGRAMS, IMMUNIZATION, AND HEALTH  
CAMPS IN UTTAR PRADESH

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: MOBILIZE POLIO PROGRAMS, IMMUNIZATION, AND HEALTH  
CAMPS IN UTTAR PRADESH

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: IMPROVE HEALTH IN TRICHY, TAMIL NADU AND  
PUDUCHERRY, INDIA, THROUGH CHANGING BEHAVIORS, AND IMPROVING QUALITY,  
ACCESS, AND UTILIZATION OF HEALTH SERVICES

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: IMPROVE HEALTH IN TEN DISTRICTS OF KARNATAKA,  
INDIA, THROUGH CHANGING BEHAVIORS, AND IMPROVING QUALITY, ACCESS, AND  
UTILIZATION OF HEALTH SERVICES

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: IMPROVE HEALTH IN 16 VILLAGES IN TIRUNULVELI,  
TAMIL NADU, INDIA, THROUGH CHANGING BEHAVIORS, AND IMPROVING QUALITY,  
ACCESS AND UTILIZATION OF HEALTH SERVICES

REGION: EAST ASIA

(D) PURPOSE OF GRANT: IMPROVE HEALTH AND NUTRITION STATUS OF CHILDREN  
UNDER FIVE AND WOMEN IN PAPUAN VILLAGES

REGION: EAST ASIA

**Part IV** Supplemental Information

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

(D) PURPOSE OF GRANT: IMPLEMENT WATER SANITATION AND HYGIENE PROGRAMS IN  
POST-CONFLICT COMMUNITIES IN CENTRAL ACEH

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: WORK WITH MALAWIAN GOVERNMENT TO DEVISE PROGRAMS  
AND POLICIES TO SUPPORT THE AQUACULTURE SECTOR

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ASSIST FARMERS WITH AQUACULTURE BUSINESS MODELS,  
MATERIALS, AND TECHNICAL ASSISTANCE IN MALAWI

REGION: CENTRAL AMERICA & CARIBBEAN

(D) PURPOSE OF GRANT: STRENGTHEN THE CENTERS FOR RURAL DEVELOPMENT  
(CDR'S) OF SAN RAFAEL DEL NORTE, JINOTEGA AND MOZONTE, NUEVA SEGOVIA  
THROUGH STAFF TRAINING AND EXPANDING THE RANGE OF SERVICES AND PRODUCTS  
TO FARMERS AND PRODUCERS

REGION: CENTRAL AMERICA & CARIBBEAN

(D) PURPOSE OF GRANT: IMPROVE MANAGEMENT OF AGRICULTURAL PRODUCTION  
THROUGH TRAINING FARMERS' CHILDREN DIVERSE CROP MANAGEMENT WITH AN  
EMPHASIS ON AGRIBUSINESS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ISSUE SUB-GRANTS TO PARTNERS ON CHILD STREET-LIFE  
PREVENTION PROGRAM IN ZAMBIA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PREVENT CHILDREN FROM DRIFTING INTO STREET LIFE IN

**Part IV** Supplemental Information

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

LUSAKA AND LIVINGSTONE; OPERATE MOBILE HEALTH CLINICREGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PREVENT CHILDREN FROM MOVING INTO STREET LIFE  
THROUGH COMMUNITY OUTREACH, SKILLS AND VOCATIONAL TRAINING AND  
EDUCATIONAL SUPPORT

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PREVENT CHILDREN FROM MOVING INTO STREET LIFE  
THROUGH MOTIVATIONAL TALK THAT PROMOTES A READING CULTURE AND  
PSYCHOSOCIAL COUNSELING

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PREVENT CHILDREN FROM MOVING INTO STREET LIFE  
THROUGH EDUCATIONAL SUPPORT, OUTREACH AND REINTEGRATION

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PREVENT CHILDREN FROM MOVING INTO STREET LIFE  
THROUGH INCOME GENERATION ACTIVITIES, EDUCATIONAL SUPPORT, OUTREACH AND  
REINTEGRATION AND ECONOMIC EMPOWERMENT

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PREVENT CHILDREN FROM MOVING INTO STREET LIFE  
THROUGH SCHOOL PLACEMENT, COMMUNITY BASED ADVOCACY, DEVELOPMENT OF THE  
EARLY WARNING SYSTEM AND ECONOMIC EMPOWERMENT

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PREVENT CHILDREN FROM MOVING INTO STREET LIFE

**Part IV** Supplemental Information

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

THROUGH SPORTS AND THEATRE FOR DEVELOPMENT



**SCHEDULE F-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule F (Form 990)**

▶ Attach to Form 990 to list additional information for  
Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III.  
▶ See instructions for Schedule F (Form 990).

