

Return of Organization Exempt From Income Tax

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

2022

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2022 calendar year, or tax year beginning		and ending	
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization PCI-MEDIA IMPACT, INC.		D Employer identification number 13-3280193
	Doing business as		E Telephone number 212-687-3366
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 7,223,197.
	26 BROADWAY	934	
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10004		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: NEEMESHA BROWN SAME AS C ABOVE		H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(c) Group exemption number	
J Website: WWW.PCIMEDIA.ORG		L Year of formation: 1985 M State of legal domicile: NY	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			

Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PCI EMPOWERS COMMUNITIES WORLDWIDE TO INSPIRE ENDURING CHANGE THROUGH CREATIVE STORYTELLING.		
	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	12
	6	Total number of volunteers (estimate if necessary)	6	13
	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,829,760.	Current Year 7,164,041.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4.	889.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	101.	58,267.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,829,865.	7,223,197.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,011,222.	1,182,894.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25) 497,417.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,113,171.	2,765,678.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,124,393.	3,948,572.
19	Revenue less expenses. Subtract line 18 from line 12	-1,294,528.	3,274,625.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 614,361.	End of Year 4,400,157.
	21	Total liabilities (Part X, line 26)	1,297,003.	1,825,554.
	22	Net assets or fund balances. Subtract line 21 from line 20	-682,642.	2,574,603.

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Here	Signature of officer NEEMESHA BROWN, PRESIDENT Date
Paid Preparer Use Only	Print/Type preparer's name MARY ANN MENDEL Preparer's signature Date 02/11/24 Check if self-employed <input type="checkbox"/> PTIN P00551302 Firm's name MARCUM LLP Firm's EIN 11-1986323 Firm's address 10 MELVILLE PARK ROAD MELVILLE, NY 11747-3146 Phone no. (631) 414-4000

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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 \$ 280,837. 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 TRADITIONAL AFRICAN COMMUNITY, CONFRONTED WITH THE ARRIVAL OF A FOREIGN MINING COMPANY WHICH MUST NEGOTIATE THE RESETTLEMENT OF THE COMMUNITY

4b (Code:) (Expenses \$ 432,454. 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. ACCESS WITHOUT BARRIERS IS A THREE-YEAR PROGRAM FUNDED BY FLANDERS

4c (Code:) (Expenses \$ 164,157. 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 AND SOCIAL DYNAMICS THROUGH INTEGRATED AND CROSS SECTORAL PROGRAMMING

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,880,187. including grants of \$) (Revenue \$)

4e Total program service expenses 2,757,635.

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 A through H.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

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

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, 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... 11; 1b Enter the number of voting members included... 11; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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 on 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 on 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; 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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 PRESIDENT	60.00 0.00			X				197,152.	0.	33,210.
(2) JUDY FRIEDMAN SECRETARY	4.00 0.00	X		X				0.	0.	0.
(3) PARAG MEHTA TREASURER	4.00 0.00	X		X				0.	0.	0.
(4) TONY LEE CHAIR	4.00 0.00	X		X				0.	0.	0.
(5) ALICIA HYNDMAN DIRECTOR	2.00 0.00	X						0.	0.	0.
(6) BOB ALLEN DIRECTOR	2.00 0.00	X						0.	0.	0.
(7) BRENDA CAMPOS DIRECTOR	2.00 0.00	X						0.	0.	0.
(8) JONATHAN KURLAND DIRECTOR	2.00 0.00	X						0.	0.	0.
(9) LYNNE YEANNAKIS, ED.D DIRECTOR	2.00 0.00	X						0.	0.	0.
(10) RITA FREDRICKS SALZMAN DIRECTOR	2.00 0.00	X						0.	0.	0.
(11) SALLY TIMPSON DIRECTOR	2.00 0.00	X						0.	0.	0.
(12) TERRY MOLLNER DIRECTOR	2.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
1b Subtotal							197,152.	0.	33,210.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							197,152.	0.	33,210.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
YOUR PART TIME CONTROLLER LLC 1500 WALNUT STREET, PHILDELPHIA, PA 19102	ACCOUNTING SERVICES	200,750.
INTERNATIONAL CENTRE FOR REPRODUCTIVE HEALTH RUA DE FLORES, R/C NO. 34, MAPUTO, SOUTH AF	RESEARCH, TRAINING AND TECHNICAL SUPPOR	198,345.

