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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

2011Open to Public
Inspection**A** For the 2011 calendar year, or tax year beginning **OCT 1, 2011** and ending **SEP 30, 2012****B** Check if applicable

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

C Name of organization

PROJECT CONCERN INTERNATIONAL

Doing Business As **PCI**Number and street (or P.O. box if mail is not delivered to street address)
5151 MURPHY CANYON ROADRoom/suite
320City or town, state or country, and ZIP + 4
SAN DIEGO, CA 92123**F** Name and address of principal officer: **GEORGE GUIMARAES**
SAME AS C ABOVE**D** Employer identification number**95-2248462****E** Telephone number**858-279-9690****G** Gross receipts \$**42,009,016.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

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

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.PCIGLOBAL.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1961****M** State of legal domicile: **CA****Part I Summary**

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 2011 (Part V, line 2a) 5 93
	6	Total number of volunteers (estimate if necessary) 6 5581
	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) 46,474,158. 41,867,135.
	9	Program service revenue (Part VIII, line 2g) 46,644. 0.
	10	Investment income (Part VIII, column (A), lines 3-4 and 7d) 24,238. 19,402.
	11	Other revenue (Part VIII, column (A), lines 5, 6, 8, 9c, 10c, and 11e) -332,903. -316,248.
	12	Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12) 46,212,137. 41,570,289.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 4,140,275. 5,267,577.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 14,428,443. 15,252,906.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 1,025,624.
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 25,604,202. 22,883,405.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 44,172,920. 43,403,888.
	19	Revenue less expenses. Subtract line 18 from line 12 2,039,217. -1,833,599.
	20	Total assets (Part X, line 16) 14,250,339. 12,089,716.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26) 8,613,213. 8,274,280.
	22	Net assets or fund balances. Subtract line 21 from line 20 5,637,126. 3,815,436.

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 <i>Konstantin Lomidze</i>	Date 5/9/2013
	KONSTANTIN LOMIDZE Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name PATRICIA J. MAYER	Preparer's signature <i>Patricia J. Mayer</i>
	Firm's name MOSS ADAMS LLP Firm's address 9665 GRANITE RIDGE DRIVE, SUITE 600 SAN DIEGO, CA 92123	Date 5/9/13 Check if self-employed <input type="checkbox"/> PTIN P00188643 Firm's EIN 91-0189318 Phone no. 858-627-1400

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

☒ Yes ☐ No

SCANNED JUN 13 2013

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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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 18,070,376. including grants of \$ 336,449.) (Revenue \$)

FOOD SECURITY: PCI COMBINES FOOD AND NUTRITION SECURITY WITH ACCESS TO
HEALTHCARE AND LIVELIHOOD ACTIVITIES TO IMPROVE HEALTH OUTCOMES. IN
2012, OVER 4,000 MALNOURISHED HIV+ CHILDREN AND ADULTS IN SEVERAL PCI
COUNTRIES WERE PROVIDED WITH THERAPEUTIC FOOD THROUGH NUTRITION,
ASSESSMENT, COUNSELING AND SUPPORT INTERVENTIONS. IN NICARAGUA, TWO
FLAGSHIP RURAL DEVELOPMENT CENTERS THAT TEACH FARMERS MORE PRODUCTIVE
AND SUSTAINABLE FARMING PRACTICES ARE NOW 100% LOCALLY MANAGED. PCI
HAS ALSO, VIA USDA FOOD FOR EDUCATION (FFE) GRANTS BETWEEN 2001 AND
2012, PROVIDED OVER 154 MILLION HOT MEALS TO SCHOOL CHILDREN IN
BOLIVIA, NICARAGUA, GUATEMALA AND TANZANIA. IN TANZANIA, AS A RESULT
OF THE FFE PROJECT, IN 2012, SCHOOL ATTENDANCE FOR GIRLS IN THE
PARTICIPATING SCHOOLS INCREASED 73% TO 84% OVER AN 8 MONTH PERIOD.

4b (Code) (Expenses \$ 15,019,627. including grants of \$ 3,913,733.) (Revenue \$)

