

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

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.

Open to Public Inspection

Form 990 header section A-M containing organization details like name (PCI-MEDIA IMPACT, INC.), address (26 BROADWAY, NEW YORK, NY), and financial information (Gross receipts: 4,312,340).

Part I Summary

Table with 3 main sections: Activities & Governance (mission statement, membership counts), Revenue (total revenue: 4,284,140), and Expenses (total expenses: 4,754,182). Includes net assets of 687,014.

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.

Signature block containing officer signature (NEEMESHA BROWN, PRESIDENT), preparer information (GARRETT M. HIGGINS), and firm details (PKF O'CONNOR DAVIES, LLP).

May the IRS discuss this return with the preparer shown above? See instructions [X] 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: WE USE THE PRINCIPLES OF SOCIAL BEHAVIOR CHANGE COMMUNICATION (SBCC) TO CRAFT A MESSAGE WHICH INSPIRES PEOPLE TO LEAD CHANGE IN THEIR OWN LIVES AND COMMUNITIES. SBCC IDENTIFIES WAYS IN WHICH PEOPLE CAN MAKE A DIFFERENCE THROUGH MODIFYING THEIR BEHAVIOR OR HABITS. THIS COULD BE

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 \$ 814,583. including grants of \$) (Revenue \$) UNITED NATIONS ENVIRONMENT PROGRAMME C4D SERVICES:

UNEP'S PROGRAMME DIVISION IN THE NEW YORK HEADQUARTERS ESTABLISHED LONG TERM ARRANGEMENTS FOR SERVICES (LTAS) WITH COMPANIES WITH PROVEN CREDENTIALS IN THE AREA OF COMMUNICATION FOR DEVELOPMENT (C4D) AND STRATEGIC MEDIA AND COMMUNICATIONS. THE LTAS ENABLED UNEP GLOBAL, REGIONAL AND COUNTRY OFFICES TO SOLICIT HIGH QUALITY AND TIMELY C4D TECHNICAL SERVICES DIRECTLY AND THROUGH A MORE STREAMLINED CONTRACTING PROCESS, AROUND SPECIFIC AREAS OF COLLABORATION BASED ON PRE-DEFINED PROJECT TERMS AND ON NEGOTIATED, FIXED RATES OR COST CALCULATION METHODOLOGY. C4D IS STRATEGICALLY POSITIONED TO PLAY A CENTRAL ROLE IN UNEP'S DEVELOPMENT AND HUMANITARIAN WORK BY ADDRESSING SUCH BEHAVIORAL

4b (Code:) (Expenses \$ 684,597. including grants of \$) (Revenue \$) MOZAMBIQUE - BLACK GOLD:

THE ISSUE: EACH YEAR, AROUND 6 MILLION CHILDREN DIE FROM PREVENTABLE AND TREATABLE ILLNESSES BEFORE REACHING THEIR FIFTH BIRTHDAY. THOSE WHO DO LIVE ARE AT RISK TO HEALTH ISSUES, SUCH AS STUNTING, WHICH 43% OF CHILDREN EXPERIENCE DUE TO MALNUTRITION. PCI MEDIA IMPACT PARTNERED WITH THE WORLD FOOD PROGRAMME, RADIO MOZAMBIQUE, AND UNICEF TO CREATE OURO NEGRO (BLACK GOLD), A RADIO DRAMA AIMED AT DISCUSSING ISSUES FACING MOZAMBIQUE WHILE OPENING A SPACE FOR DIALOGUE.

SYNOPSIS: TRADITION AND MODERNITY, FORCED TO TEAM UP TO DISCOVER NEW TRUTHS. BLACK GOLD IS THE STORY OF THE VILLAGE OF JAMBOLANE, A

4c (Code:) (Expenses \$ 402,506. including grants of \$) (Revenue \$) ACCESS WITHOUT BARRIERS:

ACCORDING TO A 2019 REPORT BY THE UNITED NATIONS DEPARTMENT OF SOCIAL AND ECONOMIC AFFAIRS, YOUNG PEOPLE AND ADULTS WITH DISABILITIES ARE AT EQUAL OR GREATER RISK OF UNWANTED PREGNANCIES, SEXUAL VIOLENCE, AND SEXUALLY TRANSMITTED INFECTIONS. THESE INCREASED RISKS ARE DUE TO SEVERAL BARRIERS THAT PREVENT PEOPLE WITH DISABILITIES FROM ACCESSING SEXUAL AND REPRODUCTIVE HEALTH INFORMATION AND SERVICES. BARRIERS INCLUDE LACK OF KNOWLEDGE FROM SERVICE PROVIDERS COMMUNICATING WITH DISABLED PEOPLE, A MISCONCEPTION THAT PEOPLE WITH DISABILITIES ARE ASEXUAL, AND ADDITIONAL BARRIERS THAT WILL BE ADDRESSED IN THIS NEW INITIATIVE.

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,915,813. including grants of \$) (Revenue \$)

4e Total program service expenses 3,817,499.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various IRS schedule 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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding.

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 on 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 Enter the number of voting members of the governing body at the end of the tax year (11); 1b Enter the number of voting members included on line 1a, above, who are independent (11); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X)

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 Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
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. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on 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 FRANK MEE - 212-647-8710 C/O YPTC, 1333 BROADWAY, SUITE 720, NEW YORK, NY 10018

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. See instructions for the order in which to list the persons above.

