

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2018** calendar year, or tax year beginning **OCT 1, 2018** and ending **SEP 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PROJECT CONCERN INTERNATIONAL Doing business as PCI Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5151 MURPHY CANYON ROAD 320 City or town, state or province, country, and ZIP or foreign postal code SAN DIEGO, CA 92123 F Name and address of principal officer: NIKOLOS OAKLEY SAME AS C ABOVE	D Employer identification number 95-2248462 E Telephone number 858-279-9690 G Gross receipts \$ 54,528,364. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
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

	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O.</u>		
Activities & Governance	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	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	150
	6 Total number of volunteers (estimate if necessary)	6	15435
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 38	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 76,747,378.	Current Year 53,762,896.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	103,842.	184,329.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-182,223.	-64,294.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	76,668,997.	53,882,931.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,777,695.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		25,387,881.	23,175,009.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,154,739.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		33,433,331.	21,342,469.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	68,598,907.	55,281,865.	
19 Revenue less expenses. Subtract line 18 from line 12	8,070,090.	-1,398,934.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 25,459,721.	End of Year 19,726,498.
	21 Total liabilities (Part X, line 26)	12,207,029.	7,805,674.
	22 Net assets or fund balances. Subtract line 21 from line 20	13,252,692.	11,920,824.

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 NIKOLOS OAKLEY, CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name PATRICIA J. MAYER	Preparer's signature Date
	Firm's name ▶ MOSS ADAMS LLP Firm's address ▶ 4747 EXECUTIVE DR SUITE 1300 SAN DIEGO, CA 92121	Check if self-employed <input type="checkbox"/> PTIN P00188643 Firm's EIN ▶ 91-0189318 Phone no. 858-627-1400

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:
PCI IS A GLOBAL DEVELOPMENT ORGANIZATION THAT DRIVES INNOVATION FROM THE GROUND UP TO ENHANCE HEALTH, END HUNGER, OVERCOME HARDSHIP AND ADVANCE WOMEN & GIRLS-RESULTING IN MEANINGFUL AND MEASURABLE CHANGE IN PEOPLE'S LIVES.

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 [X] 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 [X] 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 \$ 22,577,749. including grants of \$ 3,969,620.) (Revenue \$)
HUNGER: PCI TAKES A COMPREHENSIVE APPROACH TO IMPROVING HEALTH AND DEVELOPMENT OUTCOMES BY INTEGRATING ITS FOOD SECURITY PROGRAMS WITH NUTRITION, HEALTH, AGRICULTURAL DEVELOPMENT, BUSINESS ENTERPRISE, SOCIAL AND ECONOMIC EMPOWERMENT OF WOMEN, FOOD AID, AND DISASTER RISK MANAGEMENT INTERVENTIONS, TO ENSURE THAT VULNERABLE HOUSEHOLDS ACHIEVE IMPROVED FOOD, NUTRITION, AND LIVELIHOOD SECURITY FOR SUSTAINED RESILIENCE. THROUGH FUNDING FROM USDA, PCI HAS DESIGNED AND IMPLEMENTED 28 FOOD AID PROJECTS IN TANZANIA, MALAWI, INDONESIA, BOLIVIA, EL SALVADOR, GUATEMALA, HONDURAS, MEXICO, NICARAGUA, AND THE CENTRAL AMERICAN REGION. IN 2019, PCI'S USDA-FUNDED, SCHOOL-BASED NUTRITION AND EDUCATION PROGRAMS IN TANZANIA, GUATEMALA, AND NICARAGUA DIRECTLY BENEFITED OVER 343,200 STUDENTS AND TEACHERS. IN ADDITION, PCI HAS

4b (Code:) (Expenses \$ 19,167,560. including grants of \$ 5,824,814.) (Revenue \$)
HEALTH: AS A RECOGNIZED LEADER IN THE USE OF LOCAL PROGRAMMATIC PLATFORMS (UNIFORMED SERVICES, SCHOOLS, SELF-HELP GROUPS, CARE GROUPS, ETC.) IN ORDER TO REACH THE MOST VULNERABLE POPULATIONS, PCI HAS USED INNOVATIVE ADVOCACY, COMMUNICATION, SOCIAL MOBILIZATION AND BEHAVIOR CHANGE STRATEGIES TO PREVENT AND MITIGATE THE SPREAD OF INFECTIOUS DISEASES (SUCH AS H1N1, POLIO, TB, EBOLA, AND HIV/AIDS), CHRONIC DISEASES (SUCH AS HEART DISEASE, DIABETES AND CANCER), AND NEGLECTED TROPICAL DISEASES (SUCH AS LYMPHATIC FILARIASIS AND KALAAZAR). PCI HAS BEEN ACTIVE IN THE HIV/AIDS RESPONSE SINCE THE EARLY 1990S, AND ITS CURRENT PORTFOLIO SPANS THE RANGE OF PREVENTION, CARE AND TREATMENT INTERVENTIONS IN SEVERAL COUNTRIES. PCI HAS IMPLEMENTED OR IS CURRENTLY IMPLEMENTING 16 MAJOR HIV/AIDS-RELATED PROGRAMS FUNDED BY PEPFAR

4c (Code:) (Expenses \$ 2,272,462. including grants of \$ 807,349.) (Revenue \$)
HER: ALL OF PCI'S PROGRAMS ARE IMPLEMENTED IN CLOSE ALIGNMENT WITH ITS ORGANIZATIONAL COMMITMENTS TO EQUITY, NON-DISCRIMINATION, AND SOCIAL INCLUSION, AND GENDER EQUALITY AND EMPOWERMENT, AS CORE PILLARS OF PCI'S DEVELOPMENT APPROACH, CUT ACROSS THE OTHER 3 "H" AREAS (HUNGER, HEALTH, AND HARDSHIP). 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. WE GROUPS TARGET VULNERABLE, DISENFRANCHISED WOMEN BY GIVING THEM A SPACE TO SAVE AND TO DEVELOP THEIR OWN SOCIAL AND ECONOMIC CAPACITIES. WE GROUPS HAVE BEEN FORMED IN 46 PROJECTS ACROSS 13 COUNTRIES, AND GLOBAL MEMBERSHIP NOW TOTALS OVER 500,000 MEMBERS AND HAS RESULTED IN OVER \$6.5 MILLION SAVED, OF WHICH \$6 MILLION HAVE BEEN

4d Other program services (Describe in Schedule O.)
(Expenses \$ 3,870,120. including grants of \$ 162,604.) (Revenue \$)

4e Total program service expenses 47,887,891.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, 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>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

