

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
DECEMBER 31, 2023

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**PREPARED FOR:**

PCI-MEDIA IMPACT, INC.  
26 BROADWAY 934  
NEW YORK, NY 10004

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**PREPARED BY:**

CBIZ ADVISORS, LLC  
10 MELVILLE PARK ROAD  
MELVILLE, NY 11747-3146

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**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

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**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2024

IF YOUR TAX RETURN(S) ARE BEING ELECTRONICALLY FILED, WE CANNOT RELEASE THEM UNTIL WE HAVE YOUR SIGNED AUTHORIZATION(S). AFTER REVIEWING YOUR RETURN(S) FOR ACCURACY AND COMPLETENESS, PLEASE SIGN AND EMAIL YOUR AUTHORIZATION(S) TO [8879TAX@CBIZ.COM](mailto:8879TAX@CBIZ.COM) OR FAX TO (212) 485-5514.

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
**Do not enter social security numbers on this form as it may be made public.**  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2023**

Open to Public Inspection

**A** For the **2023** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>PCI-MEDIA IMPACT, INC.</b>		<b>D</b> Employer identification number <b>13-3280193</b>
	Doing business as		<b>E</b> Telephone number <b>212-687-3366</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>2,285,624.</b>
	<b>26 BROADWAY</b>	<b>934</b>	<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10004</b>		<b>H(b)</b> Are all subordinates included? Yes No
<b>F</b> Name and address of principal officer: <b>NEEMESHA BROWN</b> <b>SAME AS C ABOVE</b>			<b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527			
<b>J</b> Website: <b>WWW.PCIMEDIA.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			<b>L</b> Year of formation: <b>1985</b> <b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>PCI EMPOWERS COMMUNITIES WORLDWIDE TO INSPIRE ENDURING CHANGE THROUGH CREATIVE STORYTELLING.</b>
	<b>2</b> Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>8</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>8</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a) ..... <b>5</b> <b>12</b>
	<b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>0</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>7,164,041.</b> <b>Prior Year</b> <b>2,245,694.</b> <b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>0.</b> <b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>889.</b> <b>294.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>58,267.</b> <b>39,636.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>7,223,197.</b> <b>2,285,624.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>0.</b> <b>0.</b>
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>1,182,894.</b> <b>1,231,322.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>632,717.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>2,765,678.</b> <b>2,339,631.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>3,948,572.</b> <b>3,570,953.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>3,274,625.</b> <b>-1,285,329.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>4,400,157.</b> <b>Beginning of Current Year</b> <b>1,988,577.</b> <b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) ..... <b>1,825,554.</b> <b>699,303.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>2,574,603.</b> <b>1,289,274.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>NEEMESHA BROWN, PRESIDENT</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	<b>MARY ANN MENDEL</b>		<b>11/06/24</b>	<input type="checkbox"/>	<b>P00551302</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no.	
	<b>CBIZ ADVISORS, LLC</b>	<b>88-1478669</b>		<b>(631) 414-4000</b>	
	Firm's address				
	<b>10 MELVILLE PARK ROAD</b>				
	<b>MELVILLE, NY 11747-3146</b>				

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 \$ 206,001. including grants of \$ ) (Revenue \$ ) WFP SOMALIA'S INITIATIVE: WFP SOMALIA'S INITIATIVE IS AIMED AT PREVENTING CHILD MALNUTRITION WITHIN THE FIRST 1,000 DAYS AFTER BIRTH, REFERRED TO AS THE CASH FOR PREVENTION PILOT. AT THE CENTER OF THIS RESPONSE IS A CASH TRANSFER INITIATIVE THAT WILL GET MALNUTRITION-PREVENTATIVE RESOURCES TO COMMUNITIES WHO ARE AT HIGHEST RISK. PCI MEDIA WORKS WITH WFP SOMALIA TO PROVIDE SOCIAL BEHAVIOR CHANGE COMMUNICATIONS (SBCC) THAT HELP MAXIMIZE THE EFFECTIVENESS OF THE CASH TRANSFER INITIATIVE AND BUILD STRONG LINKAGES TO OTHER HEALTH AND NUTRITION SERVICES. PCI CREATED SBCC PRODUCTS THAT EDUCATE HOUSEHOLDS ON ESSENTIAL NUTRITION PRINCIPLES, INSPIRING THEM TO MAKE INFORMED CHOICES TO COMBAT MALNUTRITION AND IMPROVE HEALTH.

4b (Code: ) (Expenses \$ 247,995. 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 DEVELOPMENT COOPERATION, WORKING CLOSELY WITH THE GOVERNMENT

4c (Code: ) (Expenses \$ 244,458. 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 \$ 1,608,713. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,307,167.