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) NEEMESHA BROWN, EXECUTIVE DIR THRU JAN 2020/PRESIDENT FEB. 2020	40.00			X				201,985.	0.	30,761.
(2) ANTHONY SCALA CHIEF FINANCIAL OFFICER	40.00			X				131,817.	0.	26,496.
(3) SEAN SOUTHEY PRESIDENT THRU JAN. 2020	40.00			X				131,530.	0.	14,992.
(4) DAVID WOOD VP OF GLOBAL PROGRAMS	40.00					X		105,739.	0.	36,169.
(5) LYNNE YEANNAKIS, ED.D CHAIR	4.00	X		X				0.	0.	0.
(6) RITA FREDRICKS SALZMAN VICE CHAIR	4.00	X		X				0.	0.	0.
(7) RICHARD STONE TREASURER	4.00	X		X				0.	0.	0.
(8) SARAH TIMPSON SECRETARY	4.00	X		X				0.	0.	0.
(9) ROBERT ALLEN DIRECTOR	2.00	X						0.	0.	0.
(10) BRENDA CAMPOS DIRECTOR	2.00	X						0.	0.	0.
(11) PAAL FRISVOLD DIRECTOR THRU SEPT 2020	2.00	X						0.	0.	0.
(12) THEANA IORDANOU DIRECTOR THRU MARCH 2020	2.00	X						0.	0.	0.
(13) JOHNATHAN KURLAND DIRECTOR	2.00	X						0.	0.	0.
(14) PARAG MEHTA DIRECTOR	2.00	X						0.	0.	0.
(15) TERRY MOLLNER DIRECTOR	2.00	X						0.	0.	0.
(16) PAMELA NEWMAN, PH.D DIRECTOR	2.00	X						0.	0.	0.
(17) PAULA DENISE PATNOE-WOODLEY DIRECTOR	2.00	X						0.	0.	0.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	546,628.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	3,733,917.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 17,228.				
	h Total. Add lines 1a-1f		4,280,545.				
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)		257.			257.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		248.			248.	
	6 a Gross rents	6a	(i) Real	28,200.			
			(ii) Personal				
			6b Less: rental expenses ...	28,200.			
	c Rental income or (loss)	6c	0.				
	d Net rental income or (loss)		0.				
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
			7b Less: cost or other basis and sales expenses				
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
8b Less: direct expenses							
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		9b Less: direct expenses					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
		10b Less: cost of goods sold					
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a UBTI TAX REFUND	Business Code	90099	2,563.		2,563.	
	b CREDIT CARD REWARD		90099	527.		527.	
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			3,090.			
12 Total revenue. See instructions			4,284,140.	0.	0.	3,595.	

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 X

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 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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	404,153.	244,518.	159,635.	
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	727,794.	554,121.	90,481.	83,192.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	32,914.	19,980.	12,934.	
9 Other employee benefits	131,352.	113,071.	5,568.	12,713.
10 Payroll taxes	93,794.	57,447.	30,122.	6,225.
11 Fees for services (nonemployees):				
a Management				
b Legal	275.		275.	
c Accounting	50,400.		50,400.	
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.)	2,665,743.	2,566,120.	7,318.	92,305.
12 Advertising and promotion	104,456.	103,924.	240.	292.
13 Office expenses	97,908.	35,178.	38,675.	24,055.
14 Information technology	3,528.		3,528.	
15 Royalties				
16 Occupancy	161,273.	28,239.	131,389.	1,645.
17 Travel	74,702.	54,512.	5,493.	14,697.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	10,074.	7,520.	199.	2,355.
20 Interest	2,523.		2,523.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	71,948.		71,948.	
23 Insurance	20,766.		20,766.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>EQUIP. RENTAL/REPAIR</u>	48,410.	3,723.	29,224.	15,463.
b <u>REGISTRATION DUES & FEE</u>	46,903.	23,880.	5,375.	17,648.
c <u>TAPES AND FILMS</u>	5,266.	5,266.		
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	4,754,182.	3,817,499.	666,093.	270,590.
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	199,074.	1	803,826.
	2 Savings and temporary cash investments	501,188.	2	26,477.
	3 Pledges and grants receivable, net	536,454.	3	271,590.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	13,201.	7	5,349.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	17,818.	9	39,073.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 414,782.		
	b Less: accumulated depreciation	10b 255,603.	229,860.	10c 159,179.
	11 Investments - publicly traded securities	98.	11	90.
	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	20,473.	15	20,473.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,518,166.	16	1,326,057.	
Liabilities	17 Accounts payable and accrued expenses	355,638.	17	184,515.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	152,423.
	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	0.	25	302,105.
	26 Total liabilities. Add lines 17 through 25	355,638.	26	639,043.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	687,977.	27	241,850.
	28 Net assets with donor restrictions	474,551.	28	445,164.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,162,528.	32	687,014.
	33 Total liabilities and net assets/fund balances	1,518,166.	33	1,326,057.