DISEASE PREVENTION: PCI PREVENTS THE SPREAD OF AND PROVIDES TREATMENT
FOR INFECTIOUS DISEASES INCLUDING HIV, TUBERCULOSIS AND POLIO, AND
PREVENTABLE/TREATABLE CONDITIONS SUCH AS PNEUMONIA AND DIARRHEA. IN
INDIA, OVER 16.1 MILLION PEOPLE ARE RECEIVING IMPROVED HIV TESTING
SERVICES AS A RESULT OF PCI'S LAB STRENGTHENING PROGRAM. ALSO IN INDIA,
IN 2012, PCI'S POLIO PREVENTION & IMMUNIZATION EFFORTS CONTRIBUTED TO
THE OUTCOME OF NO NEW POLIO CASES FOR THE SECOND YEAR IN A ROW, IN THE
DISTRICT OF MORADABAD, ONCE LABELED THE EPICENTER OF POLIO IN THE
WORLD. IN MEXICO, DETECTION OF TB/HIV CO-INFECTIONS INCREASED 154%
SINCE PCI INITIATED ITS CO-MORBIDITIES EFFORTS. FURTHERMORE, IN 2012,
35,004 SOLDIERS AND COMMUNITY MEMBERS IN BOTSWANA, ZAMBIA AND MALAWI
WERE REACHED WITH HIV/AIDS PREVENTION INTERVENTIONS.

4c (Code) (Expenses \$ 1,948,755. including grants of \$ 107,773.) (Revenue \$)

HUMANITARIAN ASSISTANCE: IN HAITI, PCI CONTINUED TO PROVIDE HEALTH CARE
TO THOUSANDS OF PEOPLE IMPACTED BY THE JANUARY 2010 EARTHQUAKE. IN
2012, PCI CONCLUDED THE COMMUNITY-LED, URBAN PLANNING AND REBUILDING
KATYE PROJECT AND AMONG ITS ACHIEVEMENTS INCLUDE REACHING 6,345
VULNERABLE CHILDREN WITH CHILD PROTECTION AND EDUCATIONAL SERVICES. IN
INDONESIA, 178 MEMBERS OF DISASTER-PRONE COMMUNITIES - 66% OF WHOM ARE
WOMEN - RECEIVED TRAINING AND SKILLS BUILDING INTERVENTIONS ON CLIMATE
CHANGE ADAPTATION.

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

(Expenses \$ 2,217,040. including grants of \$ 909,622.) (Revenue \$)

4e Total program service expenses 37,255,798.

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 <i>Schedule B, Schedule of Contributors</i> ?	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 for which 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 temporarily restricted endowments, permanent endowments, 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <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 hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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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 any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 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>		X
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>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
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>		X
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>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	26	
1b 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 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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 Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete 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.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ☒ KONSTANTIN LOMIDZE, C.F.O. - 858-279-9690
 15151 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) ANNE OTTERSON BOARD CHAIRWOMAN	1.00	X						0.	0.	0.
(2) JUDITH A. ETTINGER MANAGING DIRECTOR	1.00	X						0.	0.	0.
(3) KEVIN E. MOLEY CHAIRMAN EMERITUS	1.00	X						0.	0.	0.
(4) KAREN ZABLE COX DIRECTOR	1.00	X						0.	0.	0.
(5) AMBASSADOR GADDI VASQUEZ DIRECTOR	1.00	X						0.	0.	0.
(6) JOHN D. COLLINS, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(7) SANDRA HADLEY, CRS DIRECTOR	1.00	X						0.	0.	0.
(8) NORMAN F. HAPKE JR. DIRECTOR	1.00	X						0.	0.	0.
(9) KURT HONOLD DIRECTOR	1.00	X						0.	0.	0.
(10) CATHERINE J. MACKEY, PH.D. DIRECTOR	1.00	X						0.	0.	0.
(11) PHILIP R. MATTHEWS, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(12) WILLIAM C. MCQUINN, M.D. DIRECTOR	1.00	X						0.	0.	0.
(13) ALEJANDRO BUSTAMANTE DIRECTOR	1.00	X						0.	0.	0.
(14) ROYCE PEPIN, AM, MBE, KCSJ, PHC DIRECTOR	1.00	X						0.	0.	0.
(15) CHERYL PIA DIRECTOR	1.00	X						0.	0.	0.
(16) NANCY PLAXICO DIRECTOR	1.00	X						0.	0.	0.
(17) AMBASSADOR PIERRE-RICHARD PROSP 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) JOHN RADAK DIRECTOR	1.00	X						0.	0.	0.
(19) JULIE H. SULLIVAN, PH.D. DIRECTOR	1.00	X						0.	0.	0.
(20) GREGG CARPENTER DIRECTOR	1.00	X						0.	0.	0.
(21) VIKRANT BATRA, BE, MBA DIRECTOR	1.00	X						0.	0.	0.
(22) RICHARD TAYLOR DIRECTOR	1.00	X						0.	0.	0.
(23) CHRISTOPHER J. TWOMEY DIRECTOR	1.00	X						0.	0.	0.
(24) HAEYOUNG KONG TANG, PHD DIRECTOR	1.00	X						0.	0.	0.
(25) LAWRENCE A. WEITZEN DIRECTOR	1.00	X						0.	0.	0.
(26) 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								1,665,531.	0.	134,233.
d Total (add lines 1b and 1c)								1,665,531.	0.	134,233.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **15**