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

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	424,299.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,739,742.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		7,164,041.			
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)		889.		889.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b				
	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					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER INCOME	Business Code	900099	58,267.	58,267.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d			58,267.		
12	Total revenue. See instructions			7,223,197.	0.	0.	
						59,156.	

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	230,362.	172,772.	57,590.	
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	739,168.	385,161.	106,732.	247,275.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	145,886.	83,442.	27,622.	34,822.
10 Payroll taxes	67,478.	38,595.	12,776.	16,107.
11 Fees for services (nonemployees):				
a Management				
b Legal	275.		275.	
c Accounting	255,010.	76,503.	178,507.	
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.)	2,119,946.	1,940,270.	116,021.	63,655.
12 Advertising and promotion	30,514.	24,061.		6,453.
13 Office expenses	65,354.	8,316.	52,657.	4,381.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	54,651.	10,623.		44,028.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	10,401.	199.	4,998.	5,204.
20 Interest	80,367.		80,367.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	26,738.		26,738.	
23 Insurance	5,596.		5,596.	
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 REGISTRATION DUES AND F	84,776.	6,175.	4,142.	74,459.
b EQUIPMENT RENTAL AND MA	16,563.	0.	15,530.	1,033.
c RENT	15,487.	11,518.	3,969.	0.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	3,948,572.	2,757,635.	693,520.	497,417.
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 <input type="checkbox"/> 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	372,817.	1	278,702.
	2 Savings and temporary cash investments	26,481.	2	5.
	3 Pledges and grants receivable, net	158,178.	3	4,064,567.
	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	0.	7	0.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,990.	9	33,726.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 232,742.		
	b Less: accumulated depreciation	10b 209,675.	49,805.	10c 23,067.
	11 Investments - publicly traded securities	90.	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	0.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	614,361.	16	4,400,157.	
Liabilities	17 Accounts payable and accrued expenses	292,475.	17	321,026.
	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	702,423.	23	1,202,423.
	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	302,105.	25	302,105.
	26 Total liabilities. Add lines 17 through 25	1,297,003.	26	1,825,554.
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	-1,424,040.	27	1,330,250.
	28 Net assets with donor restrictions	741,398.	28	1,244,353.
	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	-682,642.	32	2,574,603.
33 Total liabilities and net assets/fund balances	614,361.	33	4,400,157.	

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	7,223,197.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,948,572.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,274,625.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-682,642.
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	-17,380.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,574,603.

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 Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis <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 Consolidated basis 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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 (2022)

SCHEDULE A
(Form 990)

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

2022

Open to Public Inspection

Name of the organization PCI-MEDIA IMPACT, INC.	Employer identification number 13-3280193
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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).)
- 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 on 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5958369.	3901196.	4280545.	2829760.	7164041.	24133911.
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	5958369.	3901196.	4280545.	2829760.	7164041.	24133911.
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)						7418347.
6 Public support. Subtract line 5 from line 4.						16715564.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	5958369.	3901196.	4280545.	2829760.	7164041.	24133911.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	32,817.	47,865.	28,705.	4.	889.	110,280.
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.)	6,522.	778.	3,090.	101.	58,267.	68,758.
11 Total support. Add lines 7 through 10						24312949.
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						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	68.75 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	88.88 %
16a 33 1/3% support test - 2022. 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 - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10% -facts-and-circumstances test - 2022. 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		
b 10% -facts-and-circumstances test - 2021. 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		
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		

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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

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>		
1		
2		

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>		
1		

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 on 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>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a The organization satisfied the Activities Test. Complete line 2 below.		
b The organization is the parent of each of its supported organizations. Complete line 3 below.		
c 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>		
b Did the activities described on 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>		
2a		
2b		
3a		
3b		

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 (<i>explain in detail in Part VI</i>):		
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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

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.)