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	4,284,140.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,754,182.
3	Revenue less expenses. Subtract line 2 from line 1	3	-470,042.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,162,528.
5	Net unrealized gains (losses) on investments	5	
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 on Schedule O)	9	-5,472.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	687,014.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **PCI-MEDIA IMPACT, INC.** Employer identification number **13-3280193**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4393518.	4998751.	5958369.	3901196.	4280545.	23532379.
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	4393518.	4998751.	5958369.	3901196.	4280545.	23532379.
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)						2671636.
6 Public support. Subtract line 5 from line 4.						20860743.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	4393518.	4998751.	5958369.	3901196.	4280545.	23532379.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	29,459.	33,858.	32,817.	47,865.	28,705.	172,704.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,016.	818.	6,522.	778.	3,090.	12,224.
11 Total support. Add lines 7 through 10						23717307.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f))	14	87.96	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	87.03	%
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 line 2, above, 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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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>	Yes	No
b Did the activities described in line 2a, above, 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 lines 3a and 3b 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>If "Yes" or "No" 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 0.015 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 0.035.	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 0.85 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).		

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

CREDIT CARD REWARD

2016 AMOUNT: \$ 699.

2017 AMOUNT: \$ 796.

2018 AMOUNT: \$ 2,325.

2019 AMOUNT: \$ 778.

2020 AMOUNT: \$ 527.

OTHER INCOME

2016 AMOUNT: \$ 317.

2017 AMOUNT: \$ 22.

2018 AMOUNT: \$ 28.

INSURANCE PROCEEDS

2018 AMOUNT: \$ 4,169.

UBTI TAX REFUND

2020 AMOUNT: \$ 2,563.

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

2020

Name of the organization

PCI-MEDIA IMPACT, INC.

Employer identification number

13-3280193

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 PCI-MEDIA IMPACT, INC.	Employer identification number 13-3280193
---	---

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
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>958,081.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>788,458.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>546,628.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>323,299.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>262,626.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>231,916.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PCI-MEDIA IMPACT, INC.	Employer identification number 13-3280193
---	---

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	_____ _____ _____	\$ <u>174,872.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>141,160.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>124,654.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ <u>111,002.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ <u>108,168.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PCI-MEDIA IMPACT, INC.	Employer identification number 13-3280193
---	---

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
11	312 SHARES OF ROYAL DUTCH SHELL STOCK _____ _____ _____	\$ 10,817.	11/19/20
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization PCI-MEDIA IMPACT, INC.	Employer identification number 13-3280193
---	---

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	
(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	
(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	
(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	

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

2020

Open to Public Inspection

Name of the organization PCI-MEDIA IMPACT, INC. **Employer identification number** 13-3280193

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 (for example, 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 FASB 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 FASB 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 FASB 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) 2020

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 make 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 program
 - 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	509,029.	819,602.	1,051,890.	922,854.	880,541.
b Contributions	73,993.	15,038.	313,670.	162,352.	52,310.
c Net investment earnings, gains, and losses	119.	4,389.	4,042.	1,684.	5,577.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	0.	330,000.	550,000.	35,000.	0.
g End of year balance	583,141.	509,029.	819,602.	1,051,890.	938,428.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
 - b Permanent endowment .0000 %
 - c Term endowment .0000 %
- 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:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| 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				
b Buildings				
c Leasehold improvements		191,027.	102,607.	88,420.
d Equipment		223,755.	152,996.	70,759.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				159,179.

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) PAYCHECK PROTECTION PROGRAM LOAN	302,105.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	302,105.

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 FASB 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	4,352,826.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	40,486.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	28,200.	
e	Add lines 2a through 2d	2e		68,686.
3	Subtract line 2e from line 1		3	4,284,140.
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	4,284,140.

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	4,828,340.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	40,486.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	33,672.	
e	Add lines 2a through 2d	2e		74,158.
3	Subtract line 2e from line 1		3	4,754,182.
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	4,754,182.

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:

PCI MEDIA HAS ESTABLISHED A BOARD DESIGNATED FUND INTO WHICH GIFTS AND CONTRIBUTIONS RECEIVED THROUGH PCI MEDIA'S PLANNED GIVING PROGRAM ARE PLACED, AS WELL AS CERTAIN OTHER ASSETS NET OF RELATED LIABILITIES. THE PURPOSE OF THIS FUND IS TO COVER OPERATIONAL DEFICITS.

IN 2017, AN ADJUSTMENT OF \$15,574 WAS MADE TO THE ENDOWMENT FUND'S OPENING BALANCE.

PART X, LINE 2:

PCI MEDIA RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS

Part XIII Supplemental Information (continued)

DETERMINED THAT PCI MEDIA HAS NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. PCI MEDIA IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RECLASS RENTAL EXPENSES TO PART VIII 28,200.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

TRANSLATION LOSS ON EXCHANGE RATE 1,472.

LOSS ON UNCOLLECTIBLE PLEDGE 4,000.

RECLASS RENTAL EXPENSES TO PART VIII 28,200.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 33,672.

**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

2020

Open to Public
Inspection

Name of the organization

PCI-MEDIA IMPACT, INC.

Employer identification number

13-3280193

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
SOUTH AMERICA	0	3	PROGRAM SERVICES	SERIAL DRAMA PROGRAM	367,926.
CENTRAL AMERICA AND THE CARIBBEAN	0	7	PROGRAM SERVICES	CAMPAIGN ON LGBT	38,997.
SUB-SAHARAN AFRICA	1	9	PROGRAM SERVICES	SERIAL DRAMA PROGRAM	2,523,654.
SOUTH ASIA	0	0	PROGRAM SERVICES	SERIAL DRAMA PROGRAM	21,484.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	PROGRAM SERVICES	SERIAL DRAMA PROGRAM	113,299.
3 a Subtotal	1	20			3,065,360.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	20			3,065,360.

