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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

2012Open to Public
Inspection**A For the 2012 calendar year, or tax year beginning** OCT 1, 2012 **and ending** SEP 30, 2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization		D Employer identification number
	PROJECT CONCERN INTERNATIONAL		95-2248462
	Doing Business As PCI		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
	5151 MURPHY CANYON ROAD	320	858-279-9690
	City, town, or post office, state, and ZIP code		G Gross receipts \$ 48,483,688.
	SAN DIEGO, CA 92123		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: GEORGE GUIMARAES		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
	SAME AS C ABOVE		If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.PCIGLOBAL.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1961	M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PREVENT DISEASE, IMPROVE COMMUNITY HEALTH, AND PROMOTE SUSTAINABLE DEVELOPMENT.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	28	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28	
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	96	
	6 Total number of volunteers (estimate if necessary)	6	9600	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9 Program service revenue (Part VIII, line 2g)	41,867,135.	48,202,487.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		19,402.	65,889.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-316,248.	-231,444.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		41,570,289.	48,036,932.	
14 Benefits paid to or for members (Part IX, column (A), line 4)		5,267,577.	5,288,053.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.	
16a Professional fundraising fees (Part IX, column (A), line 11e)		15,252,906.	14,816,176.	
b Total fundraising expenses (Part IX, column (B), line 25) ▶ 1,065,585.		0.	0.	
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	22,883,405.	26,245,550.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	43,403,888.	46,349,779.	
	19 Revenue less expenses. Subtract line 18 from line 12	-1,833,599.	-1,687,153.	
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		21 Total liabilities (Part X, line 26)	12,089,716.	11,050,809.
		22 Net assets or fund balances. Subtract line 21 from line 20	8,274,280.	5,542,615.
			3,815,436.	5,508,194.

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	Date			
	KONSTANTIN LOMIDZE, CFO	6/18/14			
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
Use Only	PATRICIA J. MAYER	Patricia J. Mayer	6/18/14		P00188643
	Firm's name ▶ MOSS ADAMS LLP	Firm's EIN ▶	91-0189318		
	Firm's address ▶ 9665 GRANITE RIDGE DRIVE, SUITE 600	Phone no. 858-627-1400			
	SAN DIEGO, CA 92123				

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

☒ Yes ☐ No

SCANNED JUL 16 2014

6-18 4

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 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 \$ 15,705,855. including grants of \$ 2,299,615.) (Revenue \$ 0.)

DISEASE PREVENTION: PCI'S PROGRAMS WORLDWIDE PREVENT THE SPREAD OF,
TREAT, AND STRENGTHEN COMMUNITY AND SYSTEMS LEVEL RESPONSES TO
INFECTIOUS DISEASES (SUCH AS HIV, TUBERCULOSIS AND POLIO) AND CHRONIC
DISEASES (SUCH AS HEART DISEASE, DIABETES AND CANCER). FOR EXAMPLE,
PCI'S SYSTEMS-LEVEL WORK WITH GOVERNMENT PARTNERS IN INDIA AND MEXICO
IN 2013 LED TO IMPROVEMENTS IN TESTING, DIAGNOSIS, AND ACCESS TO
TREATMENT FOR 20 MILLION CLIENTS RECEIVING IMPROVED HIV TESTING IN
INDIA AS WELL AS 2,090 NEWLY DIAGNOSED DIABETES-TB COMORBID CASES IN
MEXICO. IN PARTNERSHIP WITH THE US DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM AND THE DEFENSE FORCES OF BOTSWANA, ZAMBIA AND
MALAWI, 40,233 SOLDIERS AND COMMUNITY MEMBERS WERE REACHED WITH
HIV/AIDS PREVENTION INTERVENTIONS, WHILE 2,700 WOMEN IN ZAMBIA WERE

4b (Code) (Expenses \$ 17,980,934. including grants of \$ 331,259.) (Revenue \$ 0.)

FOOD SECURITY: PCI TAKES A COMPREHENSIVE APPROACH TO IMPROVING HEALTH
OUTCOMES BY INTEGRATING ITS FOOD SECURITY PROGRAMS WITH NUTRITION,
HEALTH, AGRICULTURAL DEVELOPMENT, FOOD AID, AND DISASTER RISK
MANAGEMENT INTERVENTIONS. THROUGH USAID-FUNDED INTEGRATED FOOD SECURITY
PROGRAMS IN LIBERIA AND MALAWI, PCI TRAINED 22,801 SMALLHOLDER FARMERS
IN IMPROVED AGRICULTURAL TECHNOLOGIES AND CONSERVATION AGRICULTURE IN
2013. IN LIBERIA, THIS RESULTED IN A 45% INCREASE IN THE ADOPTION OF
IMPROVED TECHNOLOGIES IN THE COURSE OF THE YEAR. WITH USAID FUNDING IN
BANGLADESH, PCI WAS ABLE TO REPORT A 63% INCREASE IN EXCLUSIVE
BREASTFEEDING AMONG PARTICIPATING MOTHERS IN 2013, AFTER 3 YEARS OF
INTEGRATED FOOD/NUTRITION AND HEALTH PROGRAMMING. THROUGH USDA-FUNDED,
SCHOOL-BASED FOOD SECURITY PROGRAMS IN BOLIVIA, GUATEMALA AND TANZANIA,

4c (Code) (Expenses \$ 4,643,680. including grants of \$ 2,395,047.) (Revenue \$ 0.)

MATERNAL/CHILD HEALTH: 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. FOR EXAMPLE, WOMEN EMPOWERED (WE)
IS A PCI GLOBAL INITIATIVE DEDICATED TO PROMOTING THE ECONOMIC AND
SOCIAL EMPOWERMENT OF WOMEN THROUGH THE FORMATION OF SELF-MANAGED AND
SELF-SUSTAINING SAVINGS GROUPS. IN 2013, 35,000 "WE" PARTICIPANTS
ACROSS 9 COUNTRIES HAD SAVINGS AND LOANS TOTALING US\$1.7 MILLION AND
CREATED MORE THAN 15,000 MICROENTERPRISES. IN RECOGNITION OF THE
CRITICAL ROLE THAT WOMEN CAN PLAY AS AGENTS OF CHANGE IN THE HEALTH OF
THEIR FAMILIES, PCI'S PROGRAMS RELATED TO MATERNAL AND CHILD HEALTH
INTEGRATE EDUCATION ON WATER AND SANITATION AND DISEASE PREVENTION.