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**PROJECT CONCERN INTERNATIONAL**

Employer identification number  
**95-2248462**

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(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 for region
SUB-SAHARAN AFRICA	1	5	PROGRAM SERVICES	GENDER VIOLENCE	3,506,574.
SOUTH ASIA	4	76	PROGRAM SERVICES	HIV/AIDS, POLIO, EMERGENCY ASSISTANCE, FAMILY HEALTH	2,311,149.
SOUTH AMERICA	3	93	PROGRAM SERVICES	LLAMA HERD MANAGEMENT, CHAGAS-FREE HOUSING, YOUTH SEXUALITY EDUCATION	2,779,819.
NORTH AMERICA	1	30	PROGRAM SERVICES	TUBERCULOSIS	1,391,534.
SUB-SAHARAN AFRICA	1	11	PROGRAM SERVICES	FOOD SECURITY, MATERNAL AND CHILD HEALTH/NUTRITION, EDUCATION	117,222.
CARIBBEAN	1	38	PROGRAM SERVICES	DISASTER RESPONSE, SHELTER, PROTECTION, HEALTH, WATER/SANITATION	1,947,025.
SOUTH ASIA	1	0	PROGRAM SERVICES	FOOD SECURITY, MATERNAL AND CHILD HEALTH/NUTRITION, DISASTER RISK REDUCTION	126,552.
MULTI-COUNTRY	0	0	PROGRAM SERVICES	GLOBAL MEASUREMENT & EVALUATION PROJECT, MICROPROJECTS, WATER ISSUES EDUCATION	312,778.
<b>Totals</b>	<b>12</b>	<b>253</b>			<b>12,492,653.</b>

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

Schedule F-1 (Form 990) 2009

Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	SERVICES FOR ORPHANS, PALLIATIVE CARE, AND ANTIRETROVIRAL THERAPY FOR ADULTS	107,510.	CHECK	0.		
			SUB-SAHARAN AFRICA	SERVICES FOR ORPHANS, PALLIATIVE CARE, AND ANTIRETROVIRAL THERAPY FOR ADULTS	105,372.	CHECK	0.		
			SUB-SAHARAN AFRICA	SERVICES FOR ORPHANS, PALLIATIVE CARE, AND ANTIRETROVIRAL THERAPY FOR ADULTS	99,897.	CHECK	0.		
			SUB-SAHARAN AFRICA	SERVICES FOR ORPHANS, PALLIATIVE CARE, AND ANTIRETROVIRAL THERAPY FOR ADULTS	89,832.	CHECK	0.		
			SUB-SAHARAN AFRICA	SERVICES FOR ORPHANS, PALLIATIVE CARE, AND ANTIRETROVIRAL THERAPY FOR ADULTS	10,130.	CHECK	0.		
			SUB-SAHARAN AFRICA	ANTI-TRAFFICKING, CHILD RIGHTS, AND SEXUAL ABUSE PREVENTION	14,141.	CHECK	0.		
			SUB-SAHARAN AFRICA	ENSURE THAT VULNERABLE CHILDREN STAY IN SCHOOL BY ENSURING WATER	210,167.	CHECK	0.		
			SUB-SAHARAN AFRICA	PSYCHOSOCIAL, EDUCATION, PROTECTION AND MEDICAL SUPPORT TO ORPHANS AND	81,469.	CHECK	0.		
			SUB-SAHARAN AFRICA	PSYCHOSOCIAL, EDUCATION, PROTECTION AND MEDICAL SUPPORT TO ORPHANS AND	12,041.	CHECK	0.		