X

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, and charitable contributions.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (19), 1b (19), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
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, address, and telephone number of the person who possesses the organization's books and records

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line 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) AKRUTI DESAI DIRECTOR	1.00	X					0.	0.	0.	
(2) CHERYL PIA DIRECTOR (THRU 8/19)	1.00	X					0.	0.	0.	
(3) CLAUDINE EMEOTT DIRECTOR	1.00	X					0.	0.	0.	
(4) ERIN BARRINGER DIRECTOR	1.00	X					0.	0.	0.	
(5) GADDI VASQUEZ CHAIR EMERITUS (THRU 8/19)	1.00	X					0.	0.	0.	
(6) GERARDO DE LA CONCHA DIRECTOR	1.00	X					0.	0.	0.	
(7) HAIDA MOJDEHI DIRECTOR	1.00	X					0.	0.	0.	
(8) JAMES MERRITT DIRECTOR	1.00	X					0.	0.	0.	
(9) JOHN D. COLLINS, ESQ. DIRECTOR (THRU 8/19)	1.00	X					0.	0.	0.	
(10) JOHN DUONG DIRECTOR	1.00	X					0.	0.	0.	
(11) JOHN H. N. POTTER II CHAIRMAN	1.00	X					0.	0.	0.	
(12) JOSEPH ABBATE DIRECTOR	1.00	X					0.	0.	0.	
(13) JUDITH ETTINGER DIRECTOR	1.00	X					0.	0.	0.	
(14) KAREN PATERSON DIRECTOR	1.00	X					0.	0.	0.	
(15) LAWRENCE WEITZEN DIRECTOR	1.00	X					0.	0.	0.	
(16) MARSHALL WHITING DIRECTOR (THRU 8/19)	1.00	X					0.	0.	0.	
(17) MICHAEL WILLIAMS 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) NANCY PLAXICO MANAGING DIRECTOR	1.00	X						0.	0.	0.
(19) NORM HAPKE DIRECTOR	1.00	X						0.	0.	0.
(20) PETER HUFFMAN DIRECTOR	1.00	X						0.	0.	0.
(21) ROBERT S. SULLIVAN CHAIR EMERITUS	1.00	X						0.	0.	0.
(22) ROYCE PEPIN, AM, MBE, GCSJ, PHC DIRECTOR (THRU 8/19)	1.00	X						0.	0.	0.
(23) RUTH M. COVELL, MD DIRECTOR	1.00	X						0.	0.	0.
(24) STEVEN ADAMS DIRECTOR	1.00	X						0.	0.	0.
(25) SUSAN CALLAHAN DIRECTOR (THRU 5/19)	1.00	X						0.	0.	0.
(26) CARRIE HESSLER-RADELET CHIEF EXECUTIVE OFFICER	40.00			X				360,750.	0.	36,772.
1b Sub-total								360,750.	0.	36,772.
c Total from continuation sheets to Part VII, Section A								1,649,922.	0.	203,872.
d Total (add lines 1b and 1c)								2,010,672.	0.	240,644.

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 29

	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
SHEPPARD, MULLIN, RICHTER & HAMPTON LLP, 333 SOUTH HOPE STREET, 43RD FLOOR, LOS	LEGAL SERVICES	175,367.
MOSS ADAMS, 4747 EXECUTIVE DRIVE, SUITE 1300, SAN DIEGO, CA 92121	ACCOUNTING FIRM	142,206.
ROBERT KOMAKECH, PLOT 12 SCHOOL ROAD, KISUGU - NAMUWONGO, KAMPALA, UGANDA	CONSULTANT	125,255.

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 3

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Mark O'Donnell, Nikolos Oakley, Melinda Coil, Janine Schooley, Nicolas Ford, Richard Parker, Kurt Henne, Peg Ross, and Judith Robb-McCord.

Total to Part VII, Section A, line 1c 1,649,922. 203,872.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 581.				
	b Membership dues	1b				
	c Fundraising events	1c 709,582.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 38,939,671.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 14,113,062.				
	g Noncash contributions included in lines 1a-1f: \$	5,806,640.				
	h Total. Add lines 1a-1f	53,762,896.				
	Program Service Revenue	2 a _____	Business Code			
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)	130,683.			130,683.	
	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	276,109.			
		(ii) Other	54,265.			
		b Less: cost or other basis and sales expenses	276,728.	0.		
		c Gain or (loss)	-619.	54,265.		
	d Net gain or (loss)	53,646.			53,646.	
	8 a Gross income from fundraising events (not including \$ 709,582. of contributions reported on line 1c). See Part IV, line 18	a 72,400.				
		b Less: direct expenses	368,705.			
c Net income or (loss) from fundraising events		-296,305.			-296,305.	
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 _____						
	b _____					
	c _____					
	d All other revenue	900099	232,011.		232,011.	
	e Total. Add lines 11a-11d		232,011.			
12 Total revenue. See instructions		53,882,931.	0.	0.	120,035.	

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 or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21 ...	2,748,658.	2,748,658.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	8,015,729.	8,015,729.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,253,784.	68,023.	1,184,617.	1,144.
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	16,246,023.	13,515,019.	1,325,766.	1,405,238.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	812,193.	575,193.	157,215.	79,785.
9 Other employee benefits	3,987,337.	3,598,861.	249,873.	138,603.
10 Payroll taxes	875,672.	565,138.	199,526.	111,008.
11 Fees for services (non-employees):				
a Management	2,960,793.	2,748,210.	95,409.	117,174.
b Legal	212,613.	104,345.	108,268.	
c Accounting	226,970.	54,445.	172,525.	
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	439,135.	386,820.	2,223.	50,092.
13 Office expenses	846,892.	750,095.	90,962.	5,835.
14 Information technology	645,613.	367,986.	251,825.	25,802.
15 Royalties				
16 Occupancy	1,476,766.	837,670.	637,615.	1,481.
17 Travel	2,673,895.	2,411,290.	117,311.	145,294.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	93,907.	60,208.	26,632.	7,067.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,988.		20,988.	
23 Insurance	186,773.	117,601.	68,941.	231.
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 IN-KIND GOODS	5,740,152.	5,740,152.		
b PROGRAM SUPPLIES	2,075,739.	2,071,821.		3,918.
c TRAINING	2,048,586.	2,035,360.	8,137.	5,089.
d OFFICE SUPPLIES	652,200.	475,783.	174,812.	1,605.
e All other expenses	1,041,447.	639,484.	346,590.	55,373.
25 Total functional expenses. Add lines 1 through 24e	55,281,865.	47,887,891.	5,239,235.	2,154,739.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	9,562,554.	1	7,099,092.
	2 Savings and temporary cash investments	2,086,910.	2	1,908,368.
	3 Pledges and grants receivable, net	4,460,350.	3	2,144,672.
	4 Accounts receivable, net	4,376,274.	4	5,905,310.
	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	2,530,786.	8	766,016.
	9 Prepaid expenses and deferred charges	1,712,455.	9	1,168,549.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 656,483.		
	b Less: accumulated depreciation	10b 626,787.	50,683.	10c 29,696.
	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	679,709.	15	704,795.
16 Total assets. Add lines 1 through 15 (must equal line 34)	25,459,721.	16	19,726,498.	
Liabilities	17 Accounts payable and accrued expenses	4,214,162.	17	4,452,349.
	18 Grants payable		18	
	19 Deferred revenue	7,992,867.	19	3,353,325.
	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	12,207,029.	26	7,805,674.
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	2,724,637.	27	3,013,205.
	28 Temporarily restricted net assets	9,848,346.	28	8,202,824.
	29 Permanently restricted net assets	679,709.	29	704,795.
	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	13,252,692.	33	11,920,824.	
34 Total liabilities and net assets/fund balances	25,459,721.	34	19,726,498.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	53,882,931.
2	Total expenses (must equal Part IX, column (A), line 25)	2	55,281,865.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,398,934.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,252,692.
5	Net unrealized gains (losses) on investments	5	67,066.
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	11,920,824.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2018)