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

Schedule F (Form 990) 2020

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

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 3:

PCI-MEDIA IMPACT, INC. RECEIVES GOVERNMENT GRANTS AND CONTRIBUTIONS AND INVESTS A SUBSTANTIAL PORTION OF ITS REVENUE IN ENTERTAINMENT-EDUCATION THROUGH CONSULTING AND BROADCAST/ AIR TIME PRODUCTION IN DEVELOPING COUNTRIES. PART OF NET ASSETS IS RELEASED FROM RESTRICTIONS AND USED FOR PROGRAMS IN LATIN AMERICA, AFRICA, AND CARIBBEAN. EXPENSES HAVE BEEN CHARGED TO PROGRAM AND SUPPORTING SERVICES, EITHER DIRECTLY WHEN IDENTIFIABLE TO A SPECIFIC PROGRAM, OR INDIRECTLY BASED ON MANAGEMENT'S ESTIMATE OF FUNCTIONAL AREA BENEFITED.

THE ACCOUNTING METHOD USED TO ACCOUNT FOR EXPENDITURES IS THE ACCRUAL METHOD.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

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: **PCI-MEDIA IMPACT, INC.**
 Employer identification number: **13-3280193**

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 type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (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 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 checked="" 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		
2		
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) 2020

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) NEEMESHA BROWN, EXECUTIVE DIR THRU JAN 2020/PRESIDENT FEB. 2020	(i)	201,985.	0.	0.	12,581.	18,180.	232,746.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANTHONY SCALA CHIEF FINANCIAL OFFICER	(i)	131,817.	0.	0.	8,203.	18,293.	158,313.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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 4A:

PURSUANT TO THE TERMS AND CONDITIONS STIPULATED IN THE FORMER PRESIDENT,
MR. SEAN SOUTHEY'S SEVERANCE AGREEMENT, THE ORGANIZATION PAID A SEVERANCE
PAYMENT TO HIM IN THE AMOUNT OF \$115,500 IN 2020.

THE \$115,500 WAS TREATED AS TAXABLE COMPENSATION TO THE RECIPIENT ON HIS
2020 FORM W-2 AND REFLECTED ON FORM 990, PART VII, SECTION A, COLUMN D.

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

2020

Open to Public
Inspection

Name of the organization

PCI-MEDIA IMPACT, INC.

Employer identification number

13-3280193

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

PCI-MEDIA IS A LEADER IN ENTERTAINMENT, EDUCATION AND SOCIAL CHANGE
COMMUNICATIONS. FOR OVER A QUARTER CENTURY, WE HAVE WORKED WITH LOCAL
PARTNERS TO PRODUCE PROGRAMS THAT ADDRESS THE MOST PRESSING SOCIAL AND
ENVIRONMENTAL ISSUES. USING OUR UNIQUE MY COMMUNITY METHODOLOGY, WE
ENGAGE AND EMPOWER AUDIENCES AROUND THE WORLD TO IMPROVE THEIR OWN
LIVES. WORKING WITH LOCAL PARTNERS, WE HAVE PRODUCED MORE THAN 3,000
EPISODES OF 100 TV AND RADIO PRODUCTIONS. TOGETHER, THESE PROGRAMS HAVE
REACHED MORE THAN 1 BILLION PEOPLE IN 34 COUNTRIES.

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

ON AN INDIVIDUAL SCALE: FOR EXAMPLE, IMPROVING THEIR HEALTH THROUGH
BETTER NUTRITION. OR IT COULD BE ON A GLOBAL SCALE: FOR EXAMPLE,
PLEDGING TO MOVE TOWARDS A LESS RESOURCE-INTENSIVE LIFESTYLE FOR THE
SAKE OF THE PLANET.

- STRENGTHEN THE CAPACITY OF OUR LOCAL PARTNERS TO EFFECTIVELY USE
COMMUNICATIONS TO CATALYZE CHANGE;

- CREATE A COMMUNITY OF CONSTITUENTS WHO SUPPORT OUR COLLABORATIVE
WORK; AND

- PROMOTE POSITIVE CHANGES IN AUDIENCE KNOWLEDGE, ATTITUDES AND
BEHAVIORS AROUND TARGET ISSUES.

AS A RESULT, WE ARE PROMOTING A NEW GENERATION OF CHANGE-LEADERS USING
COMMUNICATIONS TO EFFECTIVELY TURN UP THE VOLUME ON THEIR IMPORTANT
WORK.

Name of the organization PCI-MEDIA IMPACT, INC.	Employer identification number 13-3280193
---	---

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
 AND SOCIAL DYNAMICS THROUGH INTEGRATED AND CROSS SECTORAL PROGRAMMING
 BUILT ON EVIDENCE-BASED C4D STRATEGIES TO DELIVER AT SCALE THROUGH
 INTERPERSONAL, COMMUNITY, MASS-MEDIA, AND DIGITAL PLATFORMS.

AS PART OF THE LTAS, UNEP REQUIRES SPECIFIC TACTICAL PRODUCTION
 SERVICES BASED ON PRE-APPROVED AND INTERNALLY DRIVEN CONCEPTS AND
 NEEDS. THIS WOULD BE PARTICULARLY PERTINENT TO CONTENT CREATION,
 ADAPTATION, CURATION AND EDITING SERVICES AS WELL AS POST-PRODUCTION
 NEEDS. THESE SERVICES REQUIRE NIMBLER AND MORE EFFICIENT TEAMS OF
 SPECIALISTS IN THE FIELD OF TRADITIONAL AND NEW MEDIA CONTENT
 PRODUCTION TO TELL POWERFUL STORIES IN VARIOUS FORMS AND LENGTHS;
 SPANNING FROM TRADITIONAL FILM TO VIRTUAL REALITY, SHORT-FORM TACTICAL
 SOCIAL MEDIA CONTENT TO LONGER-FORM SERIES AND DOCUMENTARY. IT MAY ALSO
 REQUIRE PRODUCTION AND ADAPTATION OF ANIMATED OR STILL GRAPHIC CONTENT.