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)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 3 main columns: Question, Yes, No. Rows include 2a (employees: 12), 2b, 3a, 3b, 4a, 4b (MOZAMBIQUE), 5a, 5b, 5c, 6a, 6b, 7 (Organizations that may receive deductible contributions under section 170(c)), 7a-7h, 8, 9, 9a, 9b, 10, 10a, 10b, 11, 11a, 11b, 12a, 12b, 13, 13a, 13b, 13c, 14a, 14b, 15, 16, 17.

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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.)

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed 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.  
 Own website     Another's website     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  
SARRA MULUGETA - 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	X		X				237,173.	0.	24,313.
(2) TONY LEE - OFF 7/1/23 CHAIR	4.00	X		X				0.	0.	0.
(3) BRENDA CAMPOS - OFF 12/1/23 VICE CHAIR	2.00	X		X				0.	0.	0.
(4) LUIS OROZCO JR. - ON 9/1/23 TREASURER	2.00	X		X				0.	0.	0.
(5) PARAG MEHTA TREASURER	4.00	X		X				0.	0.	0.
(6) JUDY FRIEDMAN SECRETARY	4.00	X		X				0.	0.	0.
(7) ALICIA HYNDMAN - OFF 7/1/23 DIRECTOR	2.00	X						0.	0.	0.
(8) JONATHAN KURLAND - OFF 11/1/23 DIRECTOR	2.00	X						0.	0.	0.
(9) LYNNE YEANNAKIS, ED.D DIRECTOR	2.00	X						0.	0.	0.
(10) RITA FREDRICKS SALZMAN - OFF 6/ DIRECTOR	2.00	X						0.	0.	0.
(11) ROBERT ALLEN DIRECTOR	2.00	X						0.	0.	0.
(12) SALLY TIMPSON DIRECTOR	2.00	X						0.	0.	0.
(13) TERRY MOLLNER DIRECTOR	2.00	X						0.	0.	0.
(14) WENDY CREDLE - ON 6/1/23 DIRECTOR	2.00	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			
<b>1b Subtotal</b> .....							237,173.	0.	24,313.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							237,173.	0.	24,313.	

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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	
<b>5</b> 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	229,785.
YOND3R, INC. 407 E PICO BLVD, LOS ANGELES, CA 90015	CREATIVE SERVICES	130,900.
INTERNATIONAL CENTRE FOR REPRODUCTIVE HEALTH RUA DE FLORES, R/C NO. 34, MAPUTO, SOUTH AF	RESEARCH, TRAINING AND TECHNICAL SUPPOR	114,983.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3

**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	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	2,245,694.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		2,245,694.			
Program Service Revenue	<b>2 a</b>	_____	<b>Business Code</b>				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	_____					
	<b>e</b>	_____					
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		294.		294.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real			
				(ii) Personal			
	<b>b</b>	Less: rental expenses ...	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities			
				(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>				
	<b>c</b>	Gain or (loss) .....	<b>7c</b>				
	<b>d</b>	Net gain or (loss) .....					
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
<b>b</b>	Less: direct expenses .....	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events .....						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b>	Less: direct expenses .....	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>	<b>OTHER INCOME</b>	<b>Business Code</b>	900099	39,636.	39,636.	
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		39,636.			
<b>12</b>	<b>Total revenue.</b> See instructions .....		2,285,624.	0.	0.	39,930.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	261,486.	104,594.	26,148.	130,744.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	724,080.	582,744.	44,217.	97,119.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	58,078.	26,297.	13,348.	18,433.
<b>9</b> Other employee benefits .....	115,806.	95,084.	4,885.	15,837.
<b>10</b> Payroll taxes .....	71,872.	50,666.	5,079.	16,127.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	225.		225.	
<b>c</b> Accounting .....	320,265.		320,265.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,536,465.	1,355,646.	26,455.	154,364.
<b>12</b> Advertising and promotion .....	21,153.	21,152.		1.
<b>13</b> Office expenses .....	57,193.	17,042.	22,679.	17,472.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	21,333.	15,221.	6,112.	
<b>17</b> Travel .....	101,864.	31,157.		70,707.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	4,676.	1,389.		3,287.
<b>20</b> Interest .....	74,468.		74,468.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	16,484.		16,484.	
<b>23</b> Insurance .....	33,998.		33,998.	
<b>24</b> 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.)				
<b>a</b> REGISTRATION DUES AND F	133,108.	6,175.	18,307.	108,626.
<b>b</b> EQUIPMENT RENTAL AND MA	18,399.		18,399.	
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	3,570,953.	2,307,167.	631,069.	632,717.
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	278,702.	<b>1</b>	163,930.
	<b>2</b> Savings and temporary cash investments .....	5.	<b>2</b>	1,448,983.
	<b>3</b> Pledges and grants receivable, net .....	4,064,567.	<b>3</b>	345,199.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	33,726.	<b>9</b>	23,791.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 232,743.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 226,159.	23,067.	<b>10c</b> 6,584.
	<b>11</b> Investments - publicly traded securities .....	90.	<b>11</b>	90.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	4,400,157.	<b>16</b>	1,988,577.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	321,026.	<b>17</b>	247,198.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,202,423.	<b>23</b>	150,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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.	<b>25</b>	302,105.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,825,554.	<b>26</b>	699,303.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1,330,250.	<b>27</b>	-294,082.
	<b>28</b> Net assets with donor restrictions .....	1,244,353.	<b>28</b>	1,583,356.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	2,574,603.	<b>32</b>	1,289,274.
<b>33</b> Total liabilities and net assets/fund balances .....	4,400,157.	<b>33</b>	1,988,577.	