Lined area for supplemental information.

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

2022

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?	Yes	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?	Yes	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 July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" 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) 2022

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	33,145.	583,141.	509,029.	819,602.	1,051,890.
b Contributions		16,970.	73,993.	15,038.	313,670.
c Net investment earnings, gains, and losses		456.	119.	4,389.	4,042.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses		567,422.		330,000.	550,000.
g End of year balance	33,145.	33,145.	583,141.	509,029.	819,602.

- 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? <input type="checkbox"/> | 3b | |
- 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				
d Equipment		232,742.	209,675.	23,067.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				23,067.

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.)	

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	7,223,197.
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		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	7,223,197.
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	7,223,197.

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	3,965,952.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	17,380.	
e	Add lines 2a through 2d		2e	17,380.
3	Subtract line 2e from line 1		3	3,948,572.
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	3,948,572.

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 X, LINE 2:

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

PCI MEDIA RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS 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 2019.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

UNCOLLECTED PLEDGES 17,380.

Part XIII Supplemental Information *(continued)*

Lined area for supplemental information.

**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

2022

Open to Public
Inspection

Name of the organization PCI-MEDIA IMPACT, INC.	Employer identification number 13-3280193
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Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	1	PROGRAM SERVICES	SERIAL DRAMA PROGRAM	125,113.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	SERIAL DRAMA PROGRAMMING	64,741.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	2	PROGRAM SERVICES	SERIAL DRAMA PROGRAM	197,319.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	PROGRAM SERVICES	SERIAL DRAMA PROGRAM	27,277.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	1	8	PROGRAM SERVICES	SERIAL DRAMA PROGRAM	898,761.
3 a Subtotal	1	11			1,313,211.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	11			1,313,211.

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

Schedule F (Form 990) 2022

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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 2:

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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

PCI-MEDIA IMPACT, INC.

Employer identification number

13-3280193

Part I Questions Regarding Compensation

	Yes	No								
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.										
<table border="0"> <tr> <td>First-class or charter travel</td> <td>Housing allowance or residence for personal use</td> </tr> <tr> <td>Travel for companions</td> <td>Payments for business use of personal residence</td> </tr> <tr> <td>Tax indemnification and gross-up payments</td> <td>Health or social club dues or initiation fees</td> </tr> <tr> <td>Discretionary spending account</td> <td>Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	First-class or charter travel	Housing allowance or residence for personal use	Travel for companions	Payments for business use of personal residence	Tax indemnification and gross-up payments	Health or social club dues or initiation fees	Discretionary spending account	Personal services (such as maid, chauffeur, chef)		
First-class or charter travel	Housing allowance or residence for personal use									
Travel for companions	Payments for business use of personal residence									
Tax indemnification and gross-up payments	Health or social club dues or initiation fees									
Discretionary spending account	Personal services (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	1b									
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?	2									
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 checked="" type="checkbox"/> Independent compensation consultant										
<input checked="" type="checkbox"/> Form 990 of other organizations										
Written employment contract										
<input checked="" type="checkbox"/> Compensation survey or study										
<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?	4a	<input checked="" type="checkbox"/>								
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	<input checked="" type="checkbox"/>								
c Participate in or receive payment from an equity-based compensation arrangement?	4c	<input checked="" type="checkbox"/>								
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?	5a	<input checked="" type="checkbox"/>								
b Any related organization?	5b	<input checked="" type="checkbox"/>								
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?	6a	<input checked="" type="checkbox"/>								
b Any related organization?	6b	<input checked="" type="checkbox"/>								
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	7	<input checked="" type="checkbox"/>								
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	8	<input checked="" type="checkbox"/>								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

Schedule J (Form 990) 2022

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 and/or 1099-NEC 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 PRESIDENT	(i)	197,152.	0.	0.	19,500.	13,710.	230,362.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

PCI-MEDIA IMPACT, INC.