4d Other program services (Describe in Schedule O)

(Expenses \$ 1,635,695. including grants of \$ 262,132.) (Revenue \$)

4e Total program service expenses 39,966,164.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 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>	3	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>	4	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>	5	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>	6	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>	7	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>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	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>	10 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>	11a 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>	11b	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>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	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>	11e	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>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a 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 and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a 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>	14b 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>	15 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>	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	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>	18 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to 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 II</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, highest 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, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, 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>		
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 11b 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 ComplianceCheck 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		
1c	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		
2b	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
3b	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	
4b	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
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	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 as charitable contributions?		X
6b	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).		
7a	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	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	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.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	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?		
12b	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.		
13a	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.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	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.	28	
1b Enter the number of voting members included in line 1a, above, who are independent.	28	
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
b 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: **AL, AR, CA, CT, FL, GA, IL, KS, KY, HI, MA, MD**

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 ☐ Other (explain in Schedule O)

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**
5151 MURPHY CANYON ROAD, SUITE 320, SAN DIEGO, CA 92123

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(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 CHAIRWOMAN OF THE BOARD	1.00	X						0.	0.	0.
(2) JUDITH A. ETTINGER PAST MANAGING DIRECTOR OF THE BOARD	1.00	X						0.	0.	0.
(3) AMBASSADOR KEVIN E. MOLEY CHAIRMAN EMERITUS	1.00	X						0.	0.	0.
(4) JEFFREY CHURCH 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) LARRY WEITZEN DIRECTOR	1.00	X						0.	0.	0.
(11) WILLIAM C. MCQUINN, M.D. DIRECTOR	1.00	X						0.	0.	0.
(12) ALEJANDRO BUSTAMANTE DIRECTOR	1.00	X						0.	0.	0.
(13) ROYCE PEPIN, AM, MBE, KCSJ, PHC DIRECTOR	1.00	X						0.	0.	0.
(14) CHERYL PIA DIRECTOR	1.00	X						0.	0.	0.
(15) NANCY PLAXICO MANAGING DIRECTOR OF THE BOARD	1.00	X						0.	0.	0.
(16) AMBASSADOR PIERRE-RICHARD PROSP DIRECTOR	1.00	X						0.	0.	0.
(17) JOHN RADAK DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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) GREGG CARPENTER DIRECTOR	1.00	X						0.	0.	0.
(19) VIKRANT BATRA, BE, MBA DIRECTOR	1.00	X						0.	0.	0.
(20) RICHARD TAYLOR DIRECTOR	1.00	X						0.	0.	0.
(21) CHRISTOPHER J. TWOMEY DIRECTOR	1.00	X						0.	0.	0.
(22) MARSHALL WHITING, PHD DIRECTOR	1.00	X						0.	0.	0.
(23) DAVID WICKER DIRECTOR	1.00	X						0.	0.	0.
(24) BHASKER SHETTY, PH.D. DIRECTOR	1.00	X						0.	0.	0.
(25) JOHN H N POTTER DIRECTOR	1.00	X						0.	0.	0.
(26) KAREN HOEHN DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,712,371.	0.	143,089.
d Total (add lines 1b and 1c)								1,712,371.	0.	143,089.

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 **16**

	Yes	No
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		X
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	X	
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		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
MOSS ADAMS, 9665 GRANITE RIDGE DRIVE, STE. 600, SAN DIEGO, CA 92123	ACCOUNTING FIRM	112,804.

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 **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2012)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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) STEFANIE ZABLE DIRECTOR	1.00	X						0.	0.	0.
(28) TED TARBET DIRECTOR	1.00	X						0.	0.	0.
(29) WILLIAM BOLD DIRECTOR	1.00	X						0.	0.	0.
(30) GEORGE GUIMARAES CHIEF EXECUTIVE OFFICER	40.00			X				222,168.	0.	24,778.
(31) GEORGE GATES -DEPARTED 11/12 CHIEF FINANCIAL OFFICER	40.00			X				141,943.	0.	6,519.
(32) MARK O'DONNELL CHIEF OPERATING OFFICER	40.00			X				166,570.	0.	7,245.
(33) CAROL DAVIS SECRETARY	40.00			X				109,539.	0.	15,429.
(34) KONSTANTIN LOMIDZE -BEGAN 11/12 CHIEF FINANCIAL OFFICER	40.00			X				34,127.	0.	1,028.
(35) CHRISTOPHER LEE VP OF DEVELOPMENT	40.00				X			172,869.	0.	11,773.
(36) JANINE SCHOOLEY SENIOR VICE PRESIDENT, PRO	40.00				X			156,464.	0.	18,003.
(37) FREDERICK HENNING PCI/LIBERIA COUNTRY DIRECTOR	40.00					X		131,994.	0.	14,393.
(38) BLANCA LOMELI PCI/MEXICO COUNTRY DIRECTOR	40.00					X		111,173.	0.	11,069.
(39) KWAKU YEBOAH VP, HIV/AIDS PROGRAMS	40.00				X			134,698.	0.	16,227.
(40) CLARA EDER VP STRATEGIC INFORMATION S	40.00				X			163,988.	0.	10,106.
(41) CLAYTON DAVIS COUNTRY REPRESENTATIVE, PC	40.00					X		166,838.	0.	6,519.
Total to Part VII, Section A, line 1c								1,712,371.		143,089.