**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	2,285,624.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,570,953.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,285,329.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,574,603.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,289,274.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	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.		
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
3b	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 (2023)

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

2023

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
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...
11 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3901196.	4280545.	2829760.	7164041.	2245694.	20421236.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3901196.	4280545.	2829760.	7164041.	2245694.	20421236.
<b>5</b> 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) .....						5751687.
<b>6 Public support.</b> Subtract line 5 from line 4.						14669549.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	3901196.	4280545.	2829760.	7164041.	2245694.	20421236.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	47,865.	28,705.	4.	889.	294.	77,757.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	778.	3,090.	101.	58,267.	39,636.	101,872.
<b>11 Total support.</b> Add lines 7 through 10						20600865.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	71.21	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	68.75	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 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) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (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; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 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: Line number, Percentage. Row 15: Public support percentage for 2023; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2023. 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.

b 33 1/3% support tests - 2022. 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.

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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

**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.)

Multiple horizontal lines for supplemental information.

**Schedule A**

**Identification of Excess Contributions  
Included on Part II, Line 5**

**2023**

**\*\* Do Not File \*\***

**\*\*\* Not Open to Public Inspection \*\*\***

Contributor's Name	Total Contributions	Excess Contributions
UNITED NATIONS CHILDREN'S FUND	4,230,426.	3,818,409.
UNITED NATIONS ENVIRONMENT PROGRAMME	1,984,137.	1,572,120.
CATHOLIC RELIEF SERVICES	773,175.	361,158.
Total Excess Contributions to Schedule A, Part II, Line 5 .....		5,751,687.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

PCI-MEDIA IMPACT, INC.

Employer identification number

13-3280193

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization  <b>PCI-MEDIA IMPACT, INC.</b>	Employer identification number  <b>13-3280193</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED NATIONS CHILDREN'S FUND  THREE UNITED NATIONS PLAZA  NEW YORK, NY 10017	\$ 647,803.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	UNITED NATIONS ENVIRONMENT PROGRAMME  900 17TH ST NW  WASHINGTON, DC 20006	\$ 225,163.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CATHOLIC RELIEF SERVICES  228 WEST LEXINGTON STREET  BALTIMORE, MD 21201	\$ 274,193.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	WORLD FOOD PROGRAMME  VIA CESARE GIULIO VIOLA 68  ROME, ITALY	\$ 309,857.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SMALL BUSINESS ADMINISTRATION  26 FEDERAL PLAZA  NEW YORK, NY 10278	\$ 302,105.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>PCI-MEDIA IMPACT, INC.</b>	Employer identification number  <b>13-3280193</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  <b>PCI-MEDIA IMPACT, INC.</b>	Employer identification number  <b>13-3280193</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and amounts for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations?   |     | X  |
| (ii) Related organizations?  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		232,743.	226,159.	6,584.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 6,584.

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	302,105.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,317,606.
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	31,982.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		31,982.
3	Subtract line 2e from line 1	3		2,285,624.
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		2,285,624.

**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	3,602,935.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	31,982.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		31,982.
3	Subtract line 2e from line 1	3		3,570,953.
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		3,570,953.

**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:**

THE ORGANIZATION RECOGNIZES AND MEASURES ITS UNRECOGNIZED TAX POSITIONS AND ASSESSES THE LIKELIHOOD, BASED ON THEIR TECHNICAL MERIT, THAT TAX POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED ON THE FACTS, CIRCUMSTANCES, AND INFORMATION AVAILABLE AT THE END OF EACH PERIOD. THE MEASUREMENT OF UNRECOGNIZED TAX POSITIONS IS ADJUSTED WHEN NEW INFORMATION IS AVAILABLE, OR WHEN AN EVENT OCCURS THAT REQUIRES A CHANGE. INTEREST AND PENALTIES ASSOCIATED WITH UNRECOGNIZED TAX POSITIONS, IF ANY, WOULD BE CLASSIFIED AS INTEREST EXPENSE AND ADDITIONAL INCOME TAXES, RESPECTIVELY, IN THE STATEMENTS OF ACTIVITIES. THE ORGANIZATION DID NOT IDENTIFY ANY UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS;

**Part XIII** Supplemental Information *(continued)*

HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY PERIODS PENDING OR IN  
PROGRESS.