DELIVERABLES OF THIS WORK INCLUDE:

- A) PRODUCTION OF SOCIAL MEDIA PLATFORM SPECIFIC MULTIMEDIA CONTENT
- B) PRODUCTION OF MULTIMEDIA MATERIALS HIGHLIGHTING HUMANITARIAN AND
 EMERGENCY CONTEXTS FOR BROADCASTERS WITH ASSOCIATED PRESS STYLE
 SHORTLISTS AND TRANSCRIPTIONS
- C) PRODUCTION OF SIGNATURE MULTIMEDIA MATERIALS TO HIGHLIGHT UNEP
 CAMPAIGNS TARGETED TO SPECIFIC AUDIENCES ON DIGITAL PLATFORMS
- D) INNOVATIVE CONTENT PRODUCTION AND OUTSIDE THE BOX THINKING FOR
 PRODUCTION OF MULTIMEDIA MATERIALS TO SUPPORT UNEP COMMUNICATION
 PRIORITIES WITH DIGITAL AUDIENCES ONLINE AND IN TRADITIONAL MEDIA
 OUTLETS

Name of the organization PCI-MEDIA IMPACT, INC.	Employer identification number 13-3280193
--	--

ACTIVITIES TO MEET PROGRAM OBJECTIVES INCLUDE:

- CREATION AND CONCEPTUALIZATION FROM CONCEPT TO DELIVERY OF, SOCIAL/DIGITAL AND TRADITIONAL MEDIA VIDEO AND PHOTO ASSETS AS APPROPRIATE TO SPECIFIC PLATFORMS, AUDIENCES AND OUTLETS
- CREATION OF GRAPHICS APPROPRIATE TO DIGITAL/SOCIAL MEDIA PLATFORMS AND AUDIENCES
- CAPABILITY TO SOURCE OR CURATE EXISTING FOOTAGE AND IMAGES INTO POWERFUL STORIES
- HIGH-END POST-PRODUCTION SERVICES INCLUDING EDITING, SOUND DESIGN / MUSIC AND AFTER EFFECTS
- CAPABILITY TO PRODUCE BOTH ANIMATED AND STILL GRAPHIC ELEMENTS INCLUDING DESIGN, ART DIRECTION AND ILLUSTRATION/ANIMATION
- PARTNERSHIPS WITH, AND/OR SUB-CONTRACTING OF ADDITIONAL PRODUCTION SERVICES AS REQUIRED FOR TRADITIONAL AND NEW MEDIA CONTENT CREATION AND ADAPTATION

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

TRADITIONAL AFRICAN COMMUNITY, CONFRONTED WITH THE ARRIVAL OF A FOREIGN MINING COMPANY WHICH MUST NEGOTIATE THE RESETTLEMENT OF THE COMMUNITY AND THEIR ANCESTRAL SPIRITS IN ORDER TO EXTRACT COAL FROM THEIR LAND.
 TARGET AUDIENCE: WOMEN AGED 15-35 AND FRONT-LINE SERVICE PROVIDERS SUCH AS COMMUNITY HEALTH WORKERS, NURSES, TEACHERS, MAIDS AND POLICE OFFICERS.

A SECOND RADIO DRAMA, OS INTXUNAVEIS (THE UNTOUCHABLES), HAS BEEN ADDED. SET IN THE COASTAL VILLAGE OF NGUVA, IT TELLS THE STORY OF A GROUP OF ADOLESCENT STUDENTS AT THE POLYTECHNIC INSTITUTE "THE FUTURE

Name of the organization PCI-MEDIA IMPACT, INC.	Employer identification number 13-3280193
--	--

IS TODAY" AND THE VILLAGERS OF NGUVA, LED BY THEIR TRADITIONAL LEADER SIRENE. INTXUNAVEIS HAS A SERIES FORMAT IN WHICH EACH EPISODE CARRIES A SINGLE STORYLINE. THE DRAMA PRESENTS FUN AND EMOTION-FILLED STORIES, CREATED WITH THE PURPOSE OF ENTERTAINING AND EDUCATING COMMUNITIES, PROMOTING BEHAVIOR CHANGE IN THE FIELDS OF MATERNAL AND CHILD HEALTH, NUTRITION, MALARIA, SEXUALITY, EDUCATION, GENDER EQUITY, ENVIRONMENT AND PREMATURE MARRIAGES.

