

Return of Organization Exempt from Income Tax

2004

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2004 calendar year, or tax year beginning 10/01, 2004, and ending 9/30, 2005

B Check if applicable:

- Address change
Name change
Initial return
Final return
Amended return
Application pending

Please use IRS label or print or type. See specific instructions.

PACIFICA FOUNDATION
1925 MARTIN LUTHER KING JR. WAY
BERKELEY, CA 94704

D Employer Identification Number

94-1347046

E Telephone number

510-849-2590

F Accounting method:

Cash Accrual

Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H (a) Is this a group return for affiliates? Yes No

H (b) If 'Yes,' enter number of affiliates

H (c) Are all affiliates included? Yes No

(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Web site: PACIFICA.ORG

J Organization type (check only one) 501(c) 3 (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

I Group Exemption Number

M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 17,190,184.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See instructions)

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) SEE STM 4 (cash \$ 100,000. non-cash \$)	100,000.	100,000.		
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc.	641,868.	378,260.	182,815.	80,793.
26	Other salaries and wages	5,381,163.	3,189,549.	1,501,509.	690,105.
27	Pension plan contributions	137,590.	77,881.	42,311.	17,398.
28	Other employee benefits	918,829.	520,094.	282,552.	116,183.
29	Payroll taxes	552,007.	341,862.	137,839.	72,306.
30	Professional fundraising fees				
31	Accounting fees	72,063.		72,063.	
32	Legal fees	180,191.	76,917.	101,947.	1,327.
33	Supplies	116,013.	116,013.		
34	Telephone	341,708.	89,625.	245,754.	6,329.
35	Postage and shipping	51,240.	7,236.	43,310.	694.
36	Occupancy	748,547.	573,389.	137,417.	37,741.
37	Equipment rental and maintenance	112,968.	11,795.	100,336.	837.
38	Printing and publications	107,201.	1,700.	10,136.	95,365.
39	Travel	108,372.	41,842.	61,833.	4,697.
40	Conferences, conventions, and meetings	30,406.	6,968.	19,828.	3,610.
41	Interest	11,795.		11,795.	
42	Depreciation, depletion, etc (attach schedule)	401,446.	242,052.	159,394.	
43	Other expenses not covered above (itemize):				
a	SEE STATEMENT 5	5,647,474.	2,008,238.	1,382,238.	2,256,998.
b					
c					
d					
e					
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.	15,660,881.	7,783,421.	4,493,077.	3,384,383.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <u>NON-COMMERCIAL EDUCATIONAL RADIO</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 6	
(Grants and allocations \$ 100,000.)	7,783,421.
b	
(Grants and allocations \$)	
c	
(Grants and allocations \$)	
d	
(Grants and allocations \$)	
e Other program services (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	7,783,421.

Part IV Balance Sheets (See Instructions)