Multiple horizontal lines 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	2	PROGRAM SERVICES	SERIAL DRAMA PROGRAM	329,962.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	PROGRAM SERVICES	SERIAL DRAMA PROGRAM	1,853.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	1	5	PROGRAM SERVICES	SERIAL DRAMA PROGRAM	938,103.
<b>3 a Subtotal</b> .....	1	7			1,269,918.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	1	7			1,269,918.



**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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2023

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the organization

**PCI-MEDIA IMPACT, INC.**

Employer identification number

**13-3280193**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2023

**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)	237,173.	0.	0.	0.	24,313.	261,486.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

Multiple horizontal lines for providing supplemental information.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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 4B, PROGRAM SERVICE ACCOMPLISHMENTS:**

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,

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23



Name of the organization PCI-MEDIA IMPACT, INC.	Employer identification number 13-3280193
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PRODUCTION OF RADIO SHOWS AND VIDEOS, CREATION OF SOCIAL MEDIA POSTS, AND PERFORMED PLAYS OVER THE RADIO TO ENGAGE ADOLESCENTS WITH AND WITHOUT DISABILITIES ON SEXUAL AND REPRODUCTIVE HEALTH. IN ADDITION, WE HAVE DEVELOPED INTER-PERSONAL COMMUNICATION GUIDES FOR THE MEDIA, SERVICE PROVIDERS, AND OTHER STAKEHOLDERS ABOUT HOW TO BETTER COMMUNICATE WITH ADOLESCENTS, ESPECIALLY THOSE WITH DISABILITIES.

MAJOR OBJECTIVES INCLUDE:

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

FORM 990, PART III, LINE 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

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REQUIRE PRODUCTION AND ADAPTATION OF ANIMATED OR STILL GRAPHIC CONTENT.

DELIVERABLES OF THIS WORK INCLUDE:

A) PRODUCTION OF SOCIAL MEDIA PLATFORM SPECIFIC MULTIMEDIA CONTENT

B) PRODUCTION OF MULTIMEDIA MATERIALS HIGHLIGHTING HUMANITARIAN AND EMERGENCY CONTEXTS FOR BROADCASTERS WITH ASSOCIATED PRESS STYLE SHORTLISTS AND TRANSCRIPTIONS

C) PRODUCTION OF SIGNATURE MULTIMEDIA MATERIALS TO HIGHLIGHT UNEP CAMPAIGNS TARGETED TO SPECIFIC AUDIENCES ON DIGITAL PLATFORMS

D) INNOVATIVE CONTENT PRODUCTION AND OUTSIDE THE BOX THINKING FOR PRODUCTION OF MULTIMEDIA MATERIALS TO SUPPORT UNEP COMMUNICATION PRIORITIES WITH DIGITAL AUDIENCES ONLINE AND IN TRADITIONAL MEDIA

OUTLETS 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

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 AS A 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 OF THE FOUR COUNTRIES OF INTERVENTION.

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

2. COACHING AND MENTORING CRS TEAMS THROUGHOUT THE BROADCASTING PERIODS - PCI MEDIA PROVIDES STRATEGIC ADVICE AND COACHING TO CRS IN-COUNTRY

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

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

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

EXPENSES \$ 1,608,713. 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:

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

Name of the organization PCI-MEDIA IMPACT, INC.	Employer identification number 13-3280193
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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 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, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OR, PA, RI, SC, TN

Name of the organization

PCI-MEDIA IMPACT, INC.

Employer identification number

13-3280193

VA, WV, WI

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	935,561.
MANAGEMENT AND GENERAL EXPENSES	26,455.
FUNDRAISING EXPENSES	154,364.
TOTAL EXPENSES	1,116,380.

BROADCAST PRODUCTION:

PROGRAM SERVICE EXPENSES	420,085.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	420,085.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,536,465.



**Statement of Specified Foreign Financial Assets**

▶ Go to [www.irs.gov/Form8938](http://www.irs.gov/Form8938) for instructions and the latest information.

▶ Attach to your tax return.

For calendar year **2023** or tax year beginning and ending

If you have attached additional statements, check here

Number of additional statements

**1** Name(s) shown on return  
**PCI-MEDIA IMPACT, INC.**

**2** Taxpayer identification number (TIN)  
**13-3280193**

**3** Type of filer  
**a**  Specified individual **b**  Partnership **c**  Corporation **d**  Trust

**4** If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.)

**a** Name **b** TIN

**Part I Foreign Deposit and Custodial Accounts Summary**

<b>5</b> Number of deposit accounts (reported in Part V)	5
<b>6</b> Maximum value of all deposit accounts	\$ 168,610.
<b>7</b> Number of custodial accounts (reported in Part V)	
<b>8</b> Maximum value of all custodial accounts	\$
<b>9</b> Were any foreign deposit or custodial accounts closed during the tax year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Part II Other Foreign Assets Summary**

