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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

2010

Open to Public Inspection

A For the **2010** calendar year, or tax year beginning **OCT 1, 2010** and ending **SEP 30, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PROJECT CONCERN INTERNATIONAL		D Employer identification number 95-2248462
	Doing Business As PCI		E Telephone number 858-279-9690
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5151 MURPHY CANYON ROAD 320		G Gross receipts \$ 46,674,225.
	City or town, state or country, and ZIP + 4 SAN DIEGO, CA 92123		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: GEORGE GUIMARAES SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.PCIGLOBAL.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			
L Year of formation: 1961 M State of legal domicile: CA			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PREVENT DISEASE, IMPROVE COMMUNITY HEALTH, AND PROMOTE SUSTAINABLE DEVELOPMENT.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	87
	6 Total number of volunteers (estimate if necessary)	6	7023
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	29,348,785.	46,474,158.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	89,669.	46,644.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	190,066.	24,238.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-207,987.	-332,903.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	29,420,533.	46,212,137.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	5,116,752.	4,140,275.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	11,650,160.	14,428,443.
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 881,320.	0.	0.
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	12,679,407.	25,604,202.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	29,446,319.	44,172,920.
	19 Revenue less expenses. Subtract line 18 from line 12	-25,786.	2,039,217.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	12,194,844.	14,250,339.
	22 Net assets or fund balances. Subtract line 21 from line 20	8,593,261.	8,613,213.
		3,601,583.	5,637,126.

Part II Signature Block

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

Sign Here	Signature of officer Carol Davis		Date
	Type or print name and title Carol Davis, Controller and Corporate Secretary		6/22/12
Paid Preparer Use Only	Print/Type preparer's name PATRICIA J. MAYER	Preparer's signature Patricia J. Mayer	Date 6/20/12
	Firm's name ▶ MOSS ADAMS LLP	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's address ▶ 9665 GRANITE RIDGE DRIVE, SUITE 600 SAN DIEGO, CA 92123	Firm's EIN ▶	Phone no. 858-627-1400

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

☒ Yes ☐ No

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Part III Statement of Program Service Accomplishments

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

☒ X

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 \$ 21,518,990. including grants of \$ 3,542,532.) (Revenue \$)
 DISEASE PREVENTION AND TREATMENT - PCI OPERATES PROGRAMS PREVENTING THE SPREAD OF AND PROVIDING SUSTAINABLE TREATMENT FOR INFECTIOUS DISEASES INCLUDING HIV, TUBERCULOSIS AND POLIO, AND PREVENTABLE AND/OR TREATABLE CONDITIONS SUCH AS PNEUMONIA AND DIARRHEA. IN INDIA, AS OF THE END OF FY2011, OVER 10.6 MILLION PEOPLE ARE RECEIVING IMPROVED HIV TESTING SERVICES AS A RESULT OF PCI'S LAB STRENGTHENING PROGRAMMING. ALSO IN INDIA, PCI'S POLIO PREVENTION EFFORTS CONTRIBUTED TO THE OUTCOME OF NO NEW POLIO CASES IN THE TARGET DISTRICTS IN 2010 AND 2011. IN MEXICO IN 2011, TO IMPROVE TB TREATMENT OUTCOMES, PCI INCREASED TESTING FOR DIABETES AMONG PEOPLE AFFECTED BY TB FROM 20% TO 82%. IN 2011, PCI TRIPLED THE NUMBER OF HIV+ CLIENTS PROVIDED AT LEAST 1 CLINICAL SERVICE BY THE 11 PARTNERS PCI WORKS WITH IN BOTSWANA.