OURO NEGRO WAS CONCEIVED AS THE FLAGSHIP PROGRAM FOR UNICEF'S FACTS FOR LIFE (FFL) INITIATIVE TARGETING WOMEN AGED 15-35. THE FACT'S FOR LIFE PROGRAM UTILIZES A SOCIAL AND BEHAVIOR CHANGE COMMUNICATION, THE USE OF COMMUNICATION TOOLS TO CHANGE BEHAVIORS, STRATEGY IN THE FORM OF A HANDBOOK. OURO NEGRO PULLS FROM THE FFL AND BEHAVIOR CHANGE INITIATIVE BRINGING IT TO LIFE VIA STORYTELLING IN AN EFFORT TO CONNECT WITH THE AUDIENCE. STORYTELLING IS SHARING OUR EXPERIENCES AND LIFE LESSONS. DOING SO CREATES AN AVENUE TO DISCUSS IMPORTANT ISSUES AFFECTING COMMUNITIES, CONFLICTING DIALOGUE CAN THEN IMPLEMENT CHANGE. THE DRAMA DISCUSSES THE FOLLOWING TOPICS THAT ARE IMPACTING THE NATION: NUTRITION, WITH A FOCUS ON IYCF; HIV/AIDS PREVENTION; HYGIENE AND SANITATION; MATERNAL AND CHILD HEALTH; AND PREVENTION OF VIOLENCE AND CHILD MARRIAGE.

FOLLOWING EVERY BROADCAST ARE INTERACTIVE CALL-IN SHOWS DESIGNED TO SPIKE DEBATE IN ORDER TO INITIATE CHANGE. ONLY WHEN INDIVIDUALS RECOGNIZE THAT CHANGE WILL POSITIVELY AFFECT THEIR LIVES WILL THEY FEEL THE NEED TO ACTIVELY CHANGE. THIS IS WHEN LASTING CHANGE OCCURS. OURO NEGRO'S STRENGTH IS THE ABILITY TO IDENTIFY WITH THE AUDIENCE. THE STORYTELLING ENTERTAINMENT-EDUCATION METHOD CREATES AN EMOTIONAL LINK

Name of the organization PCI-MEDIA IMPACT, INC.	Employer identification number 13-3280193
--	--

BETWEEN AUDIENCE MEMBERS AND THE CHARACTERS. WITH THIS IN MIND, THE DEBATE AMONG AUDIENCE MEMBERS IS MORE LIKELY TO OCCUR BECAUSE THE AUDIENCE IS INVESTED IN, AND CAN RELATE TO, THE CHARACTERS.

OVER 250 EPISODES OF THE OURO NEGRO RADIO DRAMA HAVE BEEN BROADCAST ON MORE THAN 70 RADIO STATIONS, REACHING UP TO 4 MILLION LISTENERS PER SHOW. THE DRAMA AIRS TWO NEW EPISODES PER WEEK AT 6:30PM, AND REBROADCASTS AT 2:30PM THE NEXT DAY. THEY FEATURE INTERACTIVE TALK SHOWS AND LOCAL LANGUAGE ADAPTATIONS.

THEATER GROUPS ALSO TURN THE RADIO DRAMA SCRIPTS INTO PLAYS IN 14 LOCAL LANGUAGES. DUE TO COVID, INSTEAD OF PERFORMING THE STORIES IN RURAL COMMUNITIES, THEY'RE RECORDED AND BROADCAST OVER RADIO IN LOCAL LANGUAGES. RADIO HOSTS ARE TRAINED TO ENGAGE LISTENERS VIA A POST-SHOW CALL-IN PROGRAM.

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

ACCESS WITHOUT BARRIERS IS A THREE-YEAR PROGRAM FUNDED BY FLANDERS DEVELOPMENT COOPERATION, WORKING CLOSELY WITH THE GOVERNMENT OF MOZAMBIQUE AT CENTRAL AND PROVINCIAL LEVELS, TV SURDO (TV FOR THE DEAF), AND THE INTERNATIONAL CENTRE FOR REPRODUCTIVE HEALTH (ICRH), RADIO MOZAMBIQUE AND VARIOUS COMMUNITY RADIO STATIONS. THE PROGRAM AIMS TO PRODUCE A WIDE RANGE OF INCLUSIVE COMMUNICATION MATERIALS FOR ADOLESCENTS, HEALTH PROFESSIONALS AND GENERAL AUDIENCES IN THE PROVINCES OF TETE AND MAPUTO.

ALONG WITH THE COMMUNICATIONS ELEMENTS, THE PROGRAM WILL ALSO HELP UPGRADE AND RENOVATE HEALTH CENTERS IN THE TWO PROVINCES, THROUGH THE

Name of the organization PCI-MEDIA IMPACT, INC.	Employer identification number 13-3280193
--	--

LONG EXPERIENCE OF OUR PARTNER ICRH. SINCE THE START OF THE PROGRAM IN EARLY 2020, PCI MEDIA HAS COMPLETED INITIAL RESEARCH AND TRAINING, PRODUCTION OF RADIO SHOWS AND VIDEOS, CREATION OF SOCIAL MEDIA POSTS, AND PERFORMED PLAYS OVER THE RADIO TO ENGAGE ADOLESCENTS WITH AND WITHOUT DISABILITIES ON SEXUAL AND REPRODUCTIVE HEALTH. IN ADDITION, WE HAVE DEVELOPED INTER-PERSONAL COMMUNICATION GUIDES FOR THE MEDIA, SERVICE PROVIDERS, AND OTHER STAKEHOLDERS ABOUT HOW TO BETTER COMMUNICATE WITH ADOLESCENTS, ESPECIALLY THOSE WITH DISABILITIES.