<b>10</b> Number of foreign assets (reported in Part VI)	
<b>11</b> Maximum value of all assets (reported in Part VI)	\$
<b>12</b> Were any foreign assets acquired or sold during the tax year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets** (see instructions)

(a) Asset category	(b) Tax item	(c) Amount reported on form or schedule	Where reported	
			(d) Form and line	(e) Schedule and line
<b>13</b> Foreign deposit and custodial accounts	<b>a</b> Interest	\$		
	<b>b</b> Dividends	\$		
	<b>c</b> Royalties	\$		
	<b>d</b> Other income	\$		
	<b>e</b> Gains (losses)	\$		
	<b>f</b> Deductions	\$		
	<b>g</b> Credits	\$		
<b>14</b> Other foreign assets	<b>a</b> Interest	\$		
	<b>b</b> Dividends	\$		
	<b>c</b> Royalties	\$		
	<b>d</b> Other income	\$		
	<b>e</b> Gains (losses)	\$		
	<b>f</b> Deductions	\$		
	<b>g</b> Credits	\$		

**Part IV Excepted Specified Foreign Financial Assets** (see instructions)

If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.

**15** Number of Forms 3520 \_\_\_\_\_ **16** Number of Forms 3520-A \_\_\_\_\_ **17** Number of Forms 5471 \_\_\_\_\_  
**18** Number of Forms 8621 \_\_\_\_\_ **19** Number of Forms 8865 \_\_\_\_\_

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary

(see instructions)

If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions.

20 Type of account a [X] Deposit b [ ] Custodial 21 Account number or other designation 00901010000284 22 Check all that apply a [ ] Account opened during tax year b [ ] Account closed during tax year c [ ] Account jointly owned with spouse d [ ] No tax item reported in Part III with respect to this asset 23 Maximum value of account during tax year \$ 158. 24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? [X] Yes [ ] No 25 If you answered "Yes" to line 24, complete all that apply. (a) Foreign currency in which account is maintained MOZAMBIQUE, METICAL (b) Foreign currency exchange rate used to convert to U.S. dollars 63.25000000 (c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service 26a Name of financial institution in which account is maintained AFRICAN BANKING CORPORATION b Global Intermediary Identification Number (GIIN) (Optional) 27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. RUA DE CHUINDI 28 City or town, state or province, country, and ZIP or foreign postal code MAPUTO MOZAMBIQUE

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

29 Description of asset 30 Identifying number or other designation 31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates. a Date asset acquired during tax year, if applicable b Date asset disposed of during tax year, if applicable c [ ] Check if asset jointly owned with spouse d [ ] Check if no tax item reported in Part III with respect to this asset 32 Maximum value of asset during tax year (check box that applies) a [ ] \$0 - \$50,000 b [ ] \$50,001 - \$100,000 c [ ] \$100,001 - \$150,000 d [ ] \$150,001 - \$200,000 e If more than \$200,000, list value \$ 33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? [ ] Yes [ ] No 34 If you answered "Yes" to line 33, complete all that apply. (a) Foreign currency in which asset is denominated (b) Foreign currency exchange rate used to convert to U.S. dollars (c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service 35 If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. a Name of foreign entity b GIIN (Optional) c Type of foreign entity (1) [ ] Partnership (2) [ ] Corporation (3) [ ] Trust (4) [ ] Estate d Mailing address of foreign entity. Number, street, and room or suite no. e City or town, state or province, country, and ZIP or foreign postal code 36 If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions. a Name of issuer or counterparty Check if information is for [ ] Issuer [ ] Counterparty b Type of issuer or counterparty (1) [ ] Individual (2) [ ] Partnership (3) [ ] Corporation (4) [ ] Trust (5) [ ] Estate c Check if issuer or counterparty is a [ ] U.S. person [ ] Foreign person d Mailing address of issuer or counterparty. Number, street, and room or suite no. e City or town, state or province, country, and ZIP or foreign postal code

**Part V Foreign Deposit and Custodial Accounts** (see instructions)

20 Type of account	a <input checked="" type="checkbox"/> Deposit	21 Account number or other designation 00008159970214
	b <input type="checkbox"/> Custodial	

22 Check all that apply	a <input type="checkbox"/> Account opened during tax year	b <input type="checkbox"/> Account closed during tax year
	c <input type="checkbox"/> Account jointly owned with spouse	d <input type="checkbox"/> No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year ..... \$ 52,742.