Schedule F-1 (Form 990) 2009

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA & CARIBBEAN	COMMUNITY ASSESSMENT OF MORE THAN 11,000 HOUSES AND DISTRIBUTE HEALTH INFORMATION,	42,283.	CHECK	0.		
			CENTRAL AMERICA & CARIBBEAN	IMPROVE HEALTH SERVICES IN FORT NATIONAL, AZILE COMMUNALE, CROIX DES	10,624.	CHECK	0.		
			SOUTH ASIA	ENHANCE MATERNAL AND NEWBORN HEALTH STATUS; IMPROVE QUALITY OF LIFE OF	30,246.	CHECK	0.		
			SOUTH ASIA	ENHANCE MATERNAL AND NEWBORN HEALTH STATUS	18,601.	CHECK	0.		
			SOUTH ASIA	ENHANCE MATERNAL AND NEWBORN HEALTH STATUS	15,168.	CHECK	0.		
			SOUTH ASIA	ENHANCE MATERNAL AND NEWBORN HEALTH STATUS	14,668.	CHECK	0.		
			SOUTH ASIA	IMPROVE ACCESS TO HEALTH SERVICES IN TAMIL NADU AND UTTAR PRADESH	210,122.	CHECK	0.		
			SOUTH ASIA	MOBILIZE POLIO PROGRAMS, IMMUNIZATION, AND HEALTH CAMPS IN UTTAR	171,194.	CHECK	0.		
			SOUTH ASIA	MOBILIZE POLIO PROGRAMS, IMMUNIZATION, AND HEALTH CAMPS IN UTTAR	109,501.	CHECK	0.		

Schedule F-1 (Form 990) 2009

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				MOBILIZE POLIO PROGRAMS, IMMUNIZATION, AND HEALTH CAMPS IN UTTAR	72,675.CHECK		0.		
			SOUTH ASIA	IMPROVE QUALITY OF LIFE OF PEOPLE LIVING WITH HIV/AIDS AND THEIR FAMILIES	29,258.CHECK		0.		
			SOUTH ASIA	IMPROVE QUALITY OF LIFE OF PEOPLE LIVING WITH HIV/AIDS AND THEIR FAMILIES	29,009.CHECK		0.		
			SOUTH ASIA	IMPROVE QUALITY OF LIFE OF PEOPLE LIVING WITH HIV/AIDS AND THEIR FAMILIES	28,718.CHECK		0.		
			SOUTH ASIA	IMPROVE ACCESS TO HEALTH SERVICES IN MAHARASHTRA	19,898.CHECK		0.		
			SOUTH ASIA	IMPROVE HEALTH IN TRICHY, TAMIL NADU AND PUDUCHERRY, INDIA, THROUGH	10,264.CHECK		0.		
			SOUTH ASIA	IMPROVE ACCESS TO HEALTH SERVICES IN KARNATAKA	9,900.CHECK		0.		
			SOUTH ASIA	IMPROVE HEALTH IN TEN DISTRICTS OF KARNATAKA, INDIA, THROUGH CHANGING	9,426.CHECK		0.		
			SOUTH ASIA	IMPROVE ACCESS TO HEALTH SERVICES IN MAHARASHTRA	8,026.CHECK		0.		

Schedule F-1 (Form 990) 2009

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			IMPROVE HEALTH IN 16 VILLAGES IN TIRUNULVELI, TAMIL NADU, INDIA, THROUGH	7,423.	CHECK	0.		
		SOUTH ASIA	IMPROVE QUALITY OF LIFE OF PEOPLE LIVING WITH HIV/AIDS AND THEIR FAMILIES	5,368.	CHECK	0.		
		SOUTH ASIA	IMPROVE HEALTH AND NUTRITION STATUS OF CHILDREN UNDER FIVE AND WOMEN IN PAPUAN	152,129.	CHECK	0.		
		EAST ASIA	IMPLEMENT WATER SANITATION AND HYGIENE PROGRAMS IN POST-CONFLICT	188,565.	CHECK	0.		
		EAST ASIA	WORK WITH MALAWIAN GOVERNMENT TO DEVISE PROGRAMS AND POLICIES TO SUPPORT THE	34,569.	CHECK	0.		
		SUB-SAHARAN AFRICA	ASSIST FARMERS WITH AQUACULTURE BUSINESS MODELS, MATERIALS, AND TECHNICAL	25,378.	CHECK	0.		
		SUB-SAHARAN AFRICA	PROVIDE FISH FINGERLINGS AND TECHNICAL ASSISTANCE TO FISH FARMERS	12,751.	CHECK	0.		
		SUB-SAHARAN AFRICA	PROMOTE TUBERCULOSIS PREVENTION IN MEXICO PRIORITY STATES	118,862.	CHECK	0.		
		NORTH AMERICA	STRENGTHEN THE CENTERS FOR RURAL DEVELOPMENT (CDR'S) OF SAN RAFAEL DEL	70,575.	CHECK	0.		
		CENTRAL AMERICA & CARIBBEAN						