4b (Code:) (Expenses \$ 13,409,347. including grants of \$ 73,754.) (Revenue \$)
 FOOD, NUTRITION & LIVELIHOOD SECURITY - PCI UNDERSTANDS THAT FOOD AND NUTRITION SECURITY COMBINED WITH LIVELIHOOD ACTIVITIES ARE INTEGRAL TO IMPROVED HEALTH OUTCOMES. THE 6-YEAR (2005-2011) PCI MIS LLAMAS PROJECT RESULTED IN A DRAMATIC DROP, 64%, IN INFANT LLAMA MORTALITY AND THE FAMILY NET WORTH FOR FARMERS PARTICIPATING IN THE MIS LLAMAS PROJECT INCREASED 196% OVER THE SAME TIME FRAME. IN NICARAGUA, BETWEEN 2008 AND 2011, UNDER THE USDA FOOD FOR PROGRESS PROJECT, PCI HELPED FARMERS ACHIEVE 44% REDUCTION IN THEIR POST-HARVEST LOSS. PCI HAS ALSO SUCCESSFULLY IMPLEMENTED NUMEROUS USDA FOOD FOR EDUCATION GRANTS AND BETWEEN 2001 AND 2011, PCI PROVIDED OVER 133 MILLION HOT MEALS TO SCHOOL CHILDREN IN BOLIVIA, NICARAGUA AND GUATEMALA.

4c (Code:) (Expenses \$ 2,294,582. including grants of \$ 274,626.) (Revenue \$)
 HUMANITARIAN ASSISTANCE - IN HAITI, PCI HAS CONTINUED TO PROVIDE HEALTH CARE TO THOUSANDS OF PEOPLE IMPACTED BY THE JANUARY 2010 EARTHQUAKE, REINFORCED SHELTERS, AND PROVIDED SAFE SPACES FOR RECREATION, BASIC EDUCATION, AND COUSLING TO HUNDREDS OF VULNERABLE CHILDREN DAILY. IN ADDITION, IN 2011, 99% OF HOUSEHOLDS TRAINED BY PCI IN HAITI IN WATER TREATMENT TESTED NEGATIVE FOR THE COLI FORM BACTERIA THAT CAUSES CHOLERA. IN ETHIOPIA, IN 2011, PCI BROUGHT CRITICALLY NEEDED WATER SUPPLIES TO OVER 95,000 PEOPLE IN THE AFAR REGION IMPACTED BY SEVERE DROUGHTS.

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

(Expenses \$ 1,348,834. including grants of \$ 285,486.) (Revenue \$)

4e Total program service expenses 38,571,753.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 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>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a 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>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a 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>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 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>	X	
19 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>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		
20b		

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 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>	<input checked="" type="checkbox"/>	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		<input checked="" type="checkbox"/>
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
25b 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>		<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		<input checked="" type="checkbox"/>
27 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>		<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<input checked="" type="checkbox"/>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		<input checked="" type="checkbox"/>
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<input checked="" type="checkbox"/>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<input checked="" type="checkbox"/>	

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

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

☒

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 45		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 87		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country: SEE SCHEDULE O See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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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

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	26	
b Enter the number of voting members included in line 1a, above, who are independent	26	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be 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
10a Does the organization have local chapters, branches, or affiliates?		X
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?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990	X	
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
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.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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, HI**

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 ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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.
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.
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.
NANCY PLAXICO DIRECTOR	1.00	X						0.	0.	0.
PIERRE-RICHARD PROSPER 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 (describe hours for related organizations in Schedule O)	(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			
JOHN RADAK DIRECTOR	1.00	X						0.	0.	0.
JULIE H. SULLIVAN, PH.D. DIRECTOR	1.00	X						0.	0.	0.
HAERYOUNG KONG TANG DIRECTOR	1.00	X						0.	0.	0.
VIKRANT BATRA 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.
MARSHALL WHITING, PHD DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,548,553.	0.	71,060.
d Total (add lines 1b and 1c)								1,548,553.	0.	71,060.

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

13

- 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 or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(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	116,983.

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 PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2010)

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			
DAVID WICKER DIRECTOR	1.00	X						0.	0.	0.
BHASKER SHETTY, PH.D. DIRECTOR	1.00	X						0.	0.	0.
GEORGE GUIMARAES CHIEF EXECUTIVE OFFICER	40.00			X				185,195.	0.	14,437.
GEORGE GATES CHIEF FINANCIAL OFFICER	40.00			X				145,444.	0.	1,089.
MARK O'DONNELL CHIEF OPERATING OFFICER	40.00			X				146,376.	0.	1,115.
CAROL DAVIS SECRETARY	40.00			X				101,842.	0.	10,380.
KURT HENNE REGIONAL DIRECTOR AFRICA	40.00				X			244,331.	0.	9,194.
KWAKU YEBOAH VP, HIV/AIDS PROGRAMS	40.00					X		150,461.	0.	14,558.
JANINE SCHOOLEY SENIOR VICE PRESIDENT, PRO	40.00					X		134,041.	0.	11,111.
CLARA EDER VP STRATEGIC INFORMATION S	40.00					X		151,668.	0.	5,012.
CHRISTINE MASON VP, HUMAN RESOURCES	40.00					X		136,211.	0.	0.
CLAYTON DAVIS COUNTRY REPRESENTATIVE, PC	40.00					X		152,984.	0.	4,164.
Total to Part VII, Section A, line 1c								1,548,553.		71,060.