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? .....  Yes  No

25 If you answered "Yes" to line 24, complete all that apply.

(1) Foreign currency in which account is maintained <b>UNITED STATES, DOLLAR</b>	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
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26a Name of financial institution in which account is maintained <b>AFRICAN BANKING CORPORATION</b>	b Global Intermediary Identification Number (GIIN) (Optional)
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27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.  
**RUA DE CHUINDI**

28 City or town, state or province, country, and ZIP or foreign postal code  
**MAPUTO  
MOZAMBIQUE**

20 Type of account	a <input checked="" type="checkbox"/> Deposit	21 Account number or other designation 00008159970112
	b <input type="checkbox"/> Custodial	

22 Check all that apply	a <input type="checkbox"/> Account opened during tax year	b <input type="checkbox"/> Account closed during tax year
	c <input type="checkbox"/> Account jointly owned with spouse	d <input type="checkbox"/> No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year ..... \$ 78,164.

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? .....  Yes  No

25 If you answered "Yes" to line 24, complete all that apply.

(1) Foreign currency in which account is maintained <b>MOZAMBIQUE, METICAL</b>	(2) Foreign currency exchange rate used to convert to U.S. dollars <b>63.250000000</b>	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
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26a Name of financial institution in which account is maintained <b>AFRICAN BANKING CORPORATION</b>	b Global Intermediary Identification Number (GIIN) (Optional)
--	---

27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.  
**RUA DE CHUINDI**

28 City or town, state or province, country, and ZIP or foreign postal code  
**MAPUTO  
MOZAMBIQUE**

20 Type of account	a <input checked="" type="checkbox"/> Deposit	21 Account number or other designation 0090101000007
	b <input type="checkbox"/> Custodial	

22 Check all that apply	a <input type="checkbox"/> Account opened during tax year	b <input type="checkbox"/> Account closed during tax year
	c <input type="checkbox"/> Account jointly owned with spouse	d <input type="checkbox"/> No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year ..... \$ 16,751.

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? .....  Yes  No

25 If you answered "Yes" to line 24, complete all that apply.

(1) Foreign currency in which account is maintained <b>MOZAMBIQUE, METICAL</b>	(2) Foreign currency exchange rate used to convert to U.S. dollars <b>63.250000000</b>	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
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26a Name of financial institution in which account is maintained <b>AFRICAN BANKING CORPORATION</b>	b Global Intermediary Identification Number (GIIN) (Optional)
--	---

27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.  
**RUA DE CHUINDI**

28 City or town, state or province, country, and ZIP or foreign postal code  
**MAPUTO  
MOZAMBIQUE**

**Part V Foreign Deposit and Custodial Accounts** (see instructions)

20 Type of account	a <input checked="" type="checkbox"/> Deposit	21 Account number or other designation 00901010000010
	b <input type="checkbox"/> Custodial	

22 Check all that apply	a <input type="checkbox"/> Account opened during tax year	b <input type="checkbox"/> Account closed during tax year
	c <input type="checkbox"/> Account jointly owned with spouse	d <input type="checkbox"/> No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year ..... \$ **20,795.**

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? .....  Yes  No

25 If you answered "Yes" to line 24, complete all that apply.

(1) Foreign currency in which account is maintained <b>UNITED STATES, DOLLAR</b>	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
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26a Name of financial institution in which account is maintained <b>AFRICAN BANKING CORPORATION</b>	b Global Intermediary Identification Number (GIIN) (Optional)
--	---

27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.  
**RUA DE CHUINDI**

28 City or town, state or province, country, and ZIP or foreign postal code  
**MAPUTO  
MOZAMBIQUE**

20 Type of account	a <input type="checkbox"/> Deposit	21 Account number or other designation
	b <input type="checkbox"/> Custodial	

22 Check all that apply	a <input type="checkbox"/> Account opened during tax year	b <input type="checkbox"/> Account closed during tax year
	c <input type="checkbox"/> Account jointly owned with spouse	d <input type="checkbox"/> No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year ..... \$

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? .....  Yes  No

25 If you answered "Yes" to line 24, complete all that apply.

(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
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26a Name of financial institution in which account is maintained	b Global Intermediary Identification Number (GIIN) (Optional)
--	---

27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.

28 City or town, state or province, country, and ZIP or foreign postal code

20 Type of account	a <input type="checkbox"/> Deposit	21 Account number or other designation
	b <input type="checkbox"/> Custodial	

22 Check all that apply	a <input type="checkbox"/> Account opened during tax year	b <input type="checkbox"/> Account closed during tax year
	c <input type="checkbox"/> Account jointly owned with spouse	d <input type="checkbox"/> No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year ..... \$

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? .....  Yes  No

25 If you answered "Yes" to line 24, complete all that apply.

(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
---	--	---

26a Name of financial institution in which account is maintained	b Global Intermediary Identification Number (GIIN) (Optional)
--	---

27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.

28 City or town, state or province, country, and ZIP or foreign postal code

Electronic Filing PDF Attachment

**Statement of Specified Foreign Financial Assets**

▶ Go to [www.irs.gov/Form8938](http://www.irs.gov/Form8938) for instructions and the latest information.

▶ Attach to your tax return.