Schedule F-1 (Form 990) 2009

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	IMPROVE MANAGEMENT OF AGRICULTURAL PRODUCTION THROUGH TRAINING FARMERS'	7,474.	CHECK	0.		
		SUB-SAHARAN AFRICA	END GENDER-BASED VIOLENCE FOR HIV PREVENTION IN KWAZULU-NATAL	478,125.	CHECK	0.		
		SUB-SAHARAN AFRICA	END GENDER-BASED VIOLENCE FOR HIV PREVENTION IN WESTERN CAPE	472,559.	CHECK	0.		
		SUB-SAHARAN AFRICA	ISSUE SUB-GRANTS TO PARTNERS ON CHILD STREET-LIFE PREVENTION PROGRAM IN	152,845.	CHECK	0.		
		SUB-SAHARAN AFRICA	PREVENT CHILDREN FROM DRIFTING INTO STREET LIFE IN LUSAKA AND LIVINGSTONE; OPERATE	53,153.	CHECK	0.		
		SUB-SAHARAN AFRICA	PREVENT CHILDREN FROM MOVING INTO STREET LIFE THROUGH COMMUNITY OUTREACH,	42,144.	CHECK	0.		
		SUB-SAHARAN AFRICA	PREVENT CHILDREN FROM MOVING INTO STREET LIFE THROUGH THEATRE FOR DEVELOPMENT	41,443.	CHECK	0.		
		SUB-SAHARAN AFRICA	PREVENT CHILDREN FROM MOVING INTO STREET LIFE THROUGH MOTIVATIONAL TALK	29,778.	CHECK	0.		
		SUB-SAHARAN AFRICA	PREVENT CHILDREN FROM MOVING INTO STREET LIFE THROUGH EDUCATIONAL SUPPORT,	25,259.	CHECK	0.		

Schedule F-1 (Form 990) 2009

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		SUB-SAHARAN AFRICA	ZAMBIA DEFENCE FORCE HIV PREVENTION	25,000.	CHECK	0.			
		SUB-SAHARAN AFRICA	PREVENT CHILDREN FROM MOVING INTO STREET LIFE THROUGH INCOME GENERATION	13,830.	CHECK	0.			
		SUB-SAHARAN AFRICA	PREVENT CHILDREN FROM MOVING INTO STREET LIFE THROUGH SCHOOL PLACEMENT, COMMUNITY	10,840.	CHECK	0.			
		SUB-SAHARAN AFRICA	PREVENT CHILDREN FROM MOVING INTO STREET LIFE THROUGH ECONOMIC EMPOWERMENT	9,091.	CHECK	0.			
		SUB-SAHARAN AFRICA	PREVENT CHILDREN FROM MOVING INTO STREET LIFE THROUGH SPORTS AND THEATRE FOR	7,903.	CHECK	0.			
		SUB-SAHARAN AFRICA	PREVENT CHILDREN FROM DRIFTING INTO STREET LIFE IN KITWE	6,486.	CHECK	0.			
		SUB-SAHARAN AFRICA	PREVENT CHILDREN FROM MOVING INTO STREET LIFE THROUGH ECONOMIC EMPOWERMENT	6,306.	CHECK	0.			
		SUB-SAHARAN AFRICA	PREVENT CHILDREN FROM MOVING INTO STREET LIFE THROUGH ECONOMIC EMPOWERMENT	6,058.	CHECK	0.			
		SUB-SAHARAN AFRICA	PREVENT CHILDREN FROM MOVING INTO STREET LIFE THROUGH ECONOMIC EMPOWERMENT	5,487.	CHECK	0.			

Schedule F-1 (Form 990) 2009

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2009

**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. Form 990-EZ filers are not required to complete this part.

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

- a ☐ Mail solicitations  
b ☐ Internet and 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.

[illegible]

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.