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

				(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	6,400.				
	b Membership dues	1b					
	c Fundraising events	1c	467,369.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	26,046,476.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	21,682,242.				
	g Noncash contributions included in lines 1a-1f \$		11,282,468.				
	h Total. Add lines 1a-1f			48,202,487.			
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)			27,612.			27,612.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		96,220.	43,300.				
	b Less: cost or other basis and sales expenses	97,767.	3,476.				
	c Gain or (loss)	-1,547.	39,824.				
	d Net gain or (loss)			38,277.			38,277.
	8 a Gross income from fundraising events (not including \$ 467,369. of contributions reported on line 1c). See Part IV, line 18						
		a	103,250.				
		b Less: direct expenses	345,513.				
c Net income or (loss) from fundraising events				-242,263.		-242,263.	
9 a Gross income from gaming activities. See Part IV, line 19							
	a						
	b Less: direct expenses						
	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						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a MISCELLANEOUS INCOME	900099		10,819.			10,819.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			10,819.				
12 Total revenue. See instructions.			48,036,932.	0.	0.	-165,555.	

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)

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	31,790.	31,790.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	184.	184.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	5,256,079.	5,256,079.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,117,585.	145,237.	875,692.	96,656.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	10,560,094.	7,934,364.	2,010,549.	615,181.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	358,408.	201,328.	125,905.	31,175.
9 Other employee benefits	2,195,320.	1,810,864.	317,187.	67,269.
10 Payroll taxes	584,769.	309,723.	220,936.	54,110.
11 Fees for services (non-employees):				
a Management	1,731,762.	1,509,526.	181,503.	40,733.
b Legal	49,705.	22,487.	27,218.	
c Accounting	230,809.	49,260.	181,549.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	307,185.	266,523.	16,084.	24,578.
13 Office expenses	1,233,399.	1,152,697.	73,960.	6,742.
14 Information technology	405,202.	227,280.	164,278.	13,644.
15 Royalties				
16 Occupancy	822,689.	477,327.	344,323.	1,039.
17 Travel	2,489,727.	2,109,684.	339,447.	40,596.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	72,228.	35,553.	27,944.	8,731.
20 Interest	11,042.		11,042.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	98,606.		98,606.	
23 Insurance	155,753.	97,730.	58,023.	
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	11,184,786.	11,184,786.		
b TRAINING	3,100,405.	3,091,296.	8,474.	635.
c PROGRAM SUPPLIES	2,720,993.	2,720,671.	322.	
d SUPPLIES	619,614.	554,164.	63,369.	2,081.
e All other expenses	1,011,645.	777,611.	171,619.	62,415.
25 Total functional expenses. Add lines 1 through 24e	46,349,779.	39,966,164.	5,318,030.	1,065,585.
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 SheetCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,861,435.	1	1,410,184.
	2 Savings and temporary cash investments	2,510,688.	2	2,224,765.
	3 Pledges and grants receivable, net	797,680.	3	1,361,641.
	4 Accounts receivable, net	2,092,937.	4	2,273,623.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,546,910.	8	2,411,741.
	9 Prepaid expenses and deferred charges	546,876.	9	695,102.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,039,983.		
	b Less: accumulated depreciation	10b 756,200.	10c 350,325.	283,783.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	382,865.	15	389,970.
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,089,716.	16	11,050,809.	
Liabilities	17 Accounts payable and accrued expenses	2,551,649.	17	1,976,695.
	18 Grants payable		18	
	19 Deferred revenue	5,722,631.	19	3,565,920.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (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	8,274,280.	26	5,542,615.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,744,623.	27	2,208,404.
	28 Temporarily restricted net assets	1,687,948.	28	2,909,820.
	29 Permanently restricted net assets	382,865.	29	389,970.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	3,815,436.	33	5,508,194.
	34 Total liabilities and net assets/fund balances	12,089,716.	34	11,050,809.

Form 990 (2012)

Part XI Reconciliation of Net AssetsCheck 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	48,036,932.
2	Total expenses (must equal Part IX, column (A), line 25)	2	46,349,779.
3	Revenue less expenses Subtract line 2 from line 1	3	1,687,153.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,815,436.
5	Net unrealized gains (losses) on investments	5	5,605.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,508,194.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? 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	X	

Form 990 (2012)

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.

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

OMB No. 1545-0047

2012

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 - Non-functionally integrated

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)		

	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) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27,504,732.	29,348,785.	46,474,158.	41,867,135.	48,202,487.	193,397,297.
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	27,504,732.	29,348,785.	46,474,158.	41,867,135.	48,202,487.	193,397,297.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,096,918.
6 Public support. Subtract line 5 from line 4						192,300,379.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	27,504,732.	29,348,785.	46,474,158.	41,867,135.	48,202,487.	193,397,297.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	272,358.	106,937.	22,002.	20,314.	27,612.	449,223.
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.)	86,076.	49,420.	66,300.	77,500.	103,250.	382,546.
11 Total support. Add lines 7 through 10						194,229,066.
12 Gross receipts from related activities, etc. (see instructions)					12	313,009.

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 2012 (line 6, column (f) divided by line 11, column (f))	14	99.01	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	99.44	%

16a 33 1/3% support test - 2012. 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 ☒

b 33 1/3% support test - 2011. 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 ☐

17a 10% -facts-and-circumstances test - 2012. 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 ☐

b 10% -facts-and-circumstances test - 2011. 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 ☐

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 ☐

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

SPECIAL EVENT INCOME

2008 AMOUNT: \$ 86,076.

2009 AMOUNT: \$ 49,420.

2010 AMOUNT: \$ 66,300.

2011 AMOUNT: \$ 77,500.

2012 AMOUNT: \$ 103,250.

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

2012
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 XIII, 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 XIII, 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 XIII.

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 XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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	382,865.	370,456.	328,269.	276,016.	226,620.
b Contributions	1,500.	500.	45,861.	45,728.	54,451.
c Net investment earnings, gains, and losses	10,264.	11,909.	-3,674.	6,525.	-5,055.
d Grants or scholarships					
e Other expenditures for facilities and programs	4,659.				
f Administrative expenses					
g End of year balance	389,970.	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

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

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

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

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		188,147.	151,319.	36,828.
d Equipment		456,253.	332,486.	123,767.
e Other		386,535.	272,395.	114,140.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				283,783.