For calendar year **2023** or tax year beginning and ending

If you have attached additional statements, check here

Number of additional statements

**1** Name(s) shown on return  
**PCI-MEDIA IMPACT, INC.**

**2** Taxpayer identification number (TIN)  
**13-3280193**

**3** Type of filer  
**a** Specified individual **b** Partnership **c** Corporation **d** Trust

**4** If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.)

**a** Name **b** TIN

**Part I Foreign Deposit and Custodial Accounts Summary**

<b>5</b> Number of deposit accounts (reported in Part V)	5
<b>6</b> Maximum value of all deposit accounts	\$ 168,610.
<b>7</b> Number of custodial accounts (reported in Part V)	
<b>8</b> Maximum value of all custodial accounts	\$
<b>9</b> Were any foreign deposit or custodial accounts closed during the tax year?	Yes <input checked="" type="checkbox"/> No

**Part II Other Foreign Assets Summary**

<b>10</b> Number of foreign assets (reported in Part VI)	
<b>11</b> Maximum value of all assets (reported in Part VI)	\$
<b>12</b> Were any foreign assets acquired or sold during the tax year?	Yes <input checked="" type="checkbox"/> No

**Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions)**

(a) Asset category	(b) Tax item	(c) Amount reported on form or schedule	Where reported	
			(d) Form and line	(e) Schedule and line
<b>13</b> Foreign deposit and custodial accounts	<b>a</b> Interest	\$		
	<b>b</b> Dividends	\$		
	<b>c</b> Royalties	\$		
	<b>d</b> Other income	\$		
	<b>e</b> Gains (losses)	\$		
	<b>f</b> Deductions	\$		
	<b>g</b> Credits	\$		
<b>14</b> Other foreign assets	<b>a</b> Interest	\$		
	<b>b</b> Dividends	\$		
	<b>c</b> Royalties	\$		
	<b>d</b> Other income	\$		
	<b>e</b> Gains (losses)	\$		
	<b>f</b> Deductions	\$		
	<b>g</b> Credits	\$		

**Part IV Excepted Specified Foreign Financial Assets (see instructions)**

If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.

**15** Number of Forms 3520 \_\_\_\_\_ **16** Number of Forms 3520-A \_\_\_\_\_ **17** Number of Forms 5471 \_\_\_\_\_  
**18** Number of Forms 8621 \_\_\_\_\_ **19** Number of Forms 8865 \_\_\_\_\_

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary

(see instructions)

If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions.

20 Type of account a [X] Deposit b Custodial 21 Account number or other designation 00901010000284
22 Check all that apply a Account opened during tax year b Account closed during tax year
c Account jointly owned with spouse d No tax item reported in Part III with respect to this asset
23 Maximum value of account during tax year \$ 158.
24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? [X] Yes No
25 If you answered "Yes" to line 24, complete all that apply.
(a) Foreign currency in which account is maintained MOZAMBIQUE, METICAL
(b) Foreign currency exchange rate used to convert to U.S. dollars 63.25000000
(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
26a Name of financial institution in which account is maintained AFRICAN BANKING CORPORATION
b Global Intermediary Identification Number (GIIN) (Optional)
27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. RUA DE CHUINDI
28 City or town, state or province, country, and ZIP or foreign postal code MAPUTO MOZAMBIQUE

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

29 Description of asset 30 Identifying number or other designation
31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.
a Date asset acquired during tax year, if applicable
b Date asset disposed of during tax year, if applicable
c Check if asset jointly owned with spouse d Check if no tax item reported in Part III with respect to this asset
32 Maximum value of asset during tax year (check box that applies)
a \$0 - \$50,000 b [ ] \$50,001 - \$100,000 c [ ] \$100,001 - \$150,000 d \$150,001 - \$200,000
e If more than \$200,000, list value \$
33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? Yes No
34 If you answered "Yes" to line 33, complete all that apply.
(a) Foreign currency in which asset is denominated
(b) Foreign currency exchange rate used to convert to U.S. dollars
(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
35 If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
a Name of foreign entity b GIIN (Optional)
c Type of foreign entity (1) Partnership (2) Corporation (3) Trust (4) Estate
d Mailing address of foreign entity. Number, street, and room or suite no.
e City or town, state or province, country, and ZIP or foreign postal code
36 If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.
a Name of issuer or counterparty
Check if information is for Issuer Counterparty
b Type of issuer or counterparty
(1) [ ] Individual (2) Partnership (3) Corporation (4) Trust (5) Estate
c Check if issuer or counterparty is a U.S. person Foreign person
d Mailing address of issuer or counterparty. Number, street, and room or suite no.
e City or town, state or province, country, and ZIP or foreign postal code

**Part V Foreign Deposit and Custodial Accounts** (see instructions)

<b>20</b> Type of account	a	<input checked="" type="checkbox"/>	Deposit	<b>21</b> Account number or other designation	
	b		Custodial	00008159970214	