Employer identification number

13-3280193

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.

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

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
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,

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

Schedule O (Form 990) 2022

Name of the organization

PCI-MEDIA IMPACT, INC.

Employer identification number

13-3280193

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
 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

Name of the organization PCI-MEDIA IMPACT, INC.	Employer identification number 13-3280193
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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 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

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 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.

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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 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

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:

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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

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.

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

CATHOLIC RELIEF SERVICES - EXPENSES \$193,498

SINCE APRIL 2020, CATHOLIC RELIEF SERVICES (CRS) HAS PARTNERED WITH PCI MEDIA ON DESIGNING, PRODUCING AND IMPLEMENTING A RADIO-BASED AWARENESS CAMPAIGN TO ENCOURAGE THE IMPLEMENTATION OF ONGOING AGRICULTURAL ASA PRODUCTION PRACTICES IN CENTRAL AMERICA. THE CRS REGIONAL COMMUNICATIONS AND ASA (AGUA Y SUELO PARA LA AGRICULTURA WATER AND SOIL FOR AGRICULTURE) TEAMS HAS BEEN WORKING IN CLOSE COLLABORATION WITH THE CRS COUNTRY PROGRAM TEAMS FROM NICARAGUA, EL SALVADOR, HONDURAS AND GUATEMALA AND THE PCI MEDIA TEAM TO ENSURE THAT THE MESSAGES, MATERIALS AND RADIOBROADCAST STRATEGY ARE RELEVANT TO THE LOCAL CONTEXT IN EACH

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OF THE FOUR COUNTRIES OF INTERVENTION.

A ROBUST, MULTI-PLATFORM SOCIAL BEHAVIOR CHANGE COMMUNICATIONS CAMPAIGN IS CRITICAL TO ENCOURAGE THE ADOPTION OF ASA PRACTICES AT SCALE IN CENTRAL AMERICA. USING RADIO, SOCIAL MEDIA, PRESS PLACEMENTS, AND WHATSAPP GROUPS WILL ALLOW THE ASA TEAM TO REACH A LARGE VOLUME OF FARMERS AND GOVERNMENT ACTORS WHILE WORKING IN A REMOTE ENVIRONMENT AS A RESULT OF THE COVID-19 PANDEMIC. IN A PANDEMIC LIKE THE CURRENT ONE, FOOD SECURITY IS ALSO A MAJOR CONCERN. GUARANTEEING GOOD YIELDS IS KEY TO PREVENTING A POSSIBLE REDUCTION IN THE FOOD SUPPLY DUE TO: A REDUCTION IN THE AREA UNDER CULTIVATION, AN INCREASE IN THE PRICE AND/OR SHORTAGE OF INPUTS, A REDUCTION IN IMPORTS DUE TO LIMITED MOVEMENT, AND RESTRICTIONS ON THE MOVEMENT OF THE POPULATION, AMONG OTHERS. ASA PRACTICES, WHICH HAVE PROVEN EFFECTIVE IN PRODUCTION, ARE NOW MORE CRITICAL THAN EVER TO PUTTING FOOD ON THE TABLE. TECHNIQUES LIKE SOIL FERTILITY MANAGEMENT (4R), COVER CROP MANAGEMENT, SOWING DENSITIES, AND THE USE OF GREEN MANURES CAN HELP PRODUCERS TO PROTECT THEMSELVES AND THEIR FAMILIES FROM FOOD INSECURITY. PCI MEDIA CONTINUES TO WORK WITH CRS IN ORDER TO CONTINUE TO BUILD AND DELIVER SOCIAL BEHAVIOR CHANGE COMMUNICATIONS AND PRODUCE HIGH QUALITY RADIO CONTENT.