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	3,511.			
	b	Membership dues	1b				
	c	Fundraising events	1c	546,055.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	27429925.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	18494667.			
	g	Noncash contributions included in lines 1a-1f \$		12785060.			
	h	Total. Add lines 1a-1f		46474158.			
Program Service Revenue	2 a	MISCELLANEOUS INCOME	Business Code	900099	46,644.	46,644.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		46,644.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		22,002.			22,002.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)			2,236.		2,236.
	8 a	Gross income from fundraising events (not including \$ 546,055. of contributions reported on line 1c). See Part IV, line 18	a	66,300.			
	b	Less: direct expenses	b	399,203.			
	c	Net income or (loss) from fundraising events			-332,903.		-332,903.
	9 a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.			46212137.	46,644.	0.	-308,665.

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	32,467.	32,467.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,790.	2,790.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	4,105,018.	4,105,018.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,185,429.	302,452.	840,558.	42,419.
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	10,015,346.	7,943,721.	1,573,771.	497,854.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	437,381.	379,676.	47,045.	10,660.
9 Other employee benefits	2,180,010.	1,813,921.	312,658.	53,431.
10 Payroll taxes	610,277.	385,258.	184,531.	40,488.
11 Fees for services (non-employees):				
a Management				
b Legal	45,092.	19,806.	25,286.	
c Accounting	337,075.	120,172.	216,903.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	1,891,430.	1,514,541.	311,084.	65,805.
12 Advertising and promotion	506,826.	450,144.	36,495.	20,187.
13 Office expenses	1,003,259.	913,994.	80,891.	8,374.
14 Information technology	320,254.	229,786.	81,386.	9,082.
15 Royalties				
16 Occupancy	776,792.	525,774.	246,869.	4,149.
17 Travel	2,204,095.	1,764,831.	338,415.	100,849.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	60,387.	38,121.	18,998.	3,268.
20 Interest	8,334.	41.	8,293.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	70,321.		70,321.	
23 Insurance	156,681.	108,052.	48,629.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a MEDICAL/AGRICULTURAL SUPPLIES	12,752,566.	12,752,566.		
b PROGRAM SUPPLIES	2,617,118.	2,615,998.	1,011.	109.
c TRAINING	1,271,794.	1,266,823.	4,856.	115.
d OTHER	817,737.	609,086.	185,332.	23,319.
e SUPPLIES	764,441.	676,715.	86,515.	1,211.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	44,172,920.	38,571,753.	4,719,847.	881,320.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,815,251.	1	1,512,029.
	2 Savings and temporary cash investments	4,429,470.	2	2,879,087.
	3 Pledges and grants receivable, net	717,280.	3	2,601,080.
	4 Accounts receivable, net	2,630,233.	4	2,166,458.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,383,465.	8	3,726,629.
	9 Prepaid expenses and deferred charges	615,574.	9	636,726.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,007,137.		
	b Less: accumulated depreciation	10b 654,016.		
		270,151.	10c	353,121.
	11 Investments - publicly traded securities	5,151.	11	4,753.
	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	328,269.	15	370,456.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,194,844.	16	14,250,339.	
Liabilities	17 Accounts payable and accrued expenses	1,996,757.	17	2,171,314.
	18 Grants payable		18	
	19 Deferred revenue	6,596,504.	19	6,111,899.
	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	330,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	8,593,261.	26	8,613,213.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,692,643.	27	1,760,211.
	28 Temporarily restricted net assets	1,580,671.	28	3,506,459.
	29 Permanently restricted net assets	328,269.	29	370,456.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	3,601,583.	33	5,637,126.
	34 Total liabilities and net assets/fund balances	12,194,844.	34	14,250,339.