<b>22</b> Check all that apply	a	Account opened during tax year	b	Account closed during tax year
	c	Account jointly owned with spouse	d	No tax item reported in Part III with respect to this asset

**23** Maximum value of account during tax year ..... \$ 52,742.

**24** Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? .....  Yes No

**25** If you answered "Yes" to line 24, complete all that apply.

<b>(1)</b> Foreign currency in which account is maintained <b>UNITED STATES, DOLLAR</b>	<b>(2)</b> Foreign currency exchange rate used to convert to U.S. dollars	<b>(3)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
--	---	--

<b>26a</b> Name of financial institution in which account is maintained <b>AFRICAN BANKING CORPORATION</b>	<b>b</b> Global Intermediary Identification Number (GIIN) (Optional)
---	--

**27** Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.  
**RUA DE CHUINDI**

**28** City or town, state or province, country, and ZIP or foreign postal code  
**MAPUTO  
MOZAMBIQUE**

<b>20</b> Type of account	a	<input checked="" type="checkbox"/>	Deposit	<b>21</b> Account number or other designation	
	b		Custodial	00008159970112	

<b>22</b> Check all that apply	a	Account opened during tax year	b	Account closed during tax year
	c	Account jointly owned with spouse	d	No tax item reported in Part III with respect to this asset

**23** Maximum value of account during tax year ..... \$ 78,164.

**24** Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? .....  Yes No

**25** If you answered "Yes" to line 24, complete all that apply.

<b>(1)</b> Foreign currency in which account is maintained <b>MOZAMBIQUE, METICAL</b>	<b>(2)</b> Foreign currency exchange rate used to convert to U.S. dollars <b>63.25000000</b>	<b>(3)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
--	---	--

<b>26a</b> Name of financial institution in which account is maintained <b>AFRICAN BANKING CORPORATION</b>	<b>b</b> Global Intermediary Identification Number (GIIN) (Optional)
---	--

**27** Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.  
**RUA DE CHUINDI**

**28** City or town, state or province, country, and ZIP or foreign postal code  
**MAPUTO  
MOZAMBIQUE**

<b>20</b> Type of account	a	<input checked="" type="checkbox"/>	Deposit	<b>21</b> Account number or other designation	
	b		Custodial	0090101000007	

<b>22</b> Check all that apply	a	Account opened during tax year	b	Account closed during tax year
	c	Account jointly owned with spouse	d	No tax item reported in Part III with respect to this asset

**23** Maximum value of account during tax year ..... \$ 16,751.

**24** Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? .....  Yes No

**25** If you answered "Yes" to line 24, complete all that apply.

<b>(1)</b> Foreign currency in which account is maintained <b>MOZAMBIQUE, METICAL</b>	<b>(2)</b> Foreign currency exchange rate used to convert to U.S. dollars <b>63.25000000</b>	<b>(3)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
--	---	--

<b>26a</b> Name of financial institution in which account is maintained <b>AFRICAN BANKING CORPORATION</b>	<b>b</b> Global Intermediary Identification Number (GIIN) (Optional)
---	--

**27** Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.  
**RUA DE CHUINDI**

**28** City or town, state or province, country, and ZIP or foreign postal code  
**MAPUTO  
MOZAMBIQUE**



**Part V Foreign Deposit and Custodial Accounts** (see instructions)

20 Type of account	a <input checked="" type="checkbox"/> Deposit	21 Account number or other designation 00901010000010
	b Custodial	

22 Check all that apply	a Account opened during tax year	b Account closed during tax year
	c Account jointly owned with spouse	d No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year ..... \$ 20,795.

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? .....  Yes No

25 If you answered "Yes" to line 24, complete all that apply.

(1) Foreign currency in which account is maintained UNITED STATES, DOLLAR	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
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26a Name of financial institution in which account is maintained AFRICAN BANKING CORPORATION	b Global Intermediary Identification Number (GIIN) (Optional)
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27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.  
RUA DE CHUINDI

28 City or town, state or province, country, and ZIP or foreign postal code  
MAPUTO  
MOZAMBIQUE

20 Type of account	a Deposit	21 Account number or other designation
	b Custodial	

22 Check all that apply	a Account opened during tax year	b Account closed during tax year
	c Account jointly owned with spouse	d No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year ..... \$

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? ..... Yes No

25 If you answered "Yes" to line 24, complete all that apply.

(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
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26a Name of financial institution in which account is maintained	b Global Intermediary Identification Number (GIIN) (Optional)
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27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.

28 City or town, state or province, country, and ZIP or foreign postal code

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	b Custodial	

22 Check all that apply	a Account opened during tax year	b Account closed during tax year
	c Account jointly owned with spouse	d No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year ..... \$

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? ..... Yes No

25 If you answered "Yes" to line 24, complete all that apply.

(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
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