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	62,643,525.	63,127,759.	63,864,092.	76,747,378.	53,762,896.	320,145,650.
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	62,643,525.	63,127,759.	63,864,092.	76,747,378.	53,762,896.	320,145,650.
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)						32,694,543.
6 Public support. Subtract line 5 from line 4.						287,451,107.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	62,643,525.	63,127,759.	63,864,092.	76,747,378.	53,762,896.	320,145,650.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	58,195.	73,847.	93,052.	99,903.	130,683.	455,680.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	24,772.	128,811.	52,207.	72,863.	232,011.	510,664.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						321,111,994.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	89.52 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	89.27 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

PROJECT CONCERN INTERNATIONAL

Employer identification number

95-2248462

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization PROJECT CONCERN INTERNATIONAL	Employer identification number 95-2248462
---	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 3,248,477.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 3,517,322.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,983,534.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 2,506,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 19,994,833.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 9,303,964.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROJECT CONCERN INTERNATIONAL	Employer identification number 95-2248462
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ 1,264,781.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ 52,686.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ 3,631,012.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ 1,475,438.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROJECT CONCERN INTERNATIONAL	Employer identification number 95-2248462
---	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	FOOD COMMODITIES _____ _____ _____	\$ 52,686.	09/30/19
9	FOOD COMMODITIES _____ _____ _____	\$ 3,631,012.	09/30/19
10	PRENATAL AND CHILDREN VITAMINS _____ _____ _____	\$ 1,475,438.	09/30/19
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization PROJECT CONCERN INTERNATIONAL	Employer identification number 95-2248462
---	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p style="text-align: center;">PROJECT CONCERN INTERNATIONAL</p>	Employer identification number <p style="text-align: center;">95-2248462</p>
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2018**

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		15,000.
j Total. Add lines 1c through 1i			15,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

PASS THROUGH FROM MEMBERSHIP

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018
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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 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 7/25/06, 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?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?

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" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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" on 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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	679,709.	657,682.	583,121.	494,940.	415,080.
b Contributions	28,565.	21,773.	65,765.	83,786.	91,821.
c Net investment earnings, gains, and losses	4,312.	6,835.	15,362.	11,038.	-6,188.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	7,791.	6,581.	6,566.	6,643.	5,773.
g End of year balance	704,795.	679,709.	657,682.	583,121.	494,940.

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

- a Board designated or quasi-endowment .00 %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment .00 %

The percentages on 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" on line 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		34,133.	33,044.	1,089.
d Equipment		613,302.	593,743.	19,559.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				29,696.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. 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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	55,214,915.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	67,066.
b	Donated services and use of facilities	2b	896,213.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	368,705.
e	Add lines 2a through 2d	2e	1,331,984.
3	Subtract line 2e from line 1	3	53,882,931.
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	53,882,931.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	56,546,783.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	896,213.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	368,705.
e	Add lines 2a through 2d	2e	1,264,918.
3	Subtract line 2e from line 1	3	55,281,865.
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	55,281,865.

Part XIII Supplemental Information.

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 SEPTEMBER 30, 2019 AND 2018. PCI HAD NO UNRECOGNIZED TAX BENEFITS OR LIABILITIES AS OF SEPTEMBER 30, 2019 AND 2018. PCI FILES AN EXEMPT ORGANIZATION RETURN IN THE UNITED

Part XIII Supplemental Information (continued)

STATES FEDERAL JURISDICTION AND WITH THE FRANCHISE TAX BOARD IN THE STATE

OF CALIFORNIA.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT RECLASS TO CONVERT REPORTING FROM GROSS TO

NET 368,705.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT RECLASS TO CONVERT REPORTING FROM GROSS TO

NET 368,705.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization PROJECT CONCERN INTERNATIONAL	Employer identification number 95-2248462
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA & CARIBBEAN	6	289	PROGRAM SERVICES AND GRANTMAKING	SEE SCHEDULE F, PART V	15,713,836.
SOUTH ASIA	5	63	PROGRAM SERVICES AND GRANTMAKING	SEE SCHEDULE F, PART V	5,726,732.
SUB-SAHARAN AFRICA	12	239	PROGRAM SERVICES AND GRANTMAKING	SEE SCHEDULE F, PART V	18,971,888.
3 a Subtotal	23	591			40,412,456.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	23	591			40,412,456.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	HER - GENDER EQUALITY & THE EMPOWERMENT OF WOMEN & GIRLS	25,883.	CHECK/WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HUNGER - TO ENSURE VULNERABLE HOUSEHOLDS AND THEIR COMMUNITIES ACHIEVE IMPROVED	246,163.	CHECK/WIRE	0.		
		SOUTH ASIA	HEALTH - TO ENSURE INDIVIDUALS, HOUSEHOLDS, NEIGHBORHOODS AND	2,380,449.	CHECK/WIRE	0.		
		SOUTH ASIA	HER - GENDER EQUALITY & THE EMPOWERMENT OF WOMEN & GIRLS	243,691.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	HARDSHIP - TO ENSURE PUBLIC AND PRIVATE PARTNERS HAVE THE RESOURCES TO RESPOND	79,522.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	HEALTH - TO ENSURE INDIVIDUALS, HOUSEHOLDS, NEIGHBORHOODS AND	2,242,889.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	HUNGER - TO ENSURE VULNERABLE HOUSEHOLDS AND THEIR COMMUNITIES ACHIEVE IMPROVED	581,741.	CHECK/WIRE	0.		
		NORTH AMERICA	HEALTH - TO ENSURE INDIVIDUALS, HOUSEHOLDS, NEIGHBORHOODS AND	22,026.	CHECK/WIRE	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 0