		(A) Beginning of year		(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
ASSETS	45 Cash — non-interest-bearing	1,612,541.	45	2,091,633.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable			
	b Less: allowance for doubtful accounts			
	48a Pledges receivable	698,762.		
	b Less: allowance for doubtful accounts			
	49 Grants receivable			
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			
	51a Other notes & loans receivable (attach sch.)			
	b Less: allowance for doubtful accounts			
	52 Inventories for sale or use	129,475.	52	150,050.
	53 Prepaid expenses and deferred charges	58,308.	53	55,021.
	54 Investments — securities (attach schedule) .. SEE ST. 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	9,842.	54	11,881.
	55a Investments — land, buildings, & equipment: basis			
	b Less: accumulated depreciation (attach schedule)			
	56 Investments — other (attach schedule)			
	57a Land, buildings, and equipment: basis	12,180,484.		
	b Less: accumulated depreciation (attach schedule) .. STATEMENT 8	8,741,867.		
	58 Other assets (describe ► SEE STATEMENT 9) ..	522,406.	58	562,675.
59 Total assets (add lines 45 through 58) (must equal line 74)	6,396,584.	59	7,008,639.	
LIABILITIES	60 Accounts payable and accrued expenses	1,458,599.	60	1,128,889.
	61 Grants payable		61	
	62 Deferred revenue	11,489.	62	3,732.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	83,750.	64b	
	65 Other liabilities (describe ► SEE STATEMENT 10) ..	25,079.	65	14,000.
66 Total liabilities (add lines 60 through 65)	1,578,917.	66	1,146,621.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	4,419,639.	67	5,455,577.
	68 Temporarily restricted	31,973.	68	40,386.
	69 Permanently restricted	366,055.	69	366,055.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	4,817,667.	73	5,862,018.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	6,396,584.	74	7,008,639.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total revenue, gains, and other support per audited financial statements. ▶	a	16,939,184.	a Total expenses and losses per audited financial statements. ▶	a	15,894,833.
b Amounts included on line a but not on line 12, Form 990:			b Amounts included on line a but not on line 17, Form 990:		
(1) Net unrealized gains on investments. . . . \$ 6,300.			(1) Donated services and use of facilities. \$		
(2) Donated services and use of facilities. \$			(2) Prior year adjustments reported on line 20, Form 990. . . . \$		
(3) Recoveries of prior year grants. \$			(3) Losses reported on line 20, Form 990. . . . \$		
(4) Other (specify):			(4) Other (specify):		
SEE STM 11 \$ 233,952.			SEE STMT 12 \$ 233,952.		
Add amounts on lines (1) through (4) ▶	b	240,252.	Add amounts on lines (1) through (4) ▶	b	233,952.
c Line a minus line b. ▶	c	16,698,932.	c Line a minus line b. ▶	c	15,660,881.
d Amounts included on line 12, Form 990 but not on line a:			d Amounts included on line 17, Form 990 but not on line a:		
(1) Investment expenses not included on line 6b, Form 990. \$			(1) Investment expenses not included on line 6b, Form 990. \$		
(2) Other (specify):			(2) Other (specify):		
----- \$			----- \$		
Add amounts on lines (1) and (2) . . . ▶	d		Add amounts on lines (1) and (2) . . . ▶	d	
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e	16,698,932.	e Total expenses per line 17, Form 990 (line c plus line d) ▶	e	15,660,881.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 13		633,060.	20,548.	8,808.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ Yes No
 If 'Yes,' attach schedule -- see instructions.

Part VII Other Information (See instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.....		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS?..... If 'Yes,' attach a conformed copy of the changes.		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?...	X	
78b If 'Yes,' has it filed a tax return on Form 990-T for this year?.....	X	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.....		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?.....		X
80b If 'Yes,' enter the name of the organization ▶ <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a Enter direct and indirect political expenditures. See line 81 instructions..... 81a 0.		
81b Did the organization file Form 1120-POL for this year?.....		X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?.....	X	
82b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)..... 82b		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?.....	X	
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?.....	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?.....		X
84b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.....		N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?.....		N/A
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?..... If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		N/A
85c Dues, assessments, and similar amounts from members.....		N/A
85d Section 162(e) lobbying and political expenditures.....		N/A
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.....		N/A
85f Taxable amount of lobbying and political expenditures (line 85d less 85e).....		N/A
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?.....		N/A
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?.....		N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.....		N/A
86b Gross receipts, included on line 12, for public use of club facilities.....		N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders.....		N/A
87b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).....		N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.....		X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
89b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.....		X
89c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958..... ▶ 0.		
89d Enter: Amount of tax on line 89c, above, reimbursed by the organization..... ▶ 0.		
90a List the states with which a copy of this return is filed ▶ <u>AZ CA CT FL IL MD NJ NM NY OH OR VA</u>		
90b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.).....	198	
91 The books are in care of ▶ <u>LONNIE HICKS, CFO</u> Telephone number ▶ <u>510-849-2590</u> Located at ▶ <u>1925 MLK JR. WAY, BERKELEY, CA 94704</u> ZIP + 4 ▶ <u>94704</u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here..... N/A... <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year..... ▶ 92		N/A

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

- 93 Program service revenue:
 - a TAPE LIBRARY SALES
 - b
 - c
 - d
 - e
 - f Medicare/Medicaid payments
 - g Fees & contracts from government agencies
- 94 Membership dues and assessments
- 95 Interest on savings & temporary cash invmnts.
- 96 Dividends & interest from securities
- 97 Net rental income or (loss) from real estate:
 - a debt-financed property
 - b not debt-financed property
- 98 Net rental income or (loss) from pers prop.
- 99 Other investment income
- 100 Gain or (loss) from sales of assets other than inventory
- 101 Net income or (loss) from special events
- 102 Gross profit or (loss) from sales of inventory
- 103 Other revenue:
 - a
 - b MISC.
 - c RENTAL-MAILING LISTS
 - d SCA INCOME
 - e
- 104 Subtotal (add columns (B), (D), and (E))
- 105 Total (add line 104, columns (B), (D), and (E))

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93					227,727.
94					
95			14	22,077.	
96			14	5,244.	
97					
98	900002	18,453.			
99					
100					6,603.
101			6	257,142.	
102					
103					
			15	41,506.	
			15	16,712.	
			15	386,500.	
104		18,453.		729,181.	234,330.
105					981,964.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	FEES PAID BY NON-COMMERCIAL STATIONS FOR 1/2 HR DAILY NEWSCAST/PUBLIC AFFAIRS SHOWS AND SPECIALS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 - b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

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.

Please Sign Here: Signature of officer: Lonnie Hicks Date: 2/27/06

Type or print name and title: Lonnie Hicks

Paid Preparer's Use Only: Preparer's signature: Ross Wisdom Date: 2/18/06 Check if self-employed: Preparer's SSN or PTIN: P00163343

Firm's name (or yours if self-employed), address, and ZIP + 4: KIMERLING & WISDOM, LLC
29 BROADWAY #1412
NEW YORK, NY 10006-3267 EIN: 76-0717994 Phone no.: (212) 986-0892

SCHEDULE A
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2004

Department of the Treasury
Internal Revenue Service

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization: **PACIFICA FOUNDATION** Employer identification number: **94-1347046**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
VERNA AVERY-BROWN 1925 MLK. JR WAY BERKELY, CA 94704	NAT'L NEWS DIR. 40	74,460.	1,468.	0.
BEN GARCIA 1925 MLK. JR WAY BERKELY, CA 94704	CONTROLLER 40	71,798.	2,718.	0.
ERLINDA MAGNO 1925 MLK. JR WAY BERKELY, CA 94704	ASST CONTROLLER 40	71,254.	2,587.	0.
ALVIN YIP 1925 MLK. JR WAY BERKELY, CA 94704	INT. AUDITOR 40	68,046.	1,123.	0.
PHIL OSEGUEDA 1925 MLK. JR WAY BERKELY, CA 94704	DEVELOPMENT DIR 40	67,956.	3,756.	0.
Total number of other employees paid over \$50,000	7			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
GARVEY, SCHUBERT & BARER 1191 SECOND AVENUE, SEATTLE, WA 98101	LEGAL	90,828.
ROSS WISDOM CPA, PLLC 29 BROADWAY, SUITE 1412, NEW YORK NY 10006	AUDIT	72,063.
SQUIRE, SANDERS & DEPMSEY LLP P.O. BOX 643051, CINCINNATI, OH 45264	LEGAL	87,117.
Total number of others receiving over \$50,000 for professional services	0	

Part III Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
SEE FORM 990, PART V		
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)..... ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)...	14,609,418.	14,728,058.	11,772,632.	9,765,350.	50,875,458.
16 Membership fees received.....					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose.....	648,412.	612,680.	410,863.	455,516.	2,127,471.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.....	139,927.	80,868.	1,011,177.	313,803.	1,545,775.
19 Net income from unrelated business activities not included in line 18.....					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.....					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.....					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE. STMT. 14	362,500.	195,000.	331,000.	394,000.	1,282,500.
23 Total of lines 15 through 22....	15,760,257.	15,616,606.	13,525,672.	10,928,669.	55,831,204.
24 Line 23 minus line 17.....	15,111,845.	15,003,926.	13,114,809.	10,473,153.	53,703,733.
25 Enter 1% of line 23.....	157,603.	156,166.	135,257.	109,287.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24..... ▶					26a 1,074,075.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts..... ▶					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)..... ▶					26c 53,703,733.
d Add: Amounts from column (e) for lines: 18 1,545,775. 19 _____					26d 2,828,275.
22 1,282,500. 26b _____					26e 50,875,458.
e Public support (line 26c minus line 26d total)..... ▶					26f 94.73 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))..... ▶					
27 Organizations described on line 12: N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					27c
17 _____ 20 _____ 21 _____					27d
d Add: Line 27a total and line 27b total..... ▶					27e
e Public support (line 27c total minus line 27d total)..... ▶					27f
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e).... ▶					27g %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))..... ▶					27h %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))..... ▶					

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)		

32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)		

33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)		

34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended?		
If you answered 'Yes' to either 34a or b, please explain using an attached statement.		