- 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. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SHERALLY TRANSPORT LTD. P.O. BOX 1794, MWANZA, TANZANIA	COMMODITY TRANSPORT SERVICES	142,626.
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 of compensation from the organization **2**

SEE PART VII, SECTION A CONTINUATION SHEETS

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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			
(27) DAVID WICKER DIRECTOR	1.00	X						0.	0.	0.
(28) BHASKER SHETTY, PH.D. DIRECTOR	1.00	X						0.	0.	0.
(29) JEFFREY CHURCH DIRECTOR	1.00	X						0.	0.	0.
(30) JOHN H N POTTER DIRECTOR	1.00	X						0.	0.	0.
(31) KAREN HOEHN DIRECTOR	1.00	X						0.	0.	0.
(32) STEFANIE ZABLE DIRECTOR	1.00	X						0.	0.	0.
(33) TED TARBET DIRECTOR	1.00	X						0.	0.	0.
(34) WILLIAM BOLD DIRECTOR	1.00	X						0.	0.	0.
(35) GEORGE GUIMARAES CHIEF EXECUTIVE OFFICER	40.00			X				234,835.	0.	22,393.
(36) GEORGE GATES CHIEF FINANCIAL OFFICER	40.00			X				164,310.	0.	7,324.
(37) MARK O'DONNELL CHIEF OPERATING OFFICER	40.00			X				164,002.	0.	7,042.
(38) CAROL DAVIS SECRETARY	40.00			X				105,686.	0.	15,314.
(39) KURT HENNE REGIONAL DIRECTOR AFRICA	40.00				X			235,810.	0.	14,801.
(40) KWAKU YEBOAH VP, HIV/AIDS PROGRAMS	40.00					X		152,295.	0.	21,546.
(41) JANINE SCHOOLEY SENIOR VICE PRESIDENT, PRO	40.00					X		146,953.	0.	17,662.
(42) CLARA EDER VP STRATEGIC INFORMATION S	40.00					X		164,284.	0.	9,831.
(43) RICK HENNING COUNTRY DIRECTOR, LIBERIA	40.00					X		141,061.	0.	12,005.
(44) CLAYTON DAVIS COUNTRY REPRESENTATIVE, PC	40.00					X		156,295.	0.	6,315.
Total to Part VII, Section A, line 1c								1,665,531.		134,233.

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	3,045.				
	b Membership dues	1b					
	c Fundraising events	1c	446,038.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	29,103,186.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,314,866.				
	g Noncash contributions included in lines 1a-1f \$		8,335,331.				
	h Total. Add lines 1a-1f			41,867,135.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			20,314.			20,314.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6 a Gross rents						
	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				
		30,938.	4,309.				
	b Less: cost or other basis and sales expenses						
		31,610.	4,549.				
	c Gain or (loss)						
		-672.	-240.				
	d Net gain or (loss)			-912.			-912.
	8 a Gross income from fundraising events (not including \$ 446,038. of contributions reported on line 1c). See Part IV, line 18	a	77,500.				
	b Less: direct expenses	b	402,568.				
	c Net income or (loss) from fundraising events			-325,068.			-325,068.
	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 MISCELLANEOUS INCOME		900099	8,820.			8,820.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			8,820.				
12 Total revenue. See instructions.			41,570,289.	0.	0.	-296,846.	

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).