Schedule D (Form 990) 2012

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 XIII, 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). Check here if the text of the footnote has been provided in Part XIII ☒

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

1	Total revenue, gains, and other support per audited financial statements		1	48,696,031.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	5,605.	
b	Donated services and use of facilities	2b	307,981.	
c	Recoveries of prior year grants	2c	*	
d	Other (Describe in Part XIII.)	2d	345,513.	
e	Add lines 2a through 2d		2e	659,099.
3	Subtract line 2e from line 1		3	48,036,932.
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 XIII.)	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	48,036,932.

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

1	Total expenses and losses per audited financial statements		1	47,003,273.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	307,981.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	345,513.	
e	Add lines 2a through 2d		2e	653,494.
3	Subtract line 2e from line 1		3	46,349,779.
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 XIII.)	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	46,349,779.

Part XIII 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, lines 2d and 4b; and Part XII, 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.

PART X, LINE 2: 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

Part XIII Supplemental Information (continued)

SEPTEMBER 30, 2013 AND 2012. PCI HAD NO UNRECOGNIZED TAX BENEFITS OR

LIABILITIES AS OF SEPTEMBER 30, 2013 AND 2012. 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 2010 FOR

ITS FEDERAL FILINGS AND FOR YEARS BEFORE 2009 FOR ITS STATE FILINGS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT RECLASS 345,513.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT RECLASS 345,513.

**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

2012Open to Public
Inspection

Name of the organization

Employer identification number

PROJECT CONCERN INTERNATIONAL

95-2248462

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of 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	6	117	PROGRAM SERVICES	SCHOOL MEALS, CHILD BIRTH CLINIC, DISASTER RISK REDUCTION, WOMEN EMPOWERED SAVINGS GROUPS	4,803,320.
EAST ASIA & THE PACIFIC	2	16	PROGRAM SERVICES	CLIMATE CHANGE ADAPTATION, COMMUNITY RESILIENCE AND DISASTER RISK REDUCTION	356,039.
NORTH AMERICA	1	2	PROGRAM SERVICES	IMMUNIZATIONS, CHILDRENS HEALTH CLINIC	160,976.
SOUTH AMERICA	3	65	PROGRAM SERVICES	SCHOOL MEALS, WOMEN EMPOWERED SAVINGS GROUPS	4,753,786.
SOUTH ASIA	3	109	PROGRAM SERVICES	DISASTER RISK REDUCTION, HEALTH, VULNERABLE CHILDREN, LAB STRENGTHENING, POLIO	7,790,873.
SUB-SAHARAN AFRICA	11	206	PROGRAM SERVICES	WOMEN EMPOWERED SAVINGS GROUPS, IMPROVING THE QUALITY OF EDUCATION, HEALTH EDUCATION, FOOD	20,905,413.
3 a Sub-total	26	515			38,770,407.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	26	515			38,770,407.

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

Schedule F (Form 990) 2012

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. 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)
		CARIBBEAN/CENTRAL AMERICA	RESEARCH STUDY ON THE ADOPTION OF A NUTRITIONAL SUPPLEMENT	11,813.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	SUPPORT EMERGENCY RESPONSE AND DISASTER RELIEF INITIATIVES IN INDONESIA	60,071.	CHECK	0.		
		NORTH AMERICA	DESIGN KRAFT OBESITY PREVENTION PROGRAM THROUGHOUT MEXICO	19,789.	WIRE TRANSFER	0.		
		SOUTH AMERICA	IMPLEMENT THE WOMEN EMPOWERED INITIATIVE	86,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUPPORT IMPLEMENTATION OF POLIO ERADICATION INITIATIVES	210,318.	CHECK	0.		
		SOUTH ASIA	SUPPORT HEALTH COMMUNITY MOBILIZATION INITIATIVES IN INDIA	111,160.	CHECK	0.		
		SOUTH ASIA	CONDUCT COMMUNITY RISK ASSESSMENTS IN THREE BANGLADESH UPAZILAS	36,473.	CHECK	0.		
		SOUTH ASIA	TRAIN NGO STAFF, MOTHERS, GROWTH MONITORS AND EDUCATORS ON	16,989.	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 53