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

Schedule G (Form 990 or 990-EZ) 2009



**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>HANDS ACROSS BORDERS</b> (event type)	(b) Event #2 <b>DAY AT THE RACES</b> (event type)	(c) Other events  2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts	394,438.	41,726.	42,322.	478,486.
	<b>2</b> Less: Charitable contributions	355,018.	31,726.	42,322.	429,066.
	<b>3</b> Gross income (line 1 minus line 2)	39,420.	10,000.		49,420.
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs				
	<b>7</b> Food and beverages				
	<b>8</b> Entertainment				
	<b>9</b> Other direct expenses	200,716.	16,126.	40,565.	257,407.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d)				( 257,407. )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10				-207,987.

**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	<b>1</b> Gross revenue				
Direct Expenses	<b>2</b> Cash prizes				
	<b>3</b> Noncash prizes				
	<b>4</b> Rent/facility costs				
	<b>5</b> Other direct expenses				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d)				( )
	<b>8</b> Net gaming income summary. Combine line 1, column (d), and line 7				

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities: _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states?		
<b>b</b> If "No," explain: _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		
<b>b</b> If "Yes," explain: _____		
<b>11</b> Does the organization operate gaming activities with nonmembers?		
<b>12</b> 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?		

**13** Indicate the percentage of gaming activity operated in:**a** The organization's facility**b** An outside facility

<b>13a</b>	%
<b>13b</b>	%

**14** Enter 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?**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 of the third party

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

Yes No

15a

17a

<b>Part I</b>	<b>General Information on Grants and Assistance</b>
---------------	---

**1** 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?

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

**Part II** **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

[illegible]

**2** Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Part IV and 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▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**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.

☐ First-class or charter travel☒ Housing allowance or residence for personal use☐ Travel for companions☐ Payments for business use of personal residence☐ Tax indemnification and gross-up payments☐ Health or social club dues or initiation fees☐ Discretionary spending account☐ Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes on line 1a are 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

**1b** X

**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?

**2** X

**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.

☒ Compensation committee☒ Written employment contract☐ Independent compensation consultant☒ Compensation survey or study☐ Form 990 of other organizations☒ Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?

**4a** X

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**4b** X

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

**4c** X

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

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**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?

**5a** X

**b** Any related organization?

**5b** X

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?

**6a** X

**b** Any related organization?

**6b** X

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

**7** X

**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

**8** X

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

**9**

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

Schedule J (Form 990) 2009

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GEORGE GUIMARAES	(i)	182,263.	43,425.	1,524.	15,435.	20,572.	0.
	(ii)	0.	0.	0.	0.	0.	0.
GEORGE GATES	(i)	143,746.	0.	2,453.	13,249.	4,250.	0.
	(ii)	0.	0.	0.	0.	0.	0.
MARK O'DONNELL	(i)	144,557.	0.	1,689.	12,940.	0.	0.
	(ii)	0.	0.	0.	0.	159,186.	0.
KURT HENNE	(i)	106,423.	0.	68,051.	9,222.	13,383.	0.
	(ii)	0.	0.	0.	0.	0.	0.
TOM STEPHENSON	(i)	146,639.	17,739.	10,561.	10,500.	13,360.	0.
	(ii)	0.	0.	0.	0.	0.	0.
JANINE SCHOOLEY	(i)	134,677.	0.	0.	12,794.	16,826.	0.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

**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 7: GEORGE GUIMARES AND TOM STEPHENSON RECEIVED PERFORMANCE  
BASED BONUSES DURING THE YEAR WHICH ARE APPROVED BY THE BOARD OF DIRECTORS.

KURT HENNE WAS POSTED TO A FOREIGN COUNTRY DURING THE YEAR COVERED BY THE  
RETURN. HIS TAXABLE BENEFITS INCLUDED HOUSING AND DEPENDENT EDUCATIONAL  
ASSISTANCE.

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

Employer Identification number  
95-2248462

[illegible]

Schedule J-2 (Form 990) 2009



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No 1545-0047

**2009**

**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		150,821.	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	12,396.	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	1,000,304.	FMV
20 Drugs and medical supplies	X	6	751,845.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( <u>BEDDING</u> )	X	1	54,940.	FMV
26 Other ► ( <u>SPORT EQUIPME</u> )	X	2	25,452.	FMV
27 Other ► ( <u>COMPUTERS</u> )	X	1	21,309.	FMV
28 Other ► ( <u>FURNITURE</u> )	X	3	6,768.	FMV

**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**

<b>30a</b>		X
<b>31</b>	X	
<b>32a</b>		X

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

**Schedule M (Form 990) 2009**

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

PROJECT CONCERN INTERNATIONAL

Employer identification number

95-2248462

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

PROJECT CONCERN INTERNATIONAL CLOSED OPERATIONS IN INDONESIA DURING THE  
YEAR COVERED BY THIS RETURN.