Form 990 (2010)

Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	46,212,137.
2	Total expenses (must equal Part IX, column (A), line 25)	2	44,172,920.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,039,217.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,601,583.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-3,674.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,637,126.

Part XII Financial Statements and Reporting

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

☐

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ 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 separate basis, consolidated 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
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2010)

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

2010

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	
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	25043643.	30956305.	27504732.	29348785.	46474158.	159327623
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	25043643.	30956305.	27504732.	29348785.	46474158.	159327623
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						159327623

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	25043643.	30956305.	27504732.	29348785.	46474158.	159327623
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	68,527.	221,067.	272,358.	106,937.	22,002.	690,891.
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.	66,300.	325,420.
11 Total support. Add lines 7 through 10						160343934
12 Gross receipts from related activities, etc. (see instructions)					12	293,370.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.37	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.28	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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. Also complete this part for any 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

2010Open to Public
Inspection

Name of the organization

PROJECT CONCERN INTERNATIONAL

Employer identification number

95-2248462

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<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, and not on a historic structure listed in the National Register	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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

1a Beginning of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
b Contributions	328,269.	276,016.	226,620.		
c Net investment earnings, gains, and losses	45,861.	45,728.	54,451.		
d Grants or scholarships	-3,674.	6,525.	-5,055.		
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	370,456.	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

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

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

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

Part VI 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
1a Land		9,048.		9,048.
b Buildings				
c Leasehold improvements		200,263.	156,776.	43,487.
d Equipment		231,749.	114,189.	117,560.
e Other		566,077.	383,051.	183,026.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				353,121.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. 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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

2. FIN 48 (ASC 740) 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 (ASC 740).

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	46,212,137.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	44,172,920.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	2,039,217.
4	Net unrealized gains (losses) on investments	4	-3,674.
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	-3,674.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,035,543.

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	47,493,966.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-3,674.
b	Donated services and use of facilities	2b	886,300.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	399,203.
e	Add lines 2a through 2d	2e	1,281,829.
3	Subtract line 2e from line 1	3	46,212,137.
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	46,212,137.

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

1	Total expenses and losses per audited financial statements	1	45,458,423.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	886,300.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	399,203.
e	Add lines 2a through 2d	2e	1,285,503.
3	Subtract line 2e from line 1	3	44,172,920.
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	44,172,920.

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.

PCI IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC") AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE, EXCEPT TO THE EXTENT OF UNRELATED BUSINESS TAXABLE INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515. PCI HAD NO PROVISION FOR UNRELATED BUSINESS INCOME TAXES FOR THE YEARS ENDED SEPTEMBER 30, 2011 AND

Part XIV Supplemental Information (continued)

2010. PCI HAD NO UNRECOGNIZED TAX BENEFITS OR LIABILITIES AS OF SEPTEMBER 30, 2011 AND 2010. PCI FILES AN EXEMPT ORGANIZATION RETURN IN THE UNITED STATES FEDERAL JURISDICTION AND WITH THE FRANCHISE TAX BOARD IN THE STATE OF CALIFORNIA. PCI IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE 2007 FOR ITS FEDERAL FILINGS AND FOR YEARS BEFORE 2006 FOR ITS STATE FILINGS.

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

SPECIAL EVENT EXPENSE	\$399,203
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SCHEDULE D, PART XIII, LINE 2A, RECONCILIATION OF EXPENSES:

SPECIAL EVENT EXPENSE	\$399,203
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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

2010Open 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 V the organization's procedures for monitoring the use of grant funds outside the United States
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 and investments in region
CENTRAL AMERICA & CARRIBEAN	3	147	PROGRAM SERVICES	DISASTER RESPONSE, SHELTER, FOOD SECURITY, MATERNAL/CHILD HEALTH	5,515,139.
EAST ASIA & THE PACIFIC	1	34	PROGRAM SERVICES	CLIMATE CHANGE, WATER/SANITATION	5,567.
NORTH AMERICA	1	15	PROGRAM SERVICES	TUBERCULOSIS	702,559.
SOUTH AMERICA	1	97	PROGRAM SERVICES	LLAMA HERD MANAGEMENT, FOOD SECURITY, CHAGAS-FREE HOUSING, YOUTH SEXUALITY	5,348,494.
SOUTH ASIA	2	105	PROGRAM SERVICES	HIV/AIDS, POLIO, FAMILY HEALTH, FOOD SECURITY	3,179,185.
SUB-SAHARAN AFRICA	7	199	PROGRAM SERVICES	GENDER VIOLENCE, FOOD SECURITY, HIV/AIDS PREVENTION AND CARE, OVC PROTECTION	22,628,268.
3 a Sub-total	15	597			37,379,212.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	15	597			37,379,212.