3 Enter total number of other organizations or entities 0

Schedule F (Form 990) 2012

SEE PART V FOR COLUMN (D) DESCRIPTIONS

30

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	TRAINING FOR COMMUNITY SKILLED BIRTH ATTENDANTS	40,620. CHECK		0.			
		SOUTH ASIA	TRAIN COMMUNITY VOLUNTEERS ON RESPONDING EFFECTIVELY TO SHOCKS	11,910. CHECK		0.			
		SOUTH ASIA	COMMUNITY MOBILIZATION GRANT FOR HEALTH INITIATIVES IN INDIA	72,977. CHECK		0.			
		SOUTH ASIA	COMMUNITY MOBILIZATION GRANT FOR HEALTH INITIATIVES IN INDIA	99,470. CHECK		0.			
		SOUTH ASIA	TRAIN VILLAGE DOCTORS USING TRAINED GOVERNMENT MEDICAL DOCTORS	12,781. CHECK		0.			
		SOUTH ASIA	TRAIN PARAMEDICS ON CLINICAL MANAGEMENT OF CHILDHOOD ILLNESS	17,296. CHECK		0.			
		SOUTH ASIA	IMPROVE INDIGENOUS PRACTICES ABOUT HAZARDS (FLOODS, CYCLONES, EROSION)	9,916. CHECK		0.			
		SOUTH ASIA	COMMUNITY MOBILIZATION GRANT FOR HEALTH INITIATIVES IN INDIA	119,237. CHECK		0.			
		SOUTH ASIA	COMMUNITY MOBILIZATION GRANT FOR HEALTH INITIATIVES IN INDIA	153,223. 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	IMPLEMENT POLIO ERADICATION INITIATIVES COMMUNITY MOBILIZATION GRANT FOR HEALTH INITIATIVES IN INDIA	92,490.CHECK		0.		
		SOUTH ASIA		60,615.CHECK		0.		
		SOUTH ASIA	IMPLEMENT POLIO ERADICATION INITIATIVES COMMUNITY MOBILIZATION GRANT FOR HEALTH INITIATIVES IN INDIA	200,043.CHECK		0.		
		SOUTH ASIA		103,354.CHECK		0.		
		SOUTH ASIA		88,029.CHECK		0.		
		SOUTH ASIA		163,509.CHECK		0.		
		SOUTH ASIA		1,117,699.WIRE TRANSFER		0.		
		SOUTH ASIA		125,097.WIRE TRANSFER		0.		
		SOUTH ASIA		92,140.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)
			MOBILIZE COMMUNITY INSTITUTIONS TO IMPROVE HEALTH IN INDIA	35,102.CHECK		0.		
			IMPLEMENT POLIO ERADICATION INITIATIVES	117,746.CHECK		0.		
			MOBILIZE COMMUNITY INSTITUTIONS TO IMPROVE HEALTH IN INDIA	20,740.CHECK		0.		
			TRAIN VILLAGE DOCTORS INVOLVING TRAINED GOVERNMENT MEDICAL DOCTORS	31,789.CHECK		0.		
			DEVELOP AN ANDROID-BASED MHEALTH APPLICATION	9,932.CHECK		0.		
			IMPROVE GENDER PROGRAMMING AND LIFE QUALITY FOR ORPHANS AND CAREGIVERS IN	62,093.CHECK		0.		
			IMPLEMENT THE WOMEN EMPOWERED INITIATIVE	5,350.CHECK		0.		
			IMPROVE GENDER PROGRAMMING AND LIFE QUALITY FOR ORPHANS AND CAREGIVERS IN	240,849.CHECK		0.		
			IMPROVE GENDER PROGRAMMING AND LIFE QUALITY FOR ORPHANS AND CAREGIVERS IN	63,937.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	IMPROVE GENDER PROGRAMMING AND LIFE QUALITY FOR ORPHANS AND CAREGIVERS IN	202,273.CHECK		0.		
			SUB-SAHARAN AFRICA	IMPROVE GENDER PROGRAMMING AND LIFE QUALITY FOR ORPHANS AND CAREGIVERS IN	58,131.CHECK		0.		
			SUB-SAHARAN AFRICA	IMPLEMENT THE WOMEN EMPOWERED INITIATIVE	6,463.CHECK		0.		
			SUB-SAHARAN AFRICA	IMPROVE GENDER PROGRAMMING AND LIFE QUALITY FOR ORPHANS AND CAREGIVERS IN	57,441.CHECK		0.		
			SUB-SAHARAN AFRICA	IMPROVE GENDER PROGRAMMING AND LIFE QUALITY FOR ORPHANS AND CAREGIVERS IN	212,267.CHECK		0.		
			SUB-SAHARAN AFRICA	IMPROVE GENDER PROGRAMMING AND LIFE QUALITY FOR ORPHANS AND CAREGIVERS IN	61,612.CHECK		0.		
			SUB-SAHARAN AFRICA	IMPLEMENT THE WOMEN EMPOWERED INITIATIVE	7,321.CHECK		0.		
			SUB-SAHARAN AFRICA	IMPROVE GENDER PROGRAMMING AND LIFE QUALITY FOR ORPHANS AND CAREGIVERS IN	63,450.CHECK		0.		
			SUB-SAHARAN AFRICA	ACTIVITIES TO UNDERTAKE WOMEN ECONOMIC EMPOWERMENT IN SIDAMA ZONE	14,701.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	IMPROVE GENDER PROGRAMMING AND LIFE QUALITY FOR ORPHANS AND CAREGIVERS IN	488,223.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PROMOTE HEALTHY AND RISK REDUCTION BEHAVIORS IN PARTNERSHIP WITH	36,238.	CHECK	0.		
		SUB-SAHARAN AFRICA	IMPLEMENT THE WOMEN EMPOWERED INITIATIVE	5,720.	CHECK	0.		
		SUB-SAHARAN AFRICA	IMPLEMENT THE WOMEN EMPOWERED INITIATIVE	8,567.	CHECK	0.		
		SUB-SAHARAN AFRICA	IMPLEMENT THE WOMEN EMPOWERED INITIATIVE	6,998.	CHECK	0.		
		SUB-SAHARAN AFRICA	IMPLEMENT THE WOMEN EMPOWERED INITIATIVE	7,597.	CHECK	0.		
		SUB-SAHARAN AFRICA	WATER RESOURCE DEVELOPMENT TO SUPPORT SIDAMA COFFEE FARMERS	99,881.	CHECK	0.		
		SUB-SAHARAN AFRICA	IMPLEMENT THE WOMEN EMPOWERED INITIATIVE	8,163.	CHECK	0.		
		SUB-SAHARAN AFRICA	PROMOTE HEALTHY AND RISK REDUCTION BEHAVIORS IN PARTNERSHIP WITH	91,428.	CHECK	0.		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
CASH FOR WORK	SUB-SAHARAN AFRICA	6,386	87,478	CASH	0	N/A	CASH
SCHOOL FEES	SUB-SAHARAN AFRICA	225	9,725	CHECK	0	N/A	CASH
SCHOOL UNIFORMS, BAGS, BOOKS	SUB-SAHARAN AFRICA	744	12,163	CHECK	0	N/A	CASH
CAREER GUIDANCE ROLE MODEL ALLOWANCE	SUB-SAHARAN AFRICA	124	2,755	CHECK	0	N/A	CASH

Schedule F (Form 990) 2012

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) 2012

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.