MAJOR OBJECTIVES INCLUDE:

- INCREASE ADOLESCENTS' DEMAND FOR SEXUAL AND REPRODUCTIVE HEALTH SERVICES
- IMPROVE KNOWLEDGE, ATTITUDES, AND BEHAVIORS AROUND FAMILY PLANNING
- FOSTER TRUST AND CONNECTION BETWEEN ADOLESCENTS AND SERVICE PROVIDERS
- PROVIDE INTERPERSONAL COMMUNICATIONS MATERIALS AND TRAINING FOR HEALTH PROFESSIONALS
- TRAIN RADIO AND TV PRODUCERS IN PRODUCTION TECHNIQUES FOR ADOLESCENTS WITH DISABILITIES.

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

WA BICC - THE WEST AFRICA BIODIVERSITY AND CLIMATE CHANGE (WA BICC) PROGRAM IS A FIVE-YEAR INITIATIVE FUNDED BY THE U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID). IT BEGAN IN 2015, AND AIMS TO IMPROVE CONSERVATION AND RESILIENCE TO CLIMATE CHANGE IN WEST AFRICA.

THE ISSUE: WEST AFRICA FACES WILDLIFE TRAFFICKING, LOW COASTAL RESILIENCE, AND DEFORESTATION. WITHOUT CAREFUL EFFORTS, THE RAPIDLY CHANGING REGION IS ILL-EQUIPPED TO DEAL WITH A SHIFTING CLIMATE,

Name of the organization PCI-MEDIA IMPACT, INC.	Employer identification number 13-3280193
--	--

PUTTING ITS FUTURE AT RISK.

OUR RESPONSE: WA BICC IS A 15-COUNTRY PROGRAM THAT IS SET UP TO TEST POTENTIAL ENVIRONMENTAL SOLUTIONS. IT IS IMPLEMENTED BY SIX PARTNERS, LED BY TETRA TECH ARD. IT UTILIZES SUCCESSFUL RESULTS TO ADVOCATE FOR POLICY CHANGE AND BUILD CAPACITY ACROSS THE REGION. PCI MEDIA HAS DEVELOPED STRATEGIC PROGRAMS AND SOCIAL AND BEHAVIORAL CHANGE COMMUNICATIONS PRODUCTS THAT SHOWCASE OUTCOMES AND SHIFT SOCIAL NORMS. THESE INCLUDE RADIO DRAMAS, FILMS, SOCIAL MEDIA, AND TRADITIONAL ADVOCACY.

BACKGROUND: THE UPLAND FORESTS, COASTAL RESOURCES AND WILDLIFE THAT SUPPORT THE SOCIAL, ECOLOGICAL AND ECONOMIC RESILIENCE OF WEST AFRICA ARE AT RISK. COMPLEX FORCES THAT DRIVE RESOURCE DEGRADATION, ILLEGAL AND UNSUSTAINABLE LOGGING, WILDLIFE POACHING AND TRAFFICKING, POVERTY, POPULATION GROWTH AND WEAK GOVERNANCE THREATEN THE SUSTAINABILITY OF KEY TRANSBOUNDARY RESOURCES AND UNDERMINE THE ABILITY OF THE HUMAN AND NATURAL SYSTEMS TO RESPOND AND ADAPT TO CLIMATE CHANGE SHOCKS AND STRESSES. PROJECTED CHANGES IN THE WEST AFRICAN CLIMATE TEMPERATURE INCREASES ON THE ORDER OF 2-3 DEGREES CENTIGRADE, UNPREDICTABLE RAINFALL, AND THE GREATER FREQUENCY OF DROUGHTS AND FLOODS COULD AFFECT LIVELIHOODS AND CHALLENGE ECONOMIC GROWTH AND RESILIENCE ACROSS THE REGION.

IMPACT: WA-BICC ADDRESSES BOTH DIRECT AND INDIRECT DRIVERS OF NATURAL RESOURCE DEGRADATION TO IMPROVE LIVELIHOODS AND NATURAL ECOSYSTEMS ACROSS THE REGION. THE PROJECT HAS WORK WITH PARTNERS AT THE COMMUNITY, NATIONAL AND REGIONAL LEVELS TO STRENGTHEN POLICIES AND SYSTEMS THAT

Name of the organization PCI-MEDIA IMPACT, INC.	Employer identification number 13-3280193
--	--

IMPROVE NATURAL RESOURCE MANAGEMENT AND THE HEALTH AND RESILIENCE OF
SELECTED COASTAL AND UPLAND FOREST ECOSYSTEMS. SOME OF THE OBJECTIVES
OF THE PROGRAM ARE TO COMBAT WILDLIFE TRAFFICKING, IMPROVE COASTAL
RESILIENCE IN WEST AFRICA, AND REDUCE DEFORESTATION AND FOREST
DEGRADATION.

EXPENSES \$ 323,299. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER PROGRAMS IN LATIN AMERICA, CARIBBEAN, AFRICA, SOUTH EAST ASIA,
AND UNITED STATES

EXPENSES \$ 1,592,514. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

THE FORMER PRESIDENT, SEAN SOUTHEY AND PRESIDENT, NAMEESHA BROWN HAVE A
FAMILY RELATIONSHIP.