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

Schedule F (Form 990) 2010

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

Part II can be duplicated 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)
			CENTRAL AMERICA & CARIBBEAN	EXPAND SERVICES AND PRODUCTS TO FARMERS AND PRODUCERS IN NICARAGUA	59,620.00	CHECK	0.00		
			CENTRAL AMERICA & CARIBBEAN	TRAIN FARMERS' CHILDREN ON DIVERSE CROP MANAGEMENT AND AGRIBUSINESS	12,731.00	CHECK	0.00		
			SOUTH ASIA	STRENGTHEN LOCAL RESPONSE NETWORK FOR DISASTER RISK PREPAREDNESS	13,688.00	CHECK	0.00		
			SOUTH ASIA	ENHANCE MATERNAL AND NEWBORN HEALTH STATUS	15,352.00	CHECK	0.00		
			SOUTH ASIA	IMPROVE ACCESS TO HEALTH SERVICES IN TAMIL NADU AND UTTAR PRADESH	179,442.00	CHECK	0.00		
			SOUTH ASIA	IMPROVE ACCESS TO HEALTH SERVICES IN TAMIL NADU AND UTTAR PRADESH	61,777.00	CHECK	0.00		
			SOUTH ASIA	IMPROVE QUALITY OF LIFE OF PEOPLE LIVING WITH HIV/AIDS AND THEIR FAMILIES	21,395.00	CHECK	0.00		
			SOUTH ASIA	MANAGE MICROCREDIT BANK IN JAIPUR	25,000.00	CHECK	0.00		

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 **X**

3 Enter total number of other organizations or entities **X**

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)
			SOUTH ASIA	IMPROVE QUALITY, ACCESS, AND UTILIZATION OF HEALTH SERVICES IN INDIA	507.	CHECK	0.		
			SOUTH ASIA	MOBILIZE POLIO PROGRAMS, IMMUNIZATION, AND HEALTH CAMPS IN INDIA	198,237.	CHECK	0.		
			SOUTH ASIA	ENHANCE MATERNAL AND NEWBORN HEALTH STATUS	19,783.	CHECK	0.		
			SOUTH ASIA	ENHANCE MATERNAL AND NEWBORN HEALTH STATUS	17,087.	CHECK	0.		
			SOUTH ASIA	STRENGTHEN CORE GROUP POLIO PROJECT IN INDIA	25,000.	CHECK	0.		
			SOUTH ASIA	STRENGTHEN CORE GROUP POLIO PROJECT IN INDIA	92,834.	CHECK	0.		
			SOUTH ASIA	MOBILIZE POLIO PROGRAMS, IMMUNIZATION, AND HEALTH CAMPS IN INDIA	130,298.	CHECK	0.		
			SOUTH ASIA	IMPROVE ACCESS TO HEALTH SERVICES IN MAHARASHTRA	412.	CHECK	0.		
			SOUTH ASIA	MOBILIZE POLIO PROGRAMS, IMMUNIZATION, AND HEALTH CAMPS IN INDIA	91,349.	CHECK	0.		