SCHEDULE F, PART I, LINE 3: ACCRUAL

PART I, LINE 3, COLUMN (E):

REGION: SOUTH ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: DISASTER RISK REDUCTION,

HEALTH, VULNERABLE CHILDREN, LAB STRENGTHENING, POLIO IMMUNIZATIONS

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: WOMEN EMPOWERED SAVINGS

GROUPS, IMPROVING THE QUALITY OF EDUCATION, HEALTH EDUCATION, FOOD

SECURITY, OVC AND CAREGIVERS, DISASTER RISK REDUCTION

PART II, COLUMN (D):

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TRAIN NGO STAFF, MOTHERS, GROWTH MONITORS AND

EDUCATORS ON COUNSELING

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: IMPROVE GENDER PROGRAMMING AND LIFE QUALITY FOR

ORPHANS AND CAREGIVERS IN BOTSWANA HIV ACTIVITIES

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

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: IMPROVE GENDER PROGRAMMING AND LIFE QUALITY FOR

ORPHANS AND CAREGIVERS IN BOTSWANA HIV ACTIVITIES

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: IMPROVE GENDER PROGRAMMING AND LIFE QUALITY FOR

ORPHANS AND CAREGIVERS IN BOTSWANA HIV ACTIVITIES

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: IMPROVE GENDER PROGRAMMING AND LIFE QUALITY FOR

ORPHANS AND CAREGIVERS IN BOTSWANA HIV ACTIVITIES

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: IMPROVE GENDER PROGRAMMING AND LIFE QUALITY FOR

ORPHANS AND CAREGIVERS IN BOTSWANA HIV ACTIVITIES

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: IMPROVE GENDER PROGRAMMING AND LIFE QUALITY FOR

ORPHANS AND CAREGIVERS IN BOTSWANA HIV ACTIVITIES

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: IMPROVE GENDER PROGRAMMING AND LIFE QUALITY FOR

ORPHANS AND CAREGIVERS IN BOTSWANA HIV ACTIVITIES

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: IMPROVE GENDER PROGRAMMING AND LIFE QUALITY FOR

ORPHANS AND CAREGIVERS IN BOTSWANA HIV ACTIVITIES

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.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: IMPROVE GENDER PROGRAMMING AND LIFE QUALITY FOR

ORPHANS AND CAREGIVERS IN BOTSWANA HIV ACTIVITIES

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: IMPROVE GENDER PROGRAMMING AND LIFE QUALITY FOR

ORPHANS AND CAREGIVERS IN BOTSWANA HIV ACTIVITIES

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROMOTE HEALTHY AND RISK REDUCTION BEHAVIORS IN

PARTNERSHIP WITH CHURCHES

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROMOTE HEALTHY AND RISK REDUCTION BEHAVIOURS IN

PARTNERSHIP WITH CHURCHES

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2012

Open To Public Inspection

Name of the organization

PROJECT CONCERN INTERNATIONAL

Employer identification number

95-2248462

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

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

☐ **Yes**☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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	DRIVER GOLF	2		
		(event type)	(event type)	(total number)		
1	Gross receipts	351,372.	100,681.	118,566.	570,619.	
	2	Less: Contributions	308,172.	52,481.	106,716.	467,369.
	3	Gross income (line 1 minus line 2)	43,200.	48,200.	11,850.	103,250.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes		21,657.		21,657.
	6	Rent/facility costs	60,189.	15,755.	9,280.	85,224.
	7	Food and beverages			1,062.	1,062.
	8	Entertainment	11,215.		3,425.	14,640.
	9	Other direct expenses	120,543.	23,692.	78,695.	222,930.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(345,513)
	11	Net income summary. Combine line 3, column (d), and line 10				-242,263.

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.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	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 entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

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

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

PROJECT CONCERN INTERNATIONAL

Employer identification number
95-2248462

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA MAESTRA 4060 FAIRMOUNT AVENUE SAN DIEGO, CA 92105	33-0473171	501(C)(3)	7,625.	0.			TRAIN HEALTH WORKERS IN HEART HEALTH CURRICULUM; PROVIDE CROSS REFERRALS FOR SERVICES
HARDER & COMPANY 3965 FIFTH AVENUE, SUITE 420 SAN DIEGO, CA 92103	94-3042271		13,665.	0.			CONDUCT PROJECT EVALUATION INCLUDING DATA EVALUATION, ANALYSIS & REPORTING
SAY SAN DIEGO/UNITED WOMEN OF EAST AFRICA SUPPORT GROUP - 8755 AERO DRIVE, SUITE 100 - SAN DIEGO, CA 92123	23-7107958	501(C)(3)	5,214.	0.			PROVIDE CROSS REFERRALS FOR SERVICES AND PARTICIPATE IN CONSORTIUM MEETINGS

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

2.
1.

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

Schedule I (Form 990) (2012)

**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

2012Open to Public
Inspection

Name of the organization

PROJECT CONCERN INTERNATIONAL

Employer identification number

95-2248462

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the 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, but explain in Part III.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes No

1b

X

2

X

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

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

Schedule J (Form 990) 2012

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).

FREDERICK HENNING, CLARA EDER, AND CLAYTON DAVIS WERE POSTED TO FOREIGN

COUNTRIES DURING THE YEAR COVERED BY THE RETURN. THEY RECEIVED TAXABLE

HOUSING BENEFITS.

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

COMPENSATION RATES IN COMPARABLE ORGANIZATIONS.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2012

Open to Public
Inspection

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

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		72,000.	DONOR APPRAISAL
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	7	97,767.	BROKER VALUATION
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	101	6,151,653.	COMMERCIAL INVOICE
20 Drugs and medical supplies	X	5	4,891,793.	DONOR APPRAISAL
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (FUEL/FIREWOOD)	X	10	62,191.	COMPARABLE GOODS
26 Other ▶ (COMPUTERS)	X	1	4,109.	DONOR APPRAISAL
27 Other ▶ (CONSTRUCTION)	X	12	2,446.	COMPARABLE GOODS
28 Other ▶ (OFFICE SUPPLI)	X	6	509.	COMPARABLE GOODS

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
---	----

	Yes	No
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?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

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

Schedule M (Form 990) (2012)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

[illegible]