3 Enter total number of other organizations or entities 42

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
CASH TRANSFERS TO HELP FAMILIES WHO WERE CLASSIFIED AS IN A STATE OF EXTREME POVERTY. THE FINANCIAL	CENTRAL AMERICA AND THE CARIBBEAN	5,797	2,192,766.	CASH	0.	N/A	CASH

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 separately 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; don't file with Form 990)* 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2018

Part V Supplemental Information

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. See instructions.

PART I, LINE 2:

PROJECT CONCERN INTERNATIONAL ISSUES SUB-GRANTS TO OTHER INTERNATIONAL NGOS AND TO PRIVATE VOLUNTARY ORGANIZATIONS BASED IN THE COUNTRIES WHERE IT WORKS. MONITORING PROCEDURES INCLUDE REVIEW OF MONTHLY OR QUARTERLY FINANCIAL AND PROGRAM REPORTS, ALONG WITH SITE VISITS.

PART I, LINE 3:

ACCRUAL BASIS

PART II, COLUMN (D):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: HUNGER - TO ENSURE VULNERABLE HOUSEHOLDS AND THEIR COMMUNITIES ACHIEVE IMPROVED FOOD, NUTRITION AND LIVELIHOOD SECURITY FOR SUSTAINED RESILIENCE

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: HEALTH - TO ENSURE INDIVIDUALS, HOUSEHOLDS, NEIGHBORHOODS AND COMMUNITIES ARE HEALTHY AND ACHIEVE SUSTAINED PHYSICAL, MENTAL AND SOCIAL WELL-BEING

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: HARDSHIP - TO ENSURE PUBLIC AND PRIVATE PARTNERS HAVE THE RESOURCES TO RESPOND TO CRISES, ADDRESS ROOT CAUSES AND LAY THE FOUNDATION FOR RECOVERY AND RESILIENCE

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: HEALTH - TO ENSURE INDIVIDUALS, HOUSEHOLDS,

Part V Supplemental Information

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. See instructions.

NEIGHBORHOODS AND COMMUNITIES ARE HEALTHY AND ACHIEVE SUSTAINED PHYSICAL,

MENTAL AND SOCIAL WELL-BEING

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: HUNGER - TO ENSURE VULNERABLE HOUSEHOLDS AND THEIR

COMMUNITIES ACHIEVE IMPROVED FOOD, NUTRITION AND LIVELIHOOD SECURITY FOR

SUSTAINED RESILIENCE

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: HEALTH - TO ENSURE INDIVIDUALS, HOUSEHOLDS,

NEIGHBORHOODS AND COMMUNITIES ARE HEALTHY AND ACHIEVE SUSTAINED PHYSICAL,

MENTAL AND SOCIAL WELL-BEING

PART III, COLUMN (A):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(A) TYPE OF GRANT OR ASSISTANCE: CASH TRANSFERS TO HELP FAMILIES WHO

WERE CLASSIFIED AS IN A STATE OF EXTREME POVERTY. THE FINANCIAL SUPPORT

WAS FOR THE PURCHASE OF FOOD, MEDICINE AND OTHER NECESSITIES NEEDED TO

IMPROVE THEIR LIVING CONDITIONS.

PART I, LINE 3, COLUMN (E):

REGION: CENTRAL AMERICA AND CARIBBEAN:

(E) SPECIFIC TYPES OF SERVICES IN REGION: SCHOOL FEEDING,

MATERNAL/CHILD HEALTH, FOOD SECURITY, DISASTER RELIEF, WOMEN

EMPOWERMENT.

REGION: SOUTH ASIA:

Part V Supplemental Information

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. See instructions.

(E) SPECIFIC TYPES OF SERVICES IN REGION: DISEASE PREVENTION,

MATERNAL/CHILD HEALTH, FOOD SECURITY, WOMEN EMPOWERMENT.

REGION: SUB-SAHARAN AFRICA:

(E) SPECIFIC TYPES OF SERVICES IN REGION: DISEASE PREVENTION,

MATERNAL/CHILD HEALTH, FOOD SECURITY, WOMEN EMPOWERMENT, HUMANITARIAN ASSISTANCE.

PART II, LINE 1:

ACCRUAL BASIS

PART III:

ACCRUAL BASIS

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization <p style="text-align:center">PROJECT CONCERN INTERNATIONAL</p>	Employer identification number <p style="text-align:center">95-2248462</p>
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Part I Fundraising Activities. Complete if the organization answered "Yes" on 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.
- | | |
|---|---|
| <p>a <input type="checkbox"/> Mail solicitations</p> <p>b <input type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input type="checkbox"/> In-person solicitations</p> | <p>e <input type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p> |
|---|---|
- 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 10 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				▶		

- 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.
-
-
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-

Part II Fundraising Events. Complete if the organization answered "Yes" on 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		HANDS ACROSS BORDERS (event type)	DRIVER GOLF TOURNAMENT (event type)	1 (total number)		
Revenue	1	Gross receipts	584,792.	120,018.	77,172.	781,982.
	2	Less: Contributions	535,292.	101,118.	73,172.	709,582.
	3	Gross income (line 1 minus line 2)	49,500.	18,900.	4,000.	72,400.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	4,625.	12,355.	4,735.	21,715.
	6	Rent/facility costs	9,786.	11,320.	3,748.	24,854.
	7	Food and beverages	75,437.	16,499.	2,781.	94,717.
	8	Entertainment	11,017.			11,017.
	9	Other direct expenses	144,543.	31,544.	40,315.	216,402.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				368,705.
11	Net income summary. Subtract line 10 from line 3, column (d)				-296,305.	