IMPLEMENTATION

1. TRAINING - PCI TRAINED THE CRS TEAMS TO PLAN THEIR ANNUAL CAMPAIGN. THIS INCLUDED PLANNING SESSIONS FOR EACH COUNTRY AND ONE FOR THE REGIONAL TEAM. THIS INCLUDED COACHING ON THE SELECTION OF ADDITIONAL COMMUNITY RADIO STATIONS BASED ON GEOGRAPHIC COVERAGE, POPULARITY WITH THE AUDIENCE GROUPS, AND TECHNICAL AND HUMAN CAPACITIES TO SUPPORT THE CAMPAIGN, AS WELL AS IDENTIFYING THE ASA PROMOTERS THAT WILL BE ACTIVELY PARTICIPATING IN THE PROGRAMS.

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2. COACHING AND MENTORING CRS TEAMS THROUGHOUT THE BROADCASTING PERIODS

- PCI MEDIA PROVIDES STRATEGIC ADVICE AND COACHING TO CRS IN-COUNTRY TEAMS, RADIO STATIONS AND ASA PROMOTERS THROUGH THE BROADCAST PERIODS, ACCORDING TO THE NEEDS OF EACH COUNTRY. THIS CONTINUOUS MENTORSHIP CONSISTS OF FEEDBACK TO ENSURE THAT THE PRINCIPLES OF SBCC ARE BEING FOLLOWED. THIS MENTORSHIP WILL HELP CRS TEAMS (1) DESIGN, PRODUCE AND FACILITATE THE ENTERTAINMENT EDUCATION LIVE CALL-IN PROGRAMS, INCLUDING ACCOMPANYING CRS-LED TRAININGS WITH RADIO STATIONS; AND (2) TO STRENGTHEN THE COMMUNICATION CAPACITIES OF THE ASA PROMOTERS TO PARTICIPATE IN THE LIVE SHOWS AND BECOME ADVOCATES FOR THE ISSUES PROMOTED IN THE CAMPAIGN. THIS MODEL WILL LEAD TO IMPROVEMENTS IN THE QUALITY OF THE PROGRAMS, AS WELL AS TO THE SUSTAINABILITY OF THE CAMPAIGN BEYOND THE INTERVENTION PERIOD.

3. BROADCAST AND RE-BROADCAST OF ADDITIONAL CONTENT AND PEER-TO-PEER FEEDBACK - PCI MEDIA ADVISES ON THE SETUP AND RUNNING OF THE SOUNDCLOUD SYSTEM AND THE PEER-TO-PEER FEEDBACK MODEL.

4. PRODUCE ADDITIONAL COMMUNICATION RESOURCES - PCI MEDIA PRODUCES 6 NEW MINI-DRAMAS AND 6 NEW RADIO SPOTS DURING 2021, TO BE BROADCAST DURING THE PLANTING SEASONS OF APRIL/MAY AND AUGUST/SEPTEMBER.

UNICEF SPOTLIGHT INITIATIVE THE SPOTLIGHT INITIATIVE - EXPENSES \$145,796 - THEMATIC FOCUS IN THE CARIBBEAN WAS THE REDUCTION IN PREVALENCE AND INCIDENCE OF FAMILY VIOLENCE. THE INITIATIVE RECOGNIZES THAT FAMILY VIOLENCE IS A FORM OF GENDER-BASED VIOLENCE IN WHICH WOMEN AND GIRLS ARE DISPROPORTIONATELY IMPACTED. THE INITIATIVE IS CONCERNED TO ADDRESS THE ROOT CAUSES OF THIS VIOLENCE, THAT IS OFTEN ROOTED IN UNEQUAL GENDER POWER RELATIONS. FAMILY VIOLENCE NEGATIVELY AFFECTS A RANGE OF HUMAN RIGHTS INCLUDING WOMEN AND GIRLS' ACCESS TO SEXUAL AND

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REPRODUCTIVE RIGHTS AND SERVICES, EDUCATION AND ECONOMIC OPPORTUNITIES.