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)
			SOUTH ASIA	IMPROVE ACCESS TO HEALTH SERVICES IN KARNATAKA	661.	CHECK	0.		
			SOUTH ASIA	IMPROVE QUALITY, ACCESS, AND UTILIZATION OF HEALTH SERVICES IN INDIA	1,649.	CHECK	0.		
			SOUTH ASIA	HIV/AIDS CARE AND SUPPORT, LABORATORIES, MONITORING/EVALUATION	11,998.	CHECK	0.		
			SUB-SAHARAN AFRICA	STRENGTHEN CAPACITY OF CHURCHES TO DECREASE HIV TRANSMISSION	25,000.	CHECK	0.		
			SUB-SAHARAN AFRICA	STRENGTHEN CAPACITY OF CHURCHES TO DECREASE HIV TRANSMISSION	66,006.	CHECK	0.		
			SUB-SAHARAN AFRICA	STRENGTHEN CAPACITY OF CHURCHES TO DECREASE HIV TRANSMISSION	25,000.	CHECK	0.		
			SUB-SAHARAN AFRICA	STRENGTHEN CAPACITY OF CHURCHES TO DECREASE HIV TRANSMISSION	58,540.	CHECK	0.		
			SUB-SAHARAN AFRICA	SERVICES FOR ORPHANS, PALLIATIVE CARE, AND A.R.T. FOR ADULTS AND CHILDREN	103,355.	CHECK	0.		
			SUB-SAHARAN AFRICA	IMPLEMENT OVC AND GENDER INTERVENTIONS IN VILLAGES IN BOTSWANA	25,000.	CHECK	0.		

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 A.R.T. FOR ADULTS AND CHILDREN	115,839	CHECK	0.		
			SUB-SAHARAN AFRICA	IMPLEMENT OVC AND GENDER INTERVENTIONS IN VILLAGES IN BOTSWANA	25,000	CHECK	0.		
			SUB-SAHARAN AFRICA	SERVICES FOR ORPHANS, PALLIATIVE CARE, AND A.R.T. FOR ADULTS AND CHILDREN	95,487	CHECK	0.		
			SUB-SAHARAN AFRICA	IMPLEMENT OVC AND GENDER INTERVENTIONS IN VILLAGES IN BOTSWANA	25,000	CHECK	0.		
			SUB-SAHARAN AFRICA	SERVICES FOR ORPHANS, PALLIATIVE CARE, AND A.R.T. FOR ADULTS AND CHILDREN	93,663	CHECK	0.		
			SUB-SAHARAN AFRICA	IMPLEMENT OVC AND GENDER INTERVENTIONS IN VILLAGES IN BOTSWANA	25,000	CHECK	0.		
			SUB-SAHARAN AFRICA	SERVICES FOR ORPHANS, PALLIATIVE CARE, AND A.R.T. FOR ADULTS AND CHILDREN	106,845	CHECK	0.		
			SUB-SAHARAN AFRICA	SERVICES FOR ORPHANS, PALLIATIVE CARE, AND A.R.T. FOR ADULTS AND CHILDREN	101,624	CHECK	0.		
			SUB-SAHARAN AFRICA	SERVICES FOR ORPHANS, PALLIATIVE CARE, AND A.R.T. FOR ADULTS AND CHILDREN	138,562	CHECK	0.		

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 A.R.T. FOR ADULTS AND CHILDREN	82,314.	CHECK	0.			
		SUB-SAHARAN AFRICA	SERVICES FOR ORPHANS, PALLIATIVE CARE, AND A.R.T. FOR ADULTS AND CHILDREN	123,608.	CHECK	0.			
		SUB-SAHARAN AFRICA	SERVICES FOR ORPHANS, PALLIATIVE CARE, AND A.R.T. FOR ADULTS AND CHILDREN	90,080.	CHECK	0.			
		SUB-SAHARAN AFRICA	SERVICES FOR ORPHANS, PALLIATIVE CARE, AND A.R.T. FOR ADULTS AND CHILDREN	118,122.	CHECK	0.			
		SUB-SAHARAN AFRICA	SERVICES FOR ORPHANS, PALLIATIVE CARE, AND A.R.T. FOR ADULTS AND CHILDREN	14,870.	CHECK	0.			
		SUB-SAHARAN AFRICA	SERVICES FOR ORPHANS, PALLIATIVE CARE, AND A.R.T. FOR ADULTS AND CHILDREN	65,819.	CHECK	0.			
		SUB-SAHARAN AFRICA	ASSIST FARMERS WITH AQUACULTURE IN MALAWI	-4,262.	CHECK	0.			
		SUB-SAHARAN AFRICA	WORK WITH MALAWIAN GOVERNMENT TO SUPPORT THE AQUACULTURE SECTOR	4,262.	CHECK	0.			
		SUB-SAHARAN AFRICA	WATER WELLS IN TANZANIA	97,086.	CHECK	0.			