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

PCI-MEDIA IMPACT HAS ITS FORM 990 PREPARED BY AN INDEPENDENT OUTSIDE
ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE
THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. ONCE FORM 990 HAS
BEEN PREPARED, REVIEWED BY THE PRESIDENT AND OUTSIDE CONSULTANT AND IS
READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS SUBMITTED
ELECTRONICALLY TO MEMBERS OF THE ORGANIZATION'S GOVERNING BODY FOR ANY
COMMENTS PRIOR TO ITS SUBMISSION. THE GOVERNING BODY IS PROVIDED WITH ONE
WEEK TO REVIEW THE PREPARED FORM 990 AND PROVIDE THEIR COMMENTS. ANY
COMMENTS ARE GROUPED, SUMMARIZED AND PROVIDED TO THE COMMITTEE IN CHARGE OF
FILING THE RETURN FOR THEIR REVIEW. EACH ISSUE IS DOCUMENTED AND ADDRESSED
UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING.

Name of the organization PCI-MEDIA IMPACT, INC.	Employer identification number 13-3280193
--	--

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

PCI-MEDIA IMPACT CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY THAT APPLIES TO ANY DIRECTOR, OFFICER, AND STAFF MEMBERS, WHICH IT ANNUALLY MONITORS AND ENFORCES. THE BOARD CURRENTLY MANDATES THAT ALL MEMBERS OF MANAGEMENT AND THE GOVERNING BODY ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. THE SIGNED CONFLICT OF INTEREST POLICY IS SUBMITTED TO THE EXECUTIVE COMMITTEE TO REVIEW THE SIGNED ATTESTATION FOR POTENTIAL OR ACTUAL CONFLICTS. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS, THE EXECUTIVE COMMITTEE WILL NOTIFY THE MEMBER OF MANAGEMENT OR GOVERNING BODY ABOUT SUCH CONFLICT AND INVESTIGATE THE CONFLICT. THE RESULTS OF THE INVESTIGATION WILL BE SUMMARIZED AND DOCUMENTED BY THE EXECUTIVE COMMITTEE AND BE REPORTED TO THE GOVERNING BODY. IF THE EXECUTIVE COMMITTEE ESTABLISHES THAT AN ACTUAL CONFLICT EXISTS, THE MEMBER OF MANAGEMENT OR THE GOVERNING BODY WILL BE NOTIFIED IMMEDIATELY AND WILL NOT BE ALLOWED TO VOTE OR BE A PART OF ANY DECISION ABOUT ANY SUCH TRANSACTIONS THAT HAVE TO DO WITH THE CONFLICT UNTIL SUCH TIME THERE IS NO LONGER A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

PCI-MEDIA IMPACT HAS ESTABLISHED A WRITTEN COMPENSATION POLICY FOR THEIR COMPENSATION COMMITTEE TO FOLLOW IN ESTABLISHING THE COMPENSATION FOR THE PRESIDENT AND CFO. THE POLICY MANDATES THAT EXECUTIVE COMPENSATION BE PERIODICALLY REVIEWED BY THE COMPENSATION COMMITTEE AND THAT THE COMMITTEE SHOULD BE FREE OF CONFLICTS OF INTEREST. IN ADDITION, THE APPROVING COMPENSATION COMMITTEE NEEDS TO REVIEW APPROPRIATE AND ADEQUATE DATA TO DETERMINE THE REASONABLENESS OF COMPENSATION BEING CONSIDERED. THE COMPENSATION COMMITTEE USES A VARIETY OF INFORMATION AND STUDIES THAT ARE AVAILABLE TO DETERMINE THAT THE APPROPRIATE LEVEL OF COMPENSATION IS BEING

Name of the organization PCI-MEDIA IMPACT, INC.	Employer identification number 13-3280193
--	--

PAID TO ITS EXECUTIVES. THE COMPENSATION COMMITTEE'S DECISION ON THE AMOUNT OF COMPENSATION PAID IS REQUIRED TO BE ADEQUATELY DOCUMENTED IN A CONTEMPORANEOUSLY WRITTEN FORMAT AND SHOULD DOCUMENT THE DATE OF THE DECISION, THE MEMBERS PRESENT DURING THE DECISION AND THOSE WHO VOTED ON IT, THE FULL TERMS OF THE TRANSACTION THAT WAS APPROVED AND THE COMPARABLE DATA USED AND RELIED UPON TO MAKE THE DECISION. THIS PROCESS FOR THESE POSITIONS WAS LAST UNDERTAKEN IN 2020. IN ADDITION, A LETTER REGARDING THE COMPENSATION, ADDRESSED TO THE PRESIDENT WAS SIGNED BY THE CHAIR OF THE BOARD AND IS KEPT IN THE HR FILE.

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

AL, AK, FL, KS, KY, MD, MA, MI, MN, NJ, NM, NY, ND, OR, PA, RI, TN, UT, VA

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

PCI-MEDIA MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE BY POSTING IT ON THEIR WEBSITE AS WELL AS GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION, FORMS 990 AND 1023 AS WELL AS THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST, AND GOVERNING DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING FEE TO EXEC PRODUCERS, DIRECTORS & SCRIPTWRITERS :

PROGRAM SERVICE EXPENSES	924,611.
MANAGEMENT AND GENERAL EXPENSES	7,318.
FUNDRAISING EXPENSES	92,305.
TOTAL EXPENSES	1,024,234.

BROADCASTING:

Name of the organization PCI-MEDIA IMPACT, INC.	Employer identification number 13-3280193
--	--

PROGRAM SERVICE EXPENSES	1,641,509.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,641,509.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,665,743.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

TRANSLATION LOSS ON EXCHANGE RATE	-1,472.
LOSS ON UNCOLLECTIBLE PLEDGE	-4,000.
TOTAL TO FORM 990, PART XI, LINE 9	-5,472.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.