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

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 United States. See Part IV, line 21	44,495.	44,495.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	21.	21.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	5,223,061.	5,223,061.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	924,629.	170,124.	754,505.	
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	11,014,270.	8,385,228.	1,920,958.	708,084.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	441,188.	328,925.	93,871.	18,392.
9 Other employee benefits	2,223,123.	1,822,799.	329,871.	70,453.
10 Payroll taxes	649,696.	386,247.	206,767.	56,682.
11 Fees for services (non-employees):				
a Management				
b Legal	131,082.	62,608.	68,474.	
c Accounting	311,925.	77,665.	234,260.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	2,093,604.	1,783,206.	272,089.	38,309.
12 Advertising and promotion	576,411.	527,376.	30,902.	18,133.
13 Office expenses	892,505.	812,603.	67,991.	11,911.
14 Information technology	336,160.	221,802.	107,819.	6,539.
15 Royalties				
16 Occupancy	887,792.	586,152.	300,862.	778.
17 Travel	2,366,759.	2,013,499.	304,937.	48,323.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	89,063.	50,207.	28,069.	10,787.
20 Interest	4,354.		4,354.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	89,315.		89,315.	
23 Insurance	181,653.	134,372.	47,281.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL/AGRICULTURAL SU	8,303,721.	8,303,721.		
b PROGRAM SUPPLIES	3,082,300.	3,079,744.	2,519.	37.
c TRAINING	1,992,434.	1,960,512.	30,893.	1,029.
d SUPPLIES	635,828.	553,172.	81,357.	1,299.
e All other expenses	908,499.	728,259.	145,372.	34,868.
25 Total functional expenses. Add lines 1 through 24e	43,403,888.	37,255,798.	5,122,466.	1,025,624.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,512,029.	1	1,861,435.
	2 Savings and temporary cash investments	2,879,087.	2	2,510,688.
	3 Pledges and grants receivable, net	2,601,080.	3	797,680.
	4 Accounts receivable, net	2,166,458.	4	2,092,937.
	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	3,726,629.	8	3,546,910.
	9 Prepaid expenses and deferred charges	636,726.	9	546,876.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,093,656.		
	b Less: accumulated depreciation	10b 743,331.	353,121.	10c 350,325.
	11 Investments - publicly traded securities	4,753.	11	0.
	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	370,456.	15	382,865.
16 Total assets. Add lines 1 through 15 (must equal line 34)	14,250,339.	16	12,089,716.	
Liabilities	17 Accounts payable and accrued expenses	2,171,314.	17	2,551,649.
	18 Grants payable		18	
	19 Deferred revenue	6,111,899.	19	5,722,631.
	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	330,000.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	8,613,213.	26	8,274,280.
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	1,760,211.	27	1,744,623.
	28 Temporarily restricted net assets	3,506,459.	28	1,687,948.
	29 Permanently restricted net assets	370,456.	29	382,865.
	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	5,637,126.	33	3,815,436.
34 Total liabilities and net assets/fund balances	14,250,339.	34	12,089,716.	

Form 990 (2011)

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	41,570,289.
2	Total expenses (must equal Part IX, column (A), line 25)	2	43,403,888.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,833,599.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,637,126.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	11,909.
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	3,815,436.

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 (2011)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2011

**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)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	30,956,305.	27,504,732.	29,348,785.	46,474,158.	41,867,135.	176,151,115.
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	30,956,305.	27,504,732.	29,348,785.	46,474,158.	41,867,135.	176,151,115.
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						176,151,115.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	30,956,305.	27,504,732.	29,348,785.	46,474,158.	41,867,135.	176,151,115.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	221,067.	272,358.	106,937.	22,002.	20,314.	642,678.
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.)	73,224.	86,076.	49,420.	66,300.	77,500.	352,520.
11 Total support. Add lines 7 through 10						177,146,313.
12 Gross receipts from related activities, etc. (see instructions)					12	302,190.

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

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	99.44	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	99.37	%
16a 33 1/3% support test - 2011. 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 - 2010. 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 - 2011. 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 - 2010. 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) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011**Open to Public
Inspection****Name of the organization**

PROJECT CONCERN INTERNATIONAL

Employer identification number

95-2248462

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

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

	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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	370,456.	328,269.	276,016.	226,620.	
b Contributions	500.	45,861.	45,728.	54,451.	
c Net investment earnings, gains, and losses	11,909.	-3,674.	6,525.	-5,055.	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	382,865.	370,456.	328,269.	276,016.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ 100.00 %

c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of property	(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		208,481.	166,178.	42,303.
d Equipment		449,052.	298,501.	150,551.
e Other		427,075.	278,652.	148,423.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				350,325.

Schedule D (Form 990) 2011

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) Book value
(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	41,570,289.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	43,403,888.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,833,599.
4	Net unrealized gains (losses) on investments	4	11,909.
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	11,909.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-1,821,690.

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	42,373,690.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	11,909.
b	Donated services and use of facilities	2b	388,924.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	402,568.
e	Add lines 2a through 2d	2e	803,401.
3	Subtract line 2e from line 1	3	41,570,289.
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	41,570,289.

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

1	Total expenses and losses per audited financial statements	1	44,195,380.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	388,924.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	402,568.
e	Add lines 2a through 2d	2e	791,492.
3	Subtract line 2e from line 1	3	43,403,888.
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	43,403,888.

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, 2012 AND

Part XIV Supplemental Information (continued)

2011. PCI HAD NO UNRECOGNIZED TAX BENEFITS OR LIABILITIES AS OF SEPTEMBER

30, 2012 AND 2011. 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 2009 FOR ITS FEDERAL FILINGS AND FOR

YEARS BEFORE 2008 FOR ITS STATE FILINGS.

STATEMENT WITH RESPECT TO AUDITED FINANCIAL STATEMENTS:

PCI'S NET LOSS OF \$1,821,690 PER ITS 2012 AUDITED FINANCIAL STATEMENTS IS

THE RESULT OF PLEDGES RECEIVED IN ITS 2011 FISCAL YEAR WHICH WERE SPENT IN

ITS 2012 FISCAL YEAR, DECREASING ITS TEMPORARILY RESTRICTED NET ASSETS.