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

2012

Open to Public
Inspection

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

SCREENED FOR CERVICAL CANCER IN 2013. ADDITIONALLY, 20,588 HIV ORPHANS

AND VULNERABLE CHILDREN (OVC) IN ZAMBIA, MALAWI, BOTSWANA AND INDIA

WERE REACHED THROUGH INTEGRATED COMMUNITY-BASED NUTRITION, EDUCATION,

PSYCHOSOCIAL AND GENERAL HEALTH SERVICES. IN CONCERT WITH CORE GROUP

PARTNERS, PCI'S SOCIAL MOBILIZATION EFFORTS IN UTTAR PRADESH, INDIA,

INCREASED THE NUMBER OF CHILDREN FULLY IMMUNIZED AGAINST POLIO IN PCI'S

INTERVENTION AREAS FROM ONLY 45.3% IN 2010-11 TO 73% IN 2013, ACCORDING

TO ANNUAL HEALTH SURVEY DATA. PCI'S COMMUNITY BASED HEALTH EDUCATION

AND OUTREACH IN THE US/MEXICO BORDER REGION REACHED 3,798 UNDERSERVED

LATINA WOMEN WITH IMPROVED BREAST CANCER AWARENESS AND SCREENINGS

THROUGH A PARTNERSHIP WITH SUSAN G. KOMEN BREAST CANCER FOUNDATION AT

THE MEXICAN CONSULATE IN SAN DIEGO, CA, AND PROVIDED 9,627 COMMUNITY

MEMBERS WITH HEART HEALTH EDUCATION AND COUNSELING BOTH IN PERSON AND

THROUGH INNOVATIVE ONLINE TRAINING MODULES BASED ON EVIDENCE-BASED

CURRICULUM DEVELOPED BY THE NATIONAL HEART, LUNG AND BLOOD INSTITUTE OF

THE UNITED STATES NATIONAL INSTITUTES OF HEALTH.

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

190,081 STUDENTS RECEIVED A HOT, NUTRITIOUS MEAL DAILY IN 2013. IN

GUATEMALA, PCI'S USAID-FUNDED INTEGRATED AGRICULTURAL DEVELOPMENT

PROGRAM IS WORKING TO INCREASE HOUSEHOLD FOOD ACCESS AND AVAILABILITY,

AND REDUCE CHRONIC MALNUTRITION AMONG CHILDREN UNDER FIVE. THESE

ACTIVITIES ARE COMPLEMENTED IN INTERVENTIONS DESIGNED TO UPDATE THE

MANAGEMENT STRUCTURE AND CAPACITY OF COMMUNITY-BASED ORGANIZATIONS AND

MUNICIPAL GOVERNMENT AGENCIES RESPONSIBLE FOR ADDRESSING DISASTER RISK

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

Schedule O (Form 990 or 990-EZ) (2012)

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REDUCTION AND ECONOMIC DEVELOPMENT IN THE REGION, SUCH AS TESTING THE

METHODOLOGY TO BE USED FOR THE DEVELOPMENT OF COMMUNITY MAPS USING

SATELLITE TECHNOLOGY THAT WILL PLOT COMMUNITY HAZARDS AND ASSETS.

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

THIS IS REFLECTED IN PCI'S BILL AND MELINDA GATES FOUNDATION-SPONSORED

WORK IN BIHAR, INDIA, WHERE 280,000 MARGINALIZED WOMEN ARE TRANSFORMING

THEIR FAMILIES' HEALTH BY ADOPTING KEY SANITATION BEHAVIORS SUCH AS

HAND WASHING, EARLY AND EXCLUSIVE BREASTFEEDING OF INFANTS, AND THE

INTAKE OF IRON AND FOLIC ACID FOR PREGNANT MOTHERS, AS LEARNED THROUGH

SELF-HELP GROUPS INCLUDING WOMEN EMPOWERED INITIATIVE SAVINGS

ACTIVITIES. PCI RECOGNIZES THE IMPACT AND IMPORTANCE OF MENTAL HEALTH

ON FAMILIES AND COMMUNITIES, AND IN THE U.S., PCI DEVELOPED TAILORED

CURRICULA THAT IMPROVED BY 40-55% THE MENTAL HEALTH OF VULNERABLE

PREGNANT WOMEN, NEW MOTHERS, AND WOMEN OF REPRODUCTIVE AGE

PARTICIPATING IN SUPPORT GROUPS. ALSO IN THE U.S., PCI BECAME A

CERTIFIED ENROLLMENT ENTITY VIA COVERED CALIFORNIA (STATE HEALTH

INSURANCE EXCHANGE) AND ITS 5 CERTIFIED COUNSELORS DIRECTLY PROVIDED

OUTREACH AND EDUCATION TO OVER 1,500 UNINSURED FAMILIES THROUGH PCI'S

PROGRAMS AND PROVIDED 406 ENROLLMENT REFERRALS. A TESTIMONY TO PCI'S

LONG-TERM COMMITMENT TO THE COMMUNITIES IT SERVES, PCI'S FOUR LEGACY

PROGRAMS IN INDIA, GUATEMALA, MEXICO AND THE U.S./MEXICO BORDER HAVE

BEEN OPERATING FOR A COMBINED 63 YEARS, DURING WHICH TIME THEY HAVE

SERVED NEARLY 1.5 MILLION PEOPLE WITH LIFESAVING ACCESS TO CARE AND

SERVICES, INCLUDING SAFE PREGNANCY CARE FOR MAYAN WOMEN IN GUATEMALA,

ACCESS TO HEALTH ASSESSMENTS AND REFERRALS FOR MEXICAN IMMIGRANTS IN

THE U.S.; WELL-BABY CLINICS IN REMOTE SLUMS AROUND TIJUANA, MEXICO; AND

SUPPORT SERVICES FOR STREET CHILDREN IN NEW DELHI, INDIA. THESE

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PROGRAMS RELY ON THE SUPPORT OF DEDICATED COMMUNITY BASED VOLUNTEERS

AND HEALTH PROMOTERS, AND IN 2013, 135 VOLUNTEERS HAD COMPLETED MORE

THAN 10 YEARS OF VOLUNTEER SERVICE WITH ONE OF PCI'S LEGACY PROGRAMS.