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

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

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

a Is the organization licensed to conduct 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 conduct 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 conducted 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. 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 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" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

**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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Purpose of grant or assistance
BCFS HEALTH & HUMAN SERVICES 1506 BEXAR CROSSING SAN ANTONIO, TX 78232	74-1260710		13,059.	0.			TO INCREASE EARLY AND ONGOING PRENATAL CARE BY 10% AMONG WOMEN IN TARGETED IMPACT AREAS.
BILATERAL SAFETY CORRIDOR COALITION - 121 E. 31ST STREET, SUITE A - NATIONAL CITY, CA 91950	55-0806460	501C3	13,750.	0.			TO PROVIDE TRAINING ON HUMAN TRAFFICKING WITH THE INTENTION TO REDUCE DEMAND. PROVIDE
MARIPOSA COMMUNITY HEALTH CENTER 1852 N. MASTICK WAY NOGALES, AZ 85621	86-0524321	501C3	30,339.	0.			TO INCREASE EARLY AND ONGOING PRENATAL CARE BY 10% AMONG WOMEN IN TARGETED IMPACT AREAS.
3 STRANDS GLOBAL FOUNDATION 3941 PARK DRIVE, SUITE 20-200 EL DORADO HILLS, CA 95762	27-4594317	501C3	349,029.	0.			TO REDUCE VULNERABILITIES AND INCREASE PROTECTIVE FACTORS OF INDIVIDUALS, SCHOOLS AND THE COMMUNITY
POINT LOMA UNIVERSITY 3900 LOMALAND DRIVE SAN DIEGO, CA 92106	95-1644035	501C3	132,807.	0.			TO REDUCE VULNERABILITIES AND INCREASE PROTECTIVE FACTORS OF INDIVIDUALS, SCHOOLS AND THE COMMUNITY
REBELHOUSE STUDIOS 1223 WILSHIRE BLVD. #351 SANTA MONICA, CA 90403	82-3663035		25,000.	0.			TO SUPPORT START-UP COSTS RELATED TO THE DEVELOPMENT OF A HUMAN TRAFFICKING FILM IN SAN

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 17.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 3.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
JUAREZ & ASSOCIATES 12139 NATIONAL BLVD LOS ANGELES, CA 90064	95-2750512		634,099.	0.			TO PROVIDE TECHNICAL ASSISTANCE TO PCI TO IMPROVE THE QUALITY AND EQUITY OF STURDENTS'
SAVE THE CHILDREN 54 WILTON ROAD WESTPORT, CT 06880	06-0726487	501C3	103,244.	0.			TO PROVIDE DEVELOPMENT ASSISTANCE THAT WILL ENHANCE FOOD SECURITY.
SEEDS FOR PROGRESS FOUNDATION 2333 PONCE DE LEON BLVD, SUITE 600 CORAL GABLES, FL 33134	46-2393827	501C3	5,759.	0.			TO SUPPORT THE IMPLEMENTATION OF AN ACCOMPANIMENT MODEL FOR INSTRUCTORS FOR GIRLS'
AMERICAN COLLEGE OF NURSE-MIDWIVES 8403 COLESVILLE RD STE 1550 SILVER SPRING, MD 20910	74-1685515	501C3	103,450.	0.			TO SUPPORT EMERGING PRIORITIES IN REPRODUCTIVE, MATERNAL AND NEWBORN HEALTH.
GLOBAL ALLIANCE TO PREVENT PREMATURITY AND STILLBIRTH - 19009 33RD AVE W, SUITE 200 - LYNNWOOD, WA 98036	81-4625437	501C3	385,883.	0.			TO PROVIDE PRACTICAL, CATALYTIC, AND SCALABLE APPROACHES TO EXPANDE THE UPTAKE OF PRETERM BIRTH
INTERNATIONAL CENTER FOR RESEARCH ON WOMEN - 1120 20TH STREET NW, SUITE 500 N - WASHINGTON, DC 20036	52-1081455	501C3	13,188.	0.			TO PROVIDE PROGRAM SUPPORT.
POPULATION COUNCIL 1 DAG HAMMARSKJOLD PLZ FL 9 NEW YORK, NY 10017	13-1687001	501C3	191,207.	0.			TO CONDUCT RESEARCH TO ADDRESS CRITICAL HEALTH AND DEVELOPMENT ISSUES.
FORDHAM UNIVERSITY 441 EAST FORDHAM ROAD BRONX, NY 10458	13-1740451	501C3	33,725.	0.			TO BUILD RESEARCH METHODOLOGY AND ANALYZE EVALUATION DATA.
IDE GLOBAL 1031 33RD ST STE 270 DENVER, CO 80205	23-2220051	501C3	49,358.	0.			TO PROVIDE PROGRAM SUPPORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
INTRAHEALTH INTERNATIONAL 6340 QUADRANGLE DR, STE 200 CHAPEL HILL, NC 27517	55-0825466	501C3	78,703.	0.			TO PROVIDE PROGRAM SUPPORT.
SCHOOL TO SCHOOL INTERNATIONAL 1005 TERRA NOVA BOULEVARD, SUITE 1 PACIFICA, CA 94044	02-0600889	501C3	24,305.	0.			TO PROVIDE PROGRAM SUPPORT.
UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER - MSC09 5220 1 UNIVERSITY OF NEW MEXICO - ALBUQUERQUE, NM 87131	85-6000642	501C3	10,784.	0.			TO EXPLORE AND SHARE WITH STATE AND BORDER PARTNERS THE FEASIBILITY OF EXISTING PROJECT PLANS
CATHOLIC RELIEF SERVICES 228 W LEXINGTON ST BALTIMORE, MD 21201	13-5563422	501C3	180,944.	0.			TO PROVIDE DEVELOPMENT ASSISTANCE THAT WILL ENHANCE FOOD SECURITY.
PURDUE UNIVERSITY 401 S. GRANT STREET WEST LAFAYETTE, IN 47907	35-6002041	501C3	362,486.	0.			TO EVALUATE THE IMPACT OF INTERVENTIONS AMONG HOUSEHOLDS WITH YOUNG CHILDREN.

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

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

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PCI ISSUES SUB-GRANTS TO LOCAL COMMUNITY ORGANIZATIONS IN THE US.

MONITORING PROCEDURES INCLUDE REVIEW OF MONTHLY OR QUARTERLY FINANCIAL AND

PROGRAM REPORTS, ALONG WITH SITE VISITS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BILATERAL SAFETY CORRIDOR COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE TRAINING ON HUMAN

TRAFFICKING WITH THE INTENTION TO REDUCE DEMAND. PROVIDE EDUCATION TO

Part IV Supplemental Information

MEN ON THE DANGERS OF SEX BUYING AND THE EFFECT IT HAS ON THE WOMEN WHO ARE TRAFFICKED.