NET LOSS ABSENT THE EFFECT OF THE CHANGE IN ITS TEMPORARILY RESTRICTED NET

ASSETS WAS (\$3,179).

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

SPECIAL EVENT EXPENSE	\$402,568
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SCHEDULE D, PART XIII, LINE 2A, RECONCILIATION OF EXPENSES:

SPECIAL EVENT EXPENSE	\$402,568
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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

2011Open to Public
Inspection

Name of the organization

PROJECT CONCERN INTERNATIONAL

Employer identification number

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 its grants and other 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 its grants and other assistance 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	4	86	PROGRAM SERVICES	SCHOOL MEALS, RUBBLE REMOVAL, HOUSE RECONSTRUCTION, CHILDBIRTH CLINIC	5,938,154.
EAST ASIA & THE PACIFIC	2	10	PROGRAM SERVICES	CLIMATE CHANGE RISK REDUCTION	259,230.
NORTH AMERICA	1	18	PROGRAM SERVICES	TUBERCULOSIS TREATMENT	1,025,177.
SOUTH AMERICA	3	70	PROGRAM SERVICES	LLAMA HERD IMPROVEMENT, SCHOOL MEALS	4,656,251.
SOUTH ASIA	3	131	PROGRAM SERVICES	CAPACITY OF AIDS TESTING LABS, POLIO IMMUNIZATION / EDUCATION, FOOD FOR PREGNANT WOMEN	6,081,347.
SUB-SAHARAN AFRICA	13	173	PROGRAM SERVICES	VULNERABLE CHILDREN AND AIDS ORPHANS, ELIMINATION OF VIOLENCE AGAINST WOMEN, SCHOOL	18,674,234.
3 a Sub-total	26	488			36,634,393.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	26	488			36,634,393.

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

Schedule F (Form 990) 2011

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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 AND THE CARIBBEAN	DEVELOPMENT CENTERS FOR SUSTAINABLE AGRICULTURE IN BOLIVIA	70,777.00	CHECK	0.		
			CENTRAL AMERICA AND THE CARIBBEAN	IMPROVE THE CAPACITY OF BENEFICIARIES IN CROP MANAGEMENT.	18,297.00	CHECK	0.		
			EAST ASIA AND THE PACIFIC	EMERGENCY RESPONSE AND DISASTER RELIEF INITIATIVES IN INDONESIA	55,582.00	CHECK	0.		
			NORTH AMERICA	OBESITY PREVENTION PROGRAM THOROUGHOUT MEXICO.	202,473.00	CHECK	0.		
			SOUTH ASIA	COMMUNITY RISK ASSESSMENTS IN THREE UPAZILAS OF BANGLADESH	49,867.00	CHECK	0.		
			SOUTH ASIA	INDIGENOUS KNOWLEDGE ABOUT MULTI-HAZARDS (FLOODS, CYCLONES, RIVER EROSION)	9,520.00	CHECK	0.		
			SOUTH ASIA	GOVERNMENT MEDICAL DOCTORS TRAINING VILLAGE DOCTORS ON PROTOCOLS	13,027.00	CHECK	0.		
			SOUTH ASIA	SUB-GRANT IN SUPPORT OF PCI'S POLIO ERADICATION WORK IN INDIA	232,874.00	CHECK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 61

3 Enter total number of other organizations or entities 0

Schedule F (Form 990) 2011

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-GRANT IN SUPPORT OF PCI'S POLIO ERADICATION WORK IN INDIA	98,577.CHECK		0.			
		SOUTH ASIA							
			SUB-GRANT IN SUPPORT OF PCI'S POLIO ERADICATION WORK IN INDIA	195,174.CHECK		0.			
		SOUTH ASIA							
			SUB-GRANT IN SUPPORT OF PCI'S POLIO ERADICATION WORK IN INDIA	120,245.CHECK		0.			
		SOUTH ASIA							
			SUB-AWARD IN SUPPORT OF PCI'S POLIO ERADICATION WORK IN INDIA	96,633.CHECK		0.			
		SOUTH ASIA							
			SUB-CONTRACT IN SUPPORT OF PCI'S POLIO ERADICATION WORK IN INDIA	18,733.CHECK		0.			
		SOUTH ASIA							
			SUB-CONTRACT IN SUPPORT OF PCI'S POLIO ERADICATION WORK IN INDIA	5,109.CHECK		0.			
		SOUTH ASIA							
			COMMUNITY MOBILIZATION FOR HEALTH INITIATIVES IN INDIA	46,055.CHECK		0.			
		SOUTH ASIA							
			COMMUNITY MOBILIZATION FOR HEALTH INITIATIVES IN INDIA	85,067.CHECK		0.			
		SOUTH ASIA							
			COMMUNITY MOBILIZATION FOR HEALTH INITIATIVES IN INDIA	45,316.CHECK		0.			
		SOUTH ASIA							