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

OTHER PROGRAM AREAS - A HALLMARK OF PCI'S WORK IS THE ORGANIZATION'S  
COMMITMENT TO IMPLEMENT COMMUNITY-BASED, 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  
EXPERIENCE IN MATERNAL AND CHILD HEALTH, SEXUAL AND REPRODUCTIVE  
HEALTH, WATER AND SANITATION AND TRAFFICKING IN PERSONS (TIP)  
PROGRAMMING.

EXPENSES \$ 2534202. INCLUDING GRANTS OF \$ 899733. REVENUE \$ 0.

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

BANGLADESH, BOLIVIA, BOTSWANA, ETHIOPIA,  
GUATEMALA, HAITI, INDIA, INDONESIA,  
LIBERIA, MALAWI, MEXICO, NICARAGUA,  
SOUTH AFRICA, TANZANIA, ZAMBIA

FORM 990, PART VI, SECTION A, LINE 4: THE BYLAWS WERE AMENDED DURING THE  
REPORTING PERIOD TO PROVIDE FOR CLARIFICATION ON DUTIES/RESPONSIBILITIES OF

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

PROJECT CONCERN INTERNATIONAL

Employer identification number  
95-2248462

THE CEO AND TO INCORPORATE CLARIFICATION REGARDING THE REPORTING PROCESS OF  
INCIDENCES WITH RESPECT TO THE WHISTLE BLOWER POLICY.

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

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

PROJECT CONCERN INTERNATIONAL

Employer identification number  
95-2248462

DECISION PROCESS BY THE BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE IS  
DOCUMENTED.

THE PERSONNEL REVIEW COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS  
COMPENSATION CHANGE RECOMMENDATIONS FOR OFFICERS AND KEY EMPLOYEES AND  
APPROVES THEM. THIS REVIEW IS PERFORMED BY INDEPENDENT PERSONS UTILIZING  
COMPARABILITY DATA AND DOCUMENTING THEIR DELIBERATION AND DECISIONS  
CONTEMPORANEOUSLY. DECISIONS OF THE PERSONNEL REVIEW COMMITTEE ARE  
DOCUMENTED.

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: AUDITED FINANCIAL STATEMENTS ARE ON  
THE PCI WEBSITE AND FILED WITH THE FEDERAL AUDIT CLEARINGHOUSE. A SUMMARY  
OF THE INCOME STATEMENT FROM PCI'S AUDITED FINANCIAL STATEMENTS IS INCLUDED  
IN THE ANNUAL REPORT. GOVERNING DOCUMENTS ARE PROVIDED UPON REQUEST.  
ETHICS POLICY IS INCLUDED ON PROJECT CONCERN INTERNATIONAL'S WEBSITE.

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

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

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

Type or print	Name of exempt organization	<b>COPY</b>	Employer identification number
	PROJECT CONCERN INTERNATIONAL		95-2248462
	Number, street, and room or suite no. If a P O box, see instructions. 5151 MURPHY CANYON ROAD, NO. 320		
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN DIEGO, CA 92123		

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

GEORGE GATES, C.F.O.

- The books are in the care of ► 5151 MURPHY CANYON ROAD, SUITE 320 - 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.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until MAY 16, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year \_\_\_\_\_ or
- ☒ tax year beginning OCT 1, 2009, and ending SEP 30, 2010

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a 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.	3a	\$	0.
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.	3b	\$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

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

**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).

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

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- The books are in the care of **GEORGE GATES, C.F.O. - 5151 MURPHY CANYON ROAD, SUITE 320 - 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, 2011**
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **OCT 1, 2009**, and ending **SEP 30, 2010**
- 6 If the tax year entered in line 5 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 TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO OBTAIN THE INFORMATION NECESSARY TO FILE AND COMPLETE AN ACCURATE RETURN.**

<b>8a</b> 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	<b>8a</b>	\$	<b>0.</b>
<b>b</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.	<b>8b</b>	\$	<b>0.</b>
<b>c</b> <b>Balance due.</b> Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	<b>8c</b>	\$	<b>0.</b>

### 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 **▶**

Form **8868** (Rev. 1-2011)