NAME OF ORGANIZATION OR GOVERNMENT: 3 STRANDS GLOBAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REDUCE VULNERABILITIES AND INCREASE PROTECTIVE FACTORS OF INDIVIDUALS, SCHOOLS AND THE COMMUNITY IN ORDER TO PREVENT YOUTH FROM BECOMING VICTIMS OF HUMAN TRAFFICKING.

NAME OF ORGANIZATION OR GOVERNMENT: POINT LOMA UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REDUCE VULNERABILITIES AND INCREASE PROTECTIVE FACTORS OF INDIVIDUALS, SCHOOLS AND THE COMMUNITY IN ORDER TO PREVENT YOUTH FROM BECOMING VICTIMS OF HUMAN TRAFFICKING.

NAME OF ORGANIZATION OR GOVERNMENT: REBELHOUSE STUDIOS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT START-UP COSTS RELATED TO THE DEVELOPMENT OF A HUMAN TRAFFICKING FILM IN SAN DIEGO, CA. THE FEATURE-LENGTH DOCUMENTARY FILM WILL SERVE TO SHINE A NEW LIGHT ON THE COMPLEX AND PERVASIVE ISSUE OF HUMAN TRAFFICKING.

NAME OF ORGANIZATION OR GOVERNMENT: JUAREZ & ASSOCIATES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE TECHNICAL ASSISTANCE TO PCI TO IMPROVE THE QUALITY AND EQUITY OF STURDENTS' READING OUTCOMES.

NAME OF ORGANIZATION OR GOVERNMENT: SEEDS FOR PROGRESS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE IMPLEMENTATION OF AN ACCOMPANIMENT MODEL FOR INSTRUCTORS FOR GIRLS' AND BOYS' READING AND WRITING EDUCATION.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

GLOBAL ALLIANCE TO PREVENT PREMATURITY AND STILLBIRTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE PRACTICAL, CATALYTIC, AND

SCALABLE APPROACHES TO EXPANDE THE UPTAKE OF PRETERM BIRTH AND LOW BIRTH

WEIGHT INTERVENTIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPLORE AND SHARE WITH STATE AND

BORDER PARTNERS THE FEASIBILITY OF EXISTING PROJECT PLANS AND RECOMMEND

PROJECT MODIFICATIONS AS NECESSARY TO COMPLETE THE BORDER COIIN PROJECT

FOR NEW MEXICO.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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 on 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 (such as 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on 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 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 on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on 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" on line 5a or 5b, describe in Part III.

6 For persons listed on 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" on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on 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" on 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) 2018

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CARRIE HESSLER-RADELET CHIEF EXECUTIVE OFFICER	(i)	360,750.	0.	0.	35,663.	1,109.	397,522.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARK O'DONNELL CHIEF OPERATING OFFICER	(i)	213,740.	0.	0.	12,870.	7,374.	233,984.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) NIKOLOS OAKLEY CHIEF FINANCIAL OFFICER	(i)	188,957.	0.	0.	11,712.	18,486.	219,155.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MELINDA COIL CORP SEC. & CONTROLLER	(i)	138,113.	0.	0.	8,680.	13,340.	160,133.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JANINE SCHOOLEY SENIOR VP, PROGRAMS	(i)	212,608.	0.	0.	13,000.	12,969.	238,577.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) NICOLAS FORD COUNTRY DIRECTOR, TANZANIA	(i)	88,467.	0.	109,510.	3,762.	8,323.	210,062.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) RICHARD PARKER VP, EXTERNAL AFFAIRS	(i)	186,351.	0.	0.	11,450.	18,060.	215,861.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KURT HENNE COUNTRY DIRECTOR, MALAWI	(i)	94,087.	0.	81,329.	7,504.	14,269.	197,189.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) PEG ROSS VP, PEOPLE & CULTURE	(i)	171,244.	0.	0.	10,596.	21,577.	203,417.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JUDITH ROBB-MCCORD VP, TECHNICAL LEADERSHIP & SUPPORT	(i)	165,516.	0.	0.	9,900.	0.	175,416.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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).

KURT HENNE AND NICOLAS FORD WERE POSTED TO MALAWI AND TANZANIA,

RESPECTIVELY DURING THE YEAR COVERED BY THE RETURN AND RECEIVED TAXABLE

FRINGE BENEFITS INCLUDING HOUSING AND FAMILY HOME LEAVE.

PART I, LINE 3:

PCI ESTABLISHES COMPENSATION RATES BASED ON REVIEW OF COMPENSATION RATES IN

COMPARABLE ORGANIZATIONS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	8	66,487.	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		3,983,031.	DONOR APPRAISAL
20 Drugs and medical supplies	X		1,475,438.	MARKET VALUATION
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (SUPPLIES)	X	0	281,684.	MARKET VALUATION
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't 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) 2018

Part II **Supplemental Information.** 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.

Multiple horizontal lines for supplemental information.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

PROJECT CONCERN INTERNATIONAL

Employer identification number

95-2248462

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PCI IS A GLOBAL DEVELOPMENT ORGANIZATION THAT DRIVES INNOVATION FROM
THE GROUND UP TO ENHANCE HEALTH, END HUNGER, OVERCOME HARDSHIP AND
ADVANCE WOMEN & GIRLS-RESULTING IN MEANINGFUL AND MEASURABLE CHANGE IN
PEOPLE'S LIVES.

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

IMPLEMENTED 21 USAID TITLE II FOOD ASSISTANCE PROJECTS SINCE 1997.
THROUGH THE NJIRA PROGRAM IN MALAWI, PCI WORKED TO BUILD PATHWAYS TO
SUSTAINABLE FOOD SECURITY IN THE BALAKA AND MACHINGA DISTRICTS. PCI HAD
OVERALL RESPONSIBILITY FOR NJIRA'S PROGRAM MANAGEMENT, TECHNICAL
LEADERSHIP, IMPLEMENTATION, PROJECT MONITORING AND EVALUATION,
COORDINATION WITH PARTNER ORGANIZATIONS, COMMODITY MANAGEMENT, AND
REPORTING TO USAID. IN ADDITION, WITH USAID EMERGENCY FOOD SECURITY
PROGRAM FUNDING, PCI IS RESPONDING TO RISING FOOD INSECURITY IN
GUATEMALA THROUGH THE ANIMO PROGRAM, WHICH ADDRESSES SHORT-TERM FOOD
INSECURITY AMONG THE MOST VULNERABLE HOUSEHOLDS AND WORKS TOWARDS
SUSTAINABILITY THROUGH SUPPORT TO SEEDLING
NURSERIES AND HOUSEHOLD GARDENS.