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	COMMUNITY MOBILIZATION FOR HEALTH INITIATIVES IN INDIA	37,140.CHECK		0.		
			SOUTH ASIA	COMMUNITY MOBILIZATION FOR HEALTH INITIATIVES IN INDIA	63,297.CHECK		0.		
			SOUTH ASIA	COMMUNITY MOBILIZATION FOR HEALTH INITIATIVES IN INDIA	32,876.CHECK		0.		
			SOUTH ASIA	COMMUNITY MOBILIZATION FOR HEALTH INITIATIVES IN INDIA	215,672.CHECK		0.		
			SOUTH ASIA	COMMUNITY MOBILIZATION FOR HEALTH INITIATIVES IN INDIA	32,437.CHECK		0.		
			SOUTH ASIA	COMMUNITY MOBILIZATION FOR HEALTH INITIATIVES IN INDIA	60,459.CHECK		0.		
			SOUTH ASIA	COMMUNITY MOBILIZATION FOR HEALTH INITIATIVES IN INDIA	60,854.CHECK		0.		
			SOUTH ASIA	COMMUNITY MOBILIZATION FOR HEALTH INITIATIVES IN INDIA	200,000.CHECK		0.		
			SOUTH ASIA	SUB-GRANT IN SUPPORT OF MICRO-FINANCE ACTIVITIES OF WOMEN.	172,000.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)	
		SOUTH ASIA	MOBILE TECHNOLOGY SUB-CONTRACT FOR HEALTH WORK IN INDIA.	23,842.	CHECK	0.			
		SUB-SAHARAN AFRICA	ASSIST BOTSWANA ORPHANS/VULNERABLE CHILDREN AND CAREGIVERS	25,000.	CHECK	0.			
		SUB-SAHARAN AFRICA	ASSIST BOTSWANA ORPHANS/VULNERABLE CHILDREN AND CAREGIVERS	253,135.	CHECK	0.			
		SUB-SAHARAN AFRICA	ASSIST BOTSWANA ORPHANS/VULNERABLE CHILDREN AND CAREGIVERS	57,487.	CHECK	0.			
		SUB-SAHARAN AFRICA	ASSIST BOTSWANA ORPHANS/VULNERABLE CHILDREN AND CAREGIVERS	43,311.	CHECK	0.			
		SUB-SAHARAN AFRICA	ASSIST BOTSWANA ORPHANS/VULNERABLE CHILDREN AND CAREGIVERS	115,243.	CHECK	0.			
		SUB-SAHARAN AFRICA	ASSIST BOTSWANA ORPHANS/VULNERABLE CHILDREN AND CAREGIVERS	25,000.	CHECK	0.			
		SUB-SAHARAN AFRICA	ASSIST BOTSWANA ORPHANS/VULNERABLE CHILDREN AND CAREGIVERS	17,950.	CHECK	0.			
		SUB-SAHARAN AFRICA	ASSIST BOTSWANA ORPHANS/VULNERABLE CHILDREN AND CAREGIVERS	129,490.	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	ASSIST BOTSWANA ORPHANS/VULNERABLE CHILDREN AND CAREGIVERS	37,469.CHECK		0.			
		SUB-SAHARAN AFRICA	ASSIST BOTSWANA ORPHANS/VULNERABLE CHILDREN AND CAREGIVERS	58,937.CHECK		0.			
		SUB-SAHARAN AFRICA	ACTIVITIES TO UNDERTAKE WOMEN ECONOMIC EMPOWERMENT IN SIDAMA ZONE	8,937.CHECK		0.			
		SUB-SAHARAN AFRICA	ACTIVITIES FOR WATER RESOURCE DEVELOPMENT TO SUPPORT SIDAMA COFFEE FARMERS.	3,120.CHECK		0.			
		SUB-SAHARAN AFRICA	END GENDER-BASED VIOLENCE TO PREVENT HIV TRANSMISSION IN SOUTH AFRICA	1,239,845.CHECK		0.			
		SUB-SAHARAN AFRICA	END GENDER-BASED VIOLENCE TO PREVENT HIV TRANSMISSION IN SOUTH AFRICA	674,297.CHECK		0.			
		SUB-SAHARAN AFRICA	PROMOTE HEALTHY BEHAVIORS IN PARTNERSHIP WITH CHURCHES	57,649.CHECK		0.			
		SUB-SAHARAN AFRICA	HIV/AIDS INTERVENTIONS AT ZAMBIA DEFENSE FORCES SITES	4,845.CHECK		0.			
		SUB-SAHARAN AFRICA	HIV/AIDS INTERVENTIONS AT ZAMBIA DEFENSE FORCES SITES	4,845.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	HIV/AIDS INTERVENTIONS AT ZAMBIA DEFENSE FORCES SITES	4,845.	CHECK	0.		
			SUB-SAHARAN AFRICA	HIV/AIDS INTERVENTIONS AT ZAMBIA DEFENSE FORCES SITES	4,845.	CHECK	0.		
			SUB-SAHARAN AFRICA	HIV/AIDS INTERVENTIONS AT ZAMBIA DEFENSE FORCES SITES	4,845.	CHECK	0.		
			SUB-SAHARAN AFRICA	HIV/AIDS INTERVENTIONS AT ZAMBIA DEFENSE FORCES SITES	4,845.	CHECK	0.		
			SUB-SAHARAN AFRICA	HIV/AIDS INTERVENTIONS AT ZAMBIA DEFENSE FORCES SITES	4,845.	CHECK	0.		
			SUB-SAHARAN AFRICA	HIV/AIDS INTERVENTIONS AT ZAMBIA DEFENSE FORCES SITES	4,845.	CHECK	0.		
			SUB-SAHARAN AFRICA	HIV/AIDS INTERVENTIONS AT ZAMBIA DEFENSE FORCES SITES	4,845.	CHECK	0.		
			SUB-SAHARAN AFRICA	PROMOTE HEALTHY BEHAVIORS IN PARTNERSHIP WITH CHURCHES	100,923.	CHECK	0.		
			SUB-SAHARAN AFRICA	HIV/AIDS INTERVENTIONS AT ZAMBIA DEFENSE FORCES SITES	4,845.	CHECK	0.		