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	END GENDER-BASED VIOLENCE FOR HIV PREVENTION IN KWAZULU-NATAL	625,325.	CHECK	0.		
			SUB-SAHARAN AFRICA	END GENDER-BASED VIOLENCE FOR HIV PREVENTION IN WESTERN CAPE	544,274.	CHECK	0.		
			SUB-SAHARAN AFRICA	PURCHASE DESKS AND CHAIRS FOR STUDENTS AND TEACHING STAFF	403.	CHECK	0.		
			SUB-SAHARAN AFRICA	PURCHASE DESKS AND CHAIRS FOR STUDENTS AND TEACHING STAFF	1,000.	CHECK	0.		
			SUB-SAHARAN AFRICA	EVALUATE PROGRAM TO ASSIST VULNERABLE CHILDREN IN ETHIOPIA AND ZAMBIA	5,280.	CHECK	0.		
			SOUTH ASIA	MANAGE MICROCREDIT BANK IN JAIPUR	60,000.	CHECK	0.		

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

Part III can be duplicated 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)
SEED CAPITAL FOR MICRO LOAN FUNDS	SUB-SAHARAN AFRICA	301	6,864.CASH		0.		CASH
SCHOOL TUITION	SUB-SAHARAN AFRICA	105	5,574.CASH		0.		CASH
CASH FOR WORK	CENTRAL AMERICA & CARIBBEAN	4,482	260,938.CASH		0.		CASH

Schedule F (Form 990) 2010

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) ☐ Yes ☒ No

Schedule F (Form 990) 2010

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide 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.

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

2010

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 contributions or has been notified it is exempt from registration or licensing.

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col (c))	
		HANDS ACROSS BORDERS	WORLD WATER DAY	2		
		(event type)	(event type)	(total number)		
1	Gross receipts	495,238.	41,200.	75,917.	612,355.	
2	Less: Charitable contributions	449,338.	41,200.	55,517.	546,055.	
3	Gross income (line 1 minus line 2)	45,900.		20,400.	66,300.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	54,253.	492.	20,802.	75,547.
	7	Food and beverages			1,125.	1,125.
	8	Entertainment	7,950.		2,700.	10,650.
	9	Other direct expenses	187,407.	64,164.	60,310.	311,881.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(399,203)
11	Net income summary. Combine line 3, column (d), and line 10				-332,903.	

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))
1	Gross revenue				
Direct Expenses					
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine line 1, column d, and line 7				

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

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 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?
- ☐
- Yes
- ☐
- No

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? ☐ Yes ☐ No

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Name of the organization

Employer Identification number
95-2248462

PROJECT CONCERN INTERNATIONAL

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

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

☒ Yes ☐ No

1 (a) Name and address of organization or government

(b) EIN

c) IRC section
if applicable

d) Amount of cash grant

Amount of non-cash assistance

(i) method of valuation (book, FMV, appraisal, other)

(h) Purpose of grant or assistance

OPERATION SAMAHAN
2835 HIGHLAND AVENUE, SUITE A
NATIONAL CITY, CA 91950

501(C)(3)

6,188.

0

CHRONIC DISEASE TRAINING
AND MATERNAL AND BABY
HEALTH

LA MAESTRA COMMUNITY HEALTH
217 HIGHLAND AVENUE
NATIONAL CITY CA 91950

501(C)(3)

6,188.

0.

CHRONIC DISEASE TRAINING
AND MATERNAL AND BABY
HEALTH

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

3 Enter total number of other organizations

2.
0.

3 Enter total number of other organizations: _____

Schedule I (Form 990) (2010)

Part III

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

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

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, 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

2010

Open to Public
Inspection

Name of the organization

PROJECT CONCERN INTERNATIONAL

Employer identification number

95-2248462

Part I Questions Regarding Compensation

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

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

b If 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.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

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

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

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

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 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?
b Any related organization?

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

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

- a** The organization?
b Any related organization?