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

THROUGH SEVERAL USG AGENCIES (CDC, DOD, USAID, AND DHHS), IN
COLLABORATION WITH HUNDREDS OF LOCAL, NATIONAL AND INTERNATIONAL
ORGANIZATIONS AND PARTNER AGENCIES. PCI'S OVERARCHING APPROACH TO
HIV/AIDS PROGRAMMING IS TO LEVERAGE ITS COMMUNITY-BASED PLATFORM ACROSS

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization PROJECT CONCERN INTERNATIONAL	Employer identification number 95-2248462
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DIFFERENT TECHNICAL AREAS AS AN ENTRY POINT TO PROMOTING EFFECTIVE APPROACHES AND IMPROVING SERVICE UPTAKE. IN BOTSWANA, WITH FUNDING FROM USAID, PCI IS CONNECTING ORPHANS AND VULNERABLE CHILDREN AND THEIR CAREGIVERS TO LIFE-SAVING, HIV/AIDS-RELATED SERVICES. IN 2019, THIS PROGRAM REACHED OVER 91,000 BENEFICIARIES. PCI PROVIDES SUB GRANTS AND TECHNICAL SUPPORT TO SIX ORGANIZATIONS ACROSS SEVEN DISTRICTS TO STRENGTHEN COMMUNITY AGENCY TO SEEK, SUPPORT AND PROVIDE HIV/AIDS SERVICES.

ADDITIONALLY, AS PART OF THIS PORTFOLIO AND WITH FUNDING FROM THE US DEPARTMENT OF DEFENSE, PCI PROVIDED TECHNICAL ASSISTANCE TO THE DEFENSE FORCES OF ZAMBIA AND MALAWI TO IMPLEMENT, MANAGE, AND EVALUATE COMPREHENSIVE HIV/AIDS PREVENTION, TREATMENT, AND CARE AND SUPPORT GROUPS. THROUGH SUPPORT AND COLLABORATION WITH THE US DOD, PCI HAS REACHED OVER 800,000 WITH HIV/AIDS SUPPORT IN ZAMBIA, MALAWI, AND BOTSWANA. WORKING IN PARTNERSHIP WITH THE CORE SECRETARIAT IN INDIA, THE GOVERNMENT OF INDIA, THE WORLD HEALTH ORGANIZATION, NUMEROUS OTHER INTERNATIONAL AND NATIONAL NGOS, AND LOCAL DISTRICT AUTHORITIES AND COMMUNITIES, PCI IMPLEMENTS THE CORE GROUP POLIO PROJECT (CGPP) IN THREE HIGH-RISK DISTRICTS IN THE STATE OF UTTAR PRADESH. THROUGH 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. INDIA WAS DECLARED POLIO FREE IN 2014, FOLLOWING THREE YEARS WITHOUT A SINGLE CASE. THE CGPP, IMPLEMENTED BY PCI IN COLLABORATION WITH OTHER PARTNERS, HAS PLAYED AN IMPORTANT ROLE IN THIS SUCCESS. BECAUSE OF PCI'S INTEGRATIVE APPROACH, PCI'S PROGRAMS RELATED TO MATERNAL AND CHILD HEALTH INCORPORATE EDUCATION ON WATER AND SANITATION AND DISEASE PREVENTION.

Name of the organization PROJECT CONCERN INTERNATIONAL	Employer identification number 95-2248462
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THIS INTEGRATED APPROACH IS ALSO REFLECTED IN PCI'S BILL AND MELINDA GATES FOUNDATION-SPONSORED WORK IN BIHAR, INDIA AND OTHER STATES, WHERE MILLIONS OF MARGINALIZED WOMEN ARE TRANSFORMING THEIR FAMILIES' HEALTH AND NUTRITION BY ADOPTING KEY 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. PCI IS WORKING WITH NATIONAL AND STATE RURAL LIVELIHOOD MISSIONS TO INTEGRATE HEALTH AND NUTRITION INTO CLOSE TO A MILLION ECONOMIC EMPOWERMENT GROUPS AND RELATED COMMUNITY INSTITUTIONS IN THE STATE OF BIHAR ALONE.

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

GIVEN IN LOANS. IN TANZANIA, PCI IS SUPPORTING THE DEVELOPMENT AND ROLL-OUT OF DREAMSAVE, A SMART PHONE APP DESIGNED TO DIGITIZE WE GROUP RECORD-KEEPING PROCESSES. ADDITIONALLY, TO DATE, PCI HAS GRADUATED 10,000 WE MEMBERS FROM GAP INC.'S PERSONAL ADVANCEMENT, CAREER ENHANCEMENT (P.A.C.E.) LIFE SKILLS TRAINING IN TANZANIA, GUATEMALA, AND NICARAGUA. IN THE UNITED STATES, PCI WORKS TO PREVENT HUMAN TRAFFICKING IN SAN DIEGO BY ADDRESSING THE ROOT CAUSES OF GENDER-BASED VIOLENCE, EXPLOITATION, AND UNHEALTHY RELATIONSHIPS THROUGH RAISING AWARENESS AND BUILDING RESILIENCE AMONG YOUTH PARTICIPATING IN GROUP MENTORING AND SOCIAL-EMOTIONAL LEARNING ACROSS ALL 43 SAN DIEGO SCHOOL DISTRICTS. A TESTIMONY TO PCI'S LONG-TERM COMMITMENT TO THE COMMUNITIES IT SERVES, PCI'S FOUR LEGACY PROGRAMS IN INDIA, GUATEMALA, MEXICO AND THE US/MEXICO BORDER HAVE BEEN OPERATING FOR A COMBINED 68 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 AND SUPPORT SERVICES FOR STREET CHILDREN IN NEW DELHI, INDIA. FINALLY, PCI HAS MANY DECADES OF EXPERIENCE IN NOT ONLY

Name of the organization PROJECT CONCERN INTERNATIONAL	Employer identification number 95-2248462
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EFFECTIVELY ENGAGING WITH LOCAL ENTITIES AS PARTNERS IN TRANSFORMATIONAL DEVELOPMENT, BUT ALSO IN IMPROVING LOCAL CAPACITY FOR SUSTAINABLE, COMMUNITY-DRIVEN CHANGE AT SCALE.