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, Information 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) 2011

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; amounts of investments vs. expenditures per region); 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.

PART I, LINE 3, COLUMN (E):

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: VULNERABLE CHILDREN AND AIDS

ORPHANS, ELIMINATION OF VIOLENCE AGAINST WOMEN, SCHOOL MEALS,

AGRICULTURAL IRRIGATION, FOOD PRESERVATION, SCHOOL GARDENING, WATER,

SANITATION AND HYGIENE PROMOTION AND EDUCATION QUALITY IMPROVEMENT

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.**

2011

Open To Public Inspection

PROJECT CONCERN INTERNATIONAL

95-2248462

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.

- 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.

Total

- 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	GOLF	2		
		(event type)	(event type)	(total number)		
1	Gross receipts	346,094.	89,738.	87,706.	523,538.	
2	Less: Charitable contributions	301,094.	67,238.	77,706.	446,038.	
3	Gross income (line 1 minus line 2)	45,000.	22,500.	10,000.	77,500.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	76,489.	1,750.	11,112.	89,351.
	7	Food and beverages		1,445.		1,445.
	8	Entertainment	31,199.		600.	31,799.
	9	Other direct expenses	160,951.	35,024.	83,998.	279,973.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			▶	(402,568)
	11	Net income summary. Combine line 3, column (d), and line 10			▶	-325,068.

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

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

PART II OF SCHEDULE G APPEARS TO INDICATE THAT PCI'S SPECIAL EVENTS HAD

A NET LOSS OF \$325,068. HOWEVER, ADDING BACK THE \$446,038 CHARITABLE

PORTION OF CONTRIBUTIONS IN SUPPORT OF PCI'S SPECIAL EVENTS RESULTS IN

SPECIAL EVENT NET GAINS OF \$120,970.

**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

2011

Open to Public
Inspection

Name of the organization

PROJECT CONCERN INTERNATIONAL

Employer identification number

95-2248462

Part I Questions Regarding Compensation

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

☐ First-class or charter travel

☒ Housing allowance or residence for personal use

☒ Travel for companions

☐ Payments for business use of personal residence

☐ Tax indemnification and gross-up payments

☐ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

1b

X

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

2

X

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

☒ Compensation committee

☒ Written employment contract

☐ Independent compensation consultant

☒ Compensation survey or study

☐ Form 990 of other organizations

☒ Approval by the board or compensation committee

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

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

4a

X

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

4b

X

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

4c

X

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

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

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

a The organization?

5a

X

b Any related organization?

5b

X

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

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

a The organization?

6a

X

b Any related organization?