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

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

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

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

Yes No

1b X

2 X

4a X

4b X

4c X

5a X

5b X

6a X

6b X

7 X

8 X

9

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

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

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

Note. The sum of columns (B)(i)-(iii) 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				
1 GEORGE GUIMARAES	(i) 185,195.	0.	0.	0.	14,437.	199,632.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2 KURT HENNE	(i) 108,430.	0.	135,901.	859.	8,335.	253,525.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3 KWAKU YEBOAH	(i) 144,832.	0.	5,629.	1,194.	13,364.	165,019.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
4 CLARA EDER	(i) 112,475.	0.	39,193.	848.	4,164.	156,680.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
5 CLAYTON DAVIS	(i) 111,938.	0.	41,046.	0.	4,164.	157,148.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(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: KURT HENNE, CLARA EDER, AND CLAYTON DAVIS WERE POSTED
TO FOREIGN COUNTRIES DURING THE YEAR COVERED BY THE RETURN. THEY RECEIVED
TAXABLE BENEFITS INCLUDING HOUSING AND (FOR HENNE) DEPENDENT EDUCATIONAL
ASSISTANCE.

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

2010

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		174,000.	DONOR ESTIMATE
5 Clothing and household goods	X		76,184.	DONOR ESTIMATE
6 Cars and other vehicles	X	1	6,672.	DONOR ESTIMATE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4	32,495.	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	7	2,998,214.	FMV
20 Drugs and medical supplies	X	3	8,639,184.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (CONSTRUCTION)	X	1,368	852,805.	FMV
26 Other ► (COMPUTERS)	X	2	4,009.	DONOR ESTIMATE
27 Other ► (OFFICE SUPPLI)	X	2	1,497.	FMV
28 Other ► ()				

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

29

0

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 an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

PROJECT CONCERN INTERNATIONAL

Employer identification number

95-2248462

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

MATERNAL AND CHILD HEALTH & 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.

MATERNAL AND CHILD HEALTH PROGRAMMING HAS INTEGRATED WATER AND

SANITATION AND DISEASE PREVENTION AND OTHER INTERVENTION AREAS SINCE

THE ORGANIZATION'S INCEPTION IN 1961. IN GUATEMALA, PCI IS BUILDING ON

ITS NEARLY 40 YEARS OF EXPERIENCE IN COUNTRY AND IS INTRODUCING LOW

TECH/HIGH IMPACT INTERVENTIONS TO BUILD THE CAPACITY OF VULNERABLE

MOTHERS IN RURAL AREAS TO CARE FOR THEIR BABIES AND IN 2011, NEARLY 800

MOTHERS, FATHERS AND OTHER CAREGIVERS WERE TRAINED ON KANGAROO MOTHER

CARE. IN TANZANIA, THE BAHWASA WATER PROJECT FUNDED BY THE STARBUCKS

FOUNDATION HELPED PARTICIPATING COMMUNITIES IN MANYARA ESTABLISH WATER

USER GROUPS AND BY 2011, 347 WOMEN HELD LEADERSHIP POSITIONS IN THE

GROUPS.

EXPENSES \$ 1,348,834. INCLUDING GRANTS OF \$ 285,486. 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 B, LINE 11: A SUB-COMMITTEE OF FINANCE AND

AUDIT COMMITTEE MEMBERS AND PROJECT CONCERN INTERNATIONAL MANAGEMENT MEET

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

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

Name of the organization

PROJECT CONCERN INTERNATIONAL

Employer identification number

95-2248462

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 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

Name of the organization

PROJECT CONCERN INTERNATIONAL

Employer identification number

95-2248462

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,HI,MA,MD,ME,MI,MN,MS,NC,NH,NJ,NM,OH,OK,OR
PA,RI,SC,TN,UT,WV,WI

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.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -3,674.

- 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).

Part II. Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	PROJECT CONCERN INTERNATIONAL	95-2248462
	Number, street, and room or suite no. If a P.O. box, see instructions 5151 MURPHY CANYON ROAD, NO. 320	
	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-BL	02	Form 1041-A	08
Form 990-EZ	01	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.

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.

- 4 I request an additional 3-month extension of time until **AUGUST 15, 2012**
5 For calendar year **2010**, or other tax year beginning **OCT 1, 2010**, and ending **SEP 30, 2011**
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.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	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 and any amount paid previously with Form 8868	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.

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)