FINALLY, PCI HAS MANY DECADES OF EXPERIENCE IN NOT ONLY EFFECTIVELY

ENGAGING WITH LOCAL ENTITIES AS PARTNERS IN TRANSFORMATIONAL

DEVELOPMENT, BUT ALSO IN IMPROVING LOCAL CAPACITY FOR SUSTAINABLE,

COMMUNITY-DRIVEN CHANGE AT SCALE. AS OF 2013, OVER 80% OF PCI'S

PROGRAMS ENGAGE LOCAL ORGANIZATIONS IN CAPACITY STRENGTHENING,

RESULTING IN 5,064 ORGANIZATIONS THAT ARE BENEFITTING FROM PCI'S

CAPACITY STRENGTHENING INITIATIVES. SINCE ITS INCEPTION, PCI HAS ALWAYS

RECOGNIZED THE ESSENTIAL ROLE THAT LOCAL COMMUNITIES, ORGANIZATIONS,

NETWORKS AND GOVERNMENTS MUST PLAY IN ENSURING REAL AND LASTING CHANGE

IN THE WORLD.

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

HUMANITARIAN ASSISTANCE: PCI CURRENTLY OPERATES DISASTER RISK REDUCTION

AND HUMANITARIAN ASSISTANCE PROGRAMS IN NINE COUNTRIES ACROSS AFRICA,

ASIA AND THE AMERICAS. PCI PROVIDES HUMANITARIAN ASSISTANCE TO PEOPLE

AFFECTED BY DISASTERS AND COMPLEX EMERGENCIES; HELPS GOVERNMENTS, LOCAL

ORGANIZATIONS, AND COMMUNITIES BETTER MANAGE RISK AND RESPOND TO

EMERGENCIES WHEN THEY ARISE; AND INTEGRATES EFFORTS TO HELP REDUCE

VULNERABILITY TO DISASTERS INTO ALL OF ITS ONGOING PROGRAMS. IN

INDONESIA, WHERE COASTAL COMMUNITIES ARE EXTREMELY VULNERABLE TO

NATURAL DISASTERS AND WEATHER EVENTS, 935 STUDENTS AND 27 TEACHERS

PARTICIPATED IN PCI-FACILITATED SCHOOL-BASED DISASTER SIMULATIONS IN

2013, AIMING TO IMPROVE THE DISASTER PREPAREDNESS PRACTICES OF LOCAL

COMMUNITIES THROUGH KNOWLEDGE AND EDUCATION. IN ETHIOPIA IN 2013,

16,455 PASTORALIST FAMILIES UTILIZED GEO-CLIMATIC SATELLITE DATA FOR

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DECISION-MAKING ON WHERE TO MIGRATE AND LOCATE GOOD GRAZING LAND TO

REDUCE LIVESTOCK DEATHS. IN NICARAGUA, PCI SUPPORTED THE DEVELOPMENT OF

THE VERY FIRST STRATEGIC PLAN FOR THE COUNTRY'S HUMANITARIAN DISASTER

NETWORK IN 2013, WHICH WILL ALLOW NETWORK MEMBERS TO IMPROVE

COORDINATION IN THEIR RESPONSE TO FUTURE DISASTERS. UNDER THE

USAID-FUNDED BARRIO MIO PROJECT IN GUATEMALA THAT WAS INITIATED IN

2013, PCI IS TRANSFORMING AN URBAN NEIGHBORHOOD BY REDUCING ITS RISK OF

DISASTERS, STRENGTHENING THE CAPACITY OF ITS MUNICIPAL GOVERNMENT TO

MANAGE GROWTH, IMPROVING WATER AND SANITATION INFRASTRUCTURE, AND

DEVELOPING THE ECONOMIC ASSETS OF ITS MOST VULNERABLE HOUSEHOLDS. IN

2013 IN MALAWI, PCI REINFORCED THE RESILIENCY OF RURAL COMMUNITIES BY

INCREASING HOUSEHOLD AGRICULTURAL PRODUCTIVITY AND ACCESS TO FOOD FOR

NEARLY 8,600 PEOPLE THROUGH CONSERVATION AGRICULTURE AND HOME GARDENS;

EXPANDING AND SUPPORTING A VILLAGE SAVINGS AND LOANS PROGRAM (WOMEN

EMPOWERED INITIATIVE) FOR NEARLY 3,000 PEOPLE; AND STRENGTHENED EARLY

DETECTION AND COMMUNITY-BASED MANAGEMENT OF ACUTE MALNUTRITION AMONG

APPROXIMATELY 3,500 PEOPLE.

EXPENSES \$ 1,635,695. INCLUDING GRANTS OF \$ 262,132. REVENUE \$ 0.

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

BANGLADESH, BOLIVIA, BOTSWANA, ETHIOPIA,

GUATEMALA, 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

AND REVIEW THE DRAFT FORM 990, PROVIDING COMMENTS RESULTING IN SOME MINOR

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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 PERFORMANCE 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 PERFORMANCE REVIEW COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS

COMPENSATION CHANGE RECOMMENDATIONS FOR OFFICERS AND KEY EMPLOYEES AND

APPROVES THEM. THIS REVIEW IS PERFORMED BY INDEPENDENT PERSONS UTILIZING

COMPARABILITY DATA AND DOCUMENTING THEIR DELIBERATION AND DECISIONS

CONTEMPORANEOUSLY. DECISIONS OF THE PERFORMANCE REVIEW COMMITTEE ARE

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DOCUMENTED.

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

AL, AR, CA, CT, FL, GA, IL, KS, KY, HI, MA, MD, 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.

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

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

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

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

Type or print	Enter filer's identifying number, see instructions	
Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or	
PROJECT CONCERN INTERNATIONAL	95-2248462	
Number, street, and room or suite no. If a P.O. box, see instructions	Social security number (SSN)	
5151 MURPHY CANYON ROAD, NO. 320		
City, town or post office, state, and ZIP code For a foreign address, see instructions.		
SAN DIEGO, CA 92123		

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

0 1

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

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

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.

- 4 I request an additional 3-month extension of time until AUGUST 15, 2014.
- 5 For calendar year _____, or other tax year beginning OCT 1, 2012, and ending SEP 30, 2013.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension _____
THE TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO OBTAIN THE
INFORMATION NECESSARY TO FILE AND COMPLETE AN ACCURATE RETURN.

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

Signature and Verification 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 ☒ CFO

Date ☒

Form 8868 (Rev. 1-2013)