6b

X

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

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

7

X

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

8

X

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

9

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

Schedule J (Form 990) 2011

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GEORGE GUIMARAES	(i) 213,835.	21,000.	0.	6,531.	15,862.	257,228.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2 GEORGE GATES	(i) 162,764.	0.	1,546.	7,324.	0.	171,634.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3 MARK O'DONNELL	(i) 162,456.	0.	1,546.	7,042.	0.	171,044.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
4 KURT HENNE	(i) 116,192.	0.	119,618.	5,584.	9,217.	250,611.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
5 KWAKU YEOAH	(i) 152,295.	0.	0.	7,321.	14,225.	173,841.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
6 JANINE SCHOOLEY	(i) 146,953.	0.	0.	6,958.	10,704.	164,615.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
7 CLARA EDER	(i) 150,684.	0.	13,600.	5,332.	4,499.	174,115.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
8 RICK HENNING	(i) 102,196.	0.	38,865.	2,788.	9,217.	153,066.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
9 CLAYTON DAVIS	(i) 116,544.	0.	39,751.	1,816.	4,499.	162,610.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
10	(i)						
(ii)							
11	(i)						
(ii)							
12	(i)						
(ii)							
13	(i)						
(ii)							
14	(i)						
(ii)							
15	(i)						
(ii)							
16	(i)						
(ii)							

Schedule J (Form 990) 2011

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

PART I, LINE 1A: THE ORGANIZATION PROVIDES TWO TYPES OF TRAVEL FOR

FAMILY MEMBERS OF COUNTRY DIRECTORS POSTED TO FOREIGN COUNTRIES:

1) AIR TICKETS AT THE TIME OF RELOCATION, IF THE FAMILY IS POSTED WITH THE

COUNTRY DIRECTOR (NON-TAXABLE), AND

2) ANNUAL HOME LEAVE AIR TICKETS BEGINNING AFTER ONE YEAR OF DUTY

(TAXABLE).

PART I, LINE 3: PCI ESTABLISHES COMPENSATION RATES BASED ON REVIEW OF

COMPENSATION RATES IN COMPARABLE ORGANIZATIONS.

PART I, LINE 7: KURT HENNE, CLARA EDER, RICK HENNING 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. A NONDISCRETIONARY BONUS WAS AWARDED TO THE

PRESIDENT FOR MEETING GOALS APPROVED BY THE BOARD OF DIRECTORS.

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

2011

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		73,290.	DONOR ESTIMATE
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	820	31,610.	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	5	6,431,952.	FMV
20 Drugs and medical supplies	X	5	1,673,248.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (OFFICE SUPPLI)	X	3	111,520.	FMV
26 Other (CONSTRUCTION)	X	2,000	13,711.	FMV
27 Other ()				
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

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) (2011)

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

2011

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/CHILD AND WATER/SANITATION: 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 (MCH) PROGRAMMING HAS INTEGRATED WATER AND

SANITATION AND DISEASE PREVENTION AND OTHER INTERVENTION AREAS SINCE

THE ORGANIZATION'S INCEPTION IN 1961. IN GUATEMALA, WHERE PCI HAS

OPERATED FOR NEARLY 40 YEARS, IN 2012 UNDER THE INTEGRATED MCH AND

REPRODUCTIVE HEALTH "CASA MATERNA" PROGRAM, 1,045 WOMEN RETURNED TO THE

CASA CLINIC FOR AT LEAST ONE POST-NATAL CHECK-UP REPRESENTING A 20%

INCREASE FROM THE PREVIOUS YEAR. IN ZAMBIA, IN 2012, 1,614 FEMALE

MILITARY PERSONNEL AND DEPENDENTS RECEIVED CERVICAL CANCER SCREENINGS

AND TREATMENT THROUGH A COLLABORATION BETWEEN PCI AND THE ZAMBIAN

DEFENSE FORCES. IN MALAWI, 6,822 FARMERS ADOPTED CONSERVATION

AGRICULTURE TECHNOLOGIES DESIGNED TO RECHARGE DEPLETED AQUIFERS.

EXPENSES \$ 2,217,040. INCLUDING GRANTS OF \$ 909,622. 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) (2011)

132211
01-23-12

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

132212
01-23-12

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 GAINS ON INVESTMENTS:

11,909.

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

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

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

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	PROJECT CONCERN INTERNATIONAL	<input checked="" type="checkbox"/> 95-2248462
	Number, street, and room or suite no. If a P.O. box, see instructions. 5151 MURPHY CANYON ROAD, NO. 320	Social security number (SSN) <input type="checkbox"/>
	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)

0 1

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.

KONSTANTIN LOMIDZE, 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.

- I request an additional 3-month extension of time until AUGUST 15, 2013.
- For calendar year 2012, or other tax year beginning OCT 1, 2011, and ending SEP 30, 2012.
- If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 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 must be completed for Part II only.

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. 1-2012)