THE SI CARIBBEAN REGIONAL PROGRAMME FOCUSED ON 4 AREAS OF PROGRAMMING:

I) WORKING TO ENSURE INSTITUTIONS ARE GENDER-RESPONSIVE; II)

ESTABLISHING COMPREHENSIVE AND EVIDENCE-BASED PREVENTION PROGRAMMES

AIMED AT CHANGING SOCIAL NORMS AND GENDER STEREOTYPES; III) PROMOTING

THE COLLECTION AND USE OF QUALITY, COMPARABLE DATA TO INFORM PUBLIC

POLICY, ADVOCACY, POLICY MAKING, AND DELIVERY OF COMPLIMENTARY SERVICES

TO IMPROVE PREVENTION; AND IV) SUPPORTING AUTONOMOUS WOMEN'S MOVEMENTS

TO INFLUENCE, AND MONITOR POLICY AND TO ENSURE ACCOUNTABILITY.

PCI MEDIA FOLLOWED A FOUR-PHASE APPROACH AND METHODOLOGY:

FORMATIVE RESEARCH AND COALITION BUILDING

STRATEGY DESIGN

PRODUCTION

DISSEMINATION

DELIVERABLES FOR THIS WORK INCLUDE:

-INCEPTION REPORTING INCLUDING WORK PLAN, COUNTRY SELECTION CRITERIA
AND PARTNER SELECTION CATEGORIES

-MEDIA LANDSCAPE ANALYSIS PRESENTED TO RELEVANT STAKEHOLDERS; SAMPLE
PROFILES OF ADVERTS; SOURCED AND TRANSLATED ADVERTISING CONTENT

-DRAFT AND FINAL MODULAR ADVOCACY STRATEGY; TWO CONSULTATION SESSIONS

-CREATIVE BRIEFS AND TREATMENTS; ONLINE PRETEST; FINAL SBCC MATERIALS

-GUIDELINES FOR VIRTUAL LAUNCH PROMOTION AND ROLLOUT; WORKING SESSIONS

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WITH PARTNERS

OTHER PROGRAMS - EXPENSES \$1,291,966

DELIVER PROJECTS UTILIZING SOCIAL AND BEHAVIORAL CHANGE COMMUNICATION (SBCC) WHICH IS THE STRATEGIC USE OF COMMUNICATION TO PROMOTE POSITIVE OUTCOMES IN HEALTH, ENVIRONMENT, AND SOCIAL JUSTICE. THESE PROJECTS EMPLOY A SYSTEMATIC, PARTICIPATORY PROCESS THAT UTILIZES TELEVISION, RADIO, VIDEO, PRINT, SOCIAL MEDIA, INTERPERSONAL CHANNELS, AND COMMUNITY MOBILIZATION TO ACHIEVE DEFINED OBJECTIVES AT THE COMMUNITY, NATIONAL AND REGIONAL LEVELS.

EXPENSES \$ 1,880,187. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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.

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

Name of the organization PCI-MEDIA IMPACT, INC.	Employer identification number 13-3280193
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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 PAID TO ITS EXECUTIVES. THE COMPENSATION COMMITTEE'S DECISION ON THE AMOUNT

Name of the organization PCI-MEDIA IMPACT, INC.	Employer identification number 13-3280193
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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, FL, IL, KS, KY, MA, MI, MN, NJ, NM, NY, OR, ND, 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 FEES:

PROGRAM SERVICE EXPENSES	968,359.
MANAGEMENT AND GENERAL EXPENSES	116,021.
FUNDRAISING EXPENSES	63,655.
TOTAL EXPENSES	1,148,035.

BROADCAST PRODUCTION:

PROGRAM SERVICE EXPENSES	971,911.
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MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 971,911.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,119,946.

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

UNCOLLECTED PLEDGES -17,380.

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.