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying).....	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying).....	37	
38	Total lobbying expenditures (add lines 36 and 37).....	38	
39	Other exempt purpose expenditures.....	39	
40	Total exempt purpose expenditures (add lines 38 and 39).....	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -- If the amount on line 40 is -- The lobbying nontaxable amount is -- Not over \$500,000..... 20% of the amount on line 40..... Over \$500,000 but not over \$1,000,000..... \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000..... \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000..... \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000..... \$1,000,000.....	41	
42	Grassroots nontaxable amount (enter 25% of line 41).....	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.....	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.....	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount.....				
46	Lobbying ceiling amount (150% of line 45(e)).....				
47	Total lobbying expenditures.....				
48	Grassroots non-taxable amount.....				
49	Grassroots ceiling amount (150% of line 48(e)).....				
50	Grassroots lobbying expenditures.....				

Part VI-B **Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers.....			
b Paid staff or management (Include compensation in expenses reported on lines c through h.).....			
c Media advertisements.....			
d Mailings to members, legislators, or the public.....			
e Publications, or published or broadcast statements.....			
f Grants to other organizations for lobbying purposes.....			
g Direct contact with legislators, their staffs, government officials, or a legislative body.....			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means.....			
i Total lobbying expenditures (add lines c through h.).....			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

Table with 3 columns: Question, Yes, No. Rows include 51 a (i) Cash, a (ii) Other assets, b (i) Sales or exchanges of assets, b (ii) Purchases of assets, b (iii) Rental of facilities, b (iv) Reimbursement arrangements, b (v) Loans or loan guarantees, b (vi) Performance of services, and c Sharing of facilities.

- (i) Cash
(ii) Other assets
b Other transactions:
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Schedule table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. First row contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If 'Yes,' complete the following schedule:

Schedule table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. First row contains 'N/A'.

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only.

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization PACIFICA FOUNDATION	Employer identification number 94-1347046
	Number, street, and room or suite number. If a P.O. box, see instructions. 1925 MARTIN LUTHER KING JR. WAY	
	City, town or post office. For a foreign address, see instructions. BERKELEY, CA 94704	
	state	ZIP code

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form-990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ LONNIE HICKS; CFO

Telephone No. ▶ 510-849-2590 FAX No. ▶ 1-510-849-2617

- If the organization does **not** have an office or place of business in the United States, check this box.
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box. ▶ . If it is for part of the group, check this box. ▶ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 5/15, 20 06, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - ▶ calendar year 20 ____ or
 - ▶ tax year beginning 10/01, 20 04, and ending 9/30, 20 05.
- 2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____ 0.
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____ 0.
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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**STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES**

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 263,903.
COST OR OTHER BASIS: 257,300.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 6,603.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 6,603.

**STATEMENT 2
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS**

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI- BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
COMMUNITY EVENTS INCOME	486,872.	0.	486,872.	229,730.	257,142.
TOTAL	<u>\$ 486,872.</u>	<u>\$ 0.</u>	<u>\$ 486,872.</u>	<u>\$ 229,730.</u>	<u>\$ 257,142.</u>

**STATEMENT 3
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

UNREALIZED GAINS..... \$ 6,300.
TOTAL \$ 6,300.

**STATEMENT 4
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS**

CASH GRANTS AND ALLOCATIONS

DONEE'S NAME: VETERANS FOR PEACE
DONEE'S ADDRESS: 23701 VIA NAVARRA
MISSION VIEJO, CA 92691
AMOUNT GIVEN: \$ 25,000.

DONEE'S NAME: SOUTHERN RELIEF FUND C/O MWC
DONEE'S ADDRESS: 213 MAIN STREET
GREENVILLE, MS 38702
AMOUNT GIVEN: 25,000.

DONEE'S NAME: VANGUARD PUBLIC FDN-HURRICANE
DONEE'S ADDRESS: 383 RHODE ISLAND STREET, # 301
SAN FRANCISCO, CA 94013
AMOUNT GIVEN: 25,000.

DONEE'S NAME: VANGUARD PUB. FDN-C. L. UNITED

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STATEMENT 4 (CONTINUED)
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

DONEE'S ADDRESS:

440 MILL STREET
JACKSON, MS 39213

AMOUNT GIVEN:

\$ 25,000.

TOTAL GRANTS AND ALLOCATIONS \$ 100,000.

STATEMENT 5
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING & PROMOTION	17,772.	81.	15.	17,676.
ASSOCIATIONS & PERIODICALS	24,237.	2,055.	15,766.	6,416.
BANK CHARGES	41,488.		41,488.	
BOARD ELECTION EXPENSES	183,941.		183,941.	
BROKERS FEE	15,619.		15,619.	
CAC TRAINING EXPENSES	14,319.	14,319.		
COMPUTER MAINTENANCE	175,828.	62,980.	101,304.	11,544.
CONSULTING	2,200.		2,200.	
CREDIT CARD FEES	276,963.			276,963.
DEMOCRACY NOW	523,904.	523,904.		
DEVELOPMENT EXPENSES	28,340.			28,340.
DIRECT MAIL/TELEMARKETING/SUBS	739,261.			739,261.
DOCUMENTARY EXPENSES	300.	300.		
FOLIO EXPENSES	10,854.			10,854.
INSURANCE	299,152.	345.	298,807.	
KATRINA RELIEF COVERAGE	10,963.	10,963.		
MAJOR GIFTS EXPENSE	1,088.			1,088.
MISC.	42,889.	1,490.	43,414.	-2,015.
MOVING EXPENSES	6,493.		6,493.	
NAT. PROG.-FREE SPEECH RADIO	440,287.	440,287.		
NATIONAL BOARD EXPENSES	224,677.		224,677.	
NEWS SERVICE	118,619.	118,619.		
NFCB TRADESHOWS & CONVENTIONS	33,575.	33,575.		
NON-OPERATING GRANT EXP.	3,732.	3,732.		
OFFICE EXPENSES	101,990.	2,564.	97,520.	1,906.
OUTSIDE SERVICES	365,814.	190,710.	146,354.	28,750.
PAYROLL SERVICE	10,991.		10,991.	
PREMIUMS/SHIPPING & MARATHONS	1,082,078.			1,082,078.
PRESIDENTIAL ELECTION/COMM.	75,125.	75,125.		
PROGRAM SERVICES & EXPENSES	103,023.	103,023.		
REPAIRS & MAINTENANCE	271,403.	174,236.	95,017.	2,150.
SATELLITE INTERCONNECT	70,581.	70,581.		
STORAGE	15,666.		15,666.	
TAXES (UBT & PROPERTY)	28,240.		28,240.	
UTILITIES	286,062.	179,349.	54,726.	51,987.
TOTAL	\$ 5,647,474.	\$ 2,008,238.	\$ 1,382,238.	\$ 2,256,998.

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STATEMENT 6
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
OWNS AND OPERATES FIVE NON-COMMERICAL RADIO STATIONS, A NEWS SERVICE, AND PROVIDES COPIES OF RADIO PROGRAMS TO OTHER NON-COMMERICAL RADIO STATIONS, SCHOOLS, COLLEGES, UNIVERSITIES AND INDIVIDUALS.		7,683,421.
KATRINA RELIEF	100,000.	100,000.
	<u>\$ 100,000.</u>	<u>\$ 7,783,421.</u>

STATEMENT 7
FORM 990, PART IV, LINE 54
INVESTMENTS - SECURITIES

CORPORATE STOCKS	VALUATION METHOD	AMOUNT
VALUE LINE LEVERAGED GROWTH	MARKET VALUE	\$ 11,881.
	TOTAL	\$ 11,881.
TOTAL INVESTMENTS - SECURITIES		<u>\$ 11,881.</u>

STATEMENT 8
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 4,500.	\$ 1,800.	\$ 2,700.
FURNITURE AND FIXTURES	324,002.	304,480.	19,522.
MACHINERY AND EQUIPMENT	7,514,648.	6,407,437.	1,107,211.
IMPROVEMENTS	3,704,906.	2,028,150.	1,676,756.
LAND	632,428.		632,428.
TOTAL	<u>\$ 12,180,484.</u>	<u>\$ 8,741,867.</u>	<u>\$ 3,438,617.</u>

STATEMENT 9
FORM 990, PART IV, LINE 58
OTHER ASSETS

PREPAID EXPENSE-COMMUNITY EVENTS DEPOSIT.....	\$ 55,802.
PROGRAM ENDOWMENT.....	506,873.
TOTAL	<u>\$ 562,675.</u>

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STATEMENT 10
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

DEPOSITS PAYABLE.....	\$ 14,000.
TOTAL	<u>\$ 14,000.</u>

STATEMENT 11
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

6B - RENTAL EXPENSES.....	\$ 4,222.
9B - COMMUNITY EVENTS DIRECT EXPENSES.....	229,730.
TOTAL	<u>\$ 233,952.</u>

STATEMENT 12
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

6B - RENTAL EXPENSES.....	\$ 4,222.
9B - COMMUNITY EVENTS DIRECT EXPENSES.....	229,730.
TOTAL	<u>\$ 233,952.</u>

STATEMENT 13
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
SARV RANDHAWA 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER AS REQUIRED	\$ 0.	\$ 0.	\$ 0.
WILLIAM WALKER 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER AS REQUIRED	0.	0.	0.
MARY DURLIN 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER AS REQUIRED	0.	0.	0.
JAMES BENNET 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	OPERATIONS DIR. 40	72,252.	4,418.	0.
WENDY SCHROELL 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER AS REQUIRED	0.	0.	0.

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STATEMENT 13 (CONTINUED)
 FORM 990, PART V
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
LONNIE HICKS 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	CFO/TREASURER 40	\$ 83,600.	\$ 2,785.	\$ 0.
AMBROSE LANE 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	CHAIR (FORMER) 40	21,875.	0.	8,808.
MARK ROBERTS 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER AS REQUIRED	0.	0.	0.
DAVID ADELSON 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER AS REQUIRED	0.	0.	0.
ZARINAH SHAKIR 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER AS REQUIRED	0.	0.	0.
JULIE CHAVEZ RODRIGUEZ 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER AS REQUIRED	0.	0.	0.
NGOZI KAMAU 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER AS REQUIRED	0.	0.	0.
ROBERT LEDERER 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER AS REQUIRED	0.	0.	0.
RAY LAFOREST 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER AS REQUIRED	0.	0.	0.
PATTY HEFFLEY 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER AS REQUIRED	0.	0.	0.
ROB ROBINSON 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER AS REQUIRED	0.	0.	0.
JOE MONTES 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER AS REQUIRED	0.	0.	0.

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STATEMENT 13 (CONTINUED)
 FORM 990, PART V
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MIKE MARTIN 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER AS REQUIRED	\$ 0.	\$ 0.	\$ 0.
FADI SABA 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER AS REQUIRED	0.	0.	0.
LAVAM WILLIAMS 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER AS REQUIRED	0.	0.	0.
MARIA ARMOUDIAN 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER AS REQUIRED	0.	0.	0.
DONNA WARREN 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER NONE	0.	0.	0.
MICHAEL WARREN 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER AS REQUIRED	0.	0.	0.
GEORGIA EVA 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	GEN. MGR-KPFK 40	71,085.	3,666.	0.
CAMPANELL ROY 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	GEN. MGR-KPFA 40	61,850.	0.	0.
DON ROJAS 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	GEN. MGR-WBAI 40	50,557.	654.	0.
RON PINCHBACK 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	GEN. MGR-WPFW 40	69,785.	1,208.	0.
DANIEL COUGHLIN (FORMER) 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	EXEC DIR-FORMER 40	74,817.	2,993.	0.
DUANE BRADLEY 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	GEN. MGR-KPFT 40	69,795.	3,816.	0.

CLIENT PF-NY

PACIFICA FOUNDATION

94-1347046

2/18/06

06:17PM

STATEMENT 13 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
J. BRIAN DESHAZOR 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	GEN. MGR-PRA 40	\$ 57,444.	\$ 1,008.	\$ 0.
STEVE PIERCE 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER AS REQUIRED		0.	0.
				0.
		TOTAL \$ 633,060.	\