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

HARDSHIP: PCI CURRENTLY OPERATES DISASTER RISK REDUCTION AND HUMANITARIAN ASSISTANCE PROGRAMS IN SEVERAL 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. AFTER EXTREME WEATHER AND FLOODING DISPLACED NEARLY 90,000 MALAWIANS IN 2019, PCI IS HELPING OVER 114,000 INDIVIDUALS IN TWO DISTRICTS OF SOUTHERN MALAWI GAIN ACCESS TO CLEAN WATER AND IS STRENGTHENING HYGIENE AND SANITATION PRACTICES TO PREVENT THE OUTBREAK OF WATER-BORNE DISEASE. UNDER THE USAID-FUNDED BARRIO MIO PROJECT IN GUATEMALA, PCI IS TRANSFORMING AN URBAN NEIGHBORHOOD BY REDUCING ITS RISK OF DISASTER, 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. UNDER BARRIO MIO, PCI HAS REACHED NEARLY 2 MILLION BENEFICIARIES, UPGRADED 94 COMMUNITIES, TRAINED OVER 6,000 PEOPLE, AND ENGAGED WITH OVER 40 LOCAL PARTNERS. FOLLOWING POSITIVE RESULTS USING "THE NEIGHBORHOOD APPROACH," PCI HAS WORKED CLOSELY WITH USAID/OFDA TO CREATE THE MANUAL THAT DETAILS THIS METHODOLOGY AND INFORMS ITS USE IN PRACTICE FOR A BROAD RANGE OF HUMANITARIAN ACTORS. IN ETHIOPIA, PASTORALIST FAMILIES UTILIZED GEO-CLIMACTIC SATELLITE DATA FOR DECISION-MAKING ON WHERE TO

Name of the organization PROJECT CONCERN INTERNATIONAL	Employer identification number 95-2248462
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LOCATE GOOD GRAZING LAND TO REDUCE LIVESTOCK DEATHS. PCI'S

INTERVENTIONS LED TO A 47% DROP IN HERD MORTALITY IN VULNERABLE

COMMUNITIES REPRESENTING \$8.4 MILLION DOLLARS IN LIVESTOCK SURVIVING

COMPARED TO AVERAGE ANNUAL LOSSES EXPERIENCED IN THE PREVIOUS THREE

YEARS. PCI ESTIMATES THAT \$5.4 MILLION (64% OF THE VALUE IN REDUCED

LOSSES) CAN BE ATTRIBUTED TO PCI'S INTERVENTIONS. THIS INNOVATIVE

METHOD HAS SCALED ACROSS ETHIOPIA, KENYA AND TANZANIA, WHERE IT WILL

HELP THE LARGEST POPULATIONS OF PASTORALISTS IMPROVE THEIR LIVELIHOODS.

EXPENSES \$ 3,870,120. INCLUDING GRANTS OF \$ 162,604. REVENUE \$ 0.

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

BOLIVIA, BOTSWANA, GUATEMALA, INDIA,

LIBERIA, MALAWI, NICARAGUA, UNITED KINGDOM,

TANZANIA, ZAMBIA

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

A SUB-COMMITTEE OF FINANCE AND AUDIT COMMITTEE MEMBERS AND PROJECT CONCERN

INTERNATIONAL MANAGEMENT REVIEW THE DRAFT FORM 990, PROVIDING COMMENTS

RESULTING IN SOME MINOR REVISIONS OF THE DOCUMENT. THEN, THE FINALIZED FORM

990 IS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS VIA E-MAIL PRIOR TO ITS

SUBMISSION TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

MEMBERS OF THE BOARD OF DIRECTORS, OFFICERS, AND KEY STAFF ARE COVERED

UNDER THE CONFLICT OF INTEREST POLICY. CONFLICTS ARE REPORTED TO THE CEO

WHO DETERMINES IF A CONFLICT EXISTS, IN CONSULTATION WITH THE AUDIT

COMMITTEE AS NEEDED. TRANSACTIONS DEEMED TO CONSTITUTE A CONFLICT ARE

DISCLOSED TO THE BOARD (FOR BOARD MATTERS) OR A DISINTERESTED SENIOR MEMBER

Name of the organization PROJECT CONCERN INTERNATIONAL	Employer identification number 95-2248462
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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 PERSONNEL REVIEW COMMITTEE ARE
 DOCUMENTED.

THESE PROCESSES WERE LAST DONE IN JANUARY AND FEBRUARY 2018.

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, OK, OR, PA, RI, SC, TN
 UT, WV, WI, VA

FORM 990, PART VI, SECTION C, LINE 19:

Name of the organization PROJECT CONCERN INTERNATIONAL	Employer identification number 95-2248462
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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.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: PROJECT CONCERN INTERNATIONAL
Employer identification number: 95-2248462

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
AFRISCOUT LLC 5151 MURPHY CANYON ROAD, STE 320 SAN DIEGO, CA 92123	PROVIDES INFORMATION TO AFRICAN PASTORALISTS.	CALIFORNIA	0.	0.	PROJECT CONCERN INTERNATIONAL

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
PROJECT CONCERN INTERNATIONAL PANSHEEL ENCLAVE, NEAR CHIRAG DELHI FLYOVER NEW DELHI, INDIA	PREVENT DISEASE, IMPROVE COMMUNITY HEALTH	INDIA	501(C)(3)		PROJECT CONCERN INTERNATIONAL	X	
PROJECT CONCERN (UK) LIMITED UNIT 2 CAPITAL BUSINESS PARK MANOR WAY, BORE HERTFORDSHIRE WD6 1GW, UNITED KINGDOM	PREVENT DISEASE, IMPROVE COMMUNITY HEALTH	UNITED KINGDOM	501(C)(3)		PROJECT CONCERN INTERNATIONAL	X	
PROGRAMAS DE MEDECINA SOCIAL COMUNITARIA AC BATOPILAS 2336 COL. CACHO TIJUANA, BC, MEXICO	PREVENT DISEASE, IMPROVE COMMUNITY HEALTH	MEXICO	501(C)(3)		PROJECT CONCERN INTERNATIONAL	X	

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

Schedule R (Form 990) 2018

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PROJECT CONCERN INTERNATIONAL - INDIA	P	5,309,521.	REIMBURSEMENTS - BOOK VALUE
(2) PROJECT CONCERN INTERNATIONAL - INDIA	R	5,078,229.	CASH TRANSFERS
(3) PROGRAMAS DE MEDECINA SOCIAL COMUNITARIA AC	P	40,519.	REIMBURSEMENTS - BOOK VALUE
(4) PROGRAMAS DE MEDECINA SOCIAL COMUNITARIA AC	R	37,805.	CASH TRANSFERS
(5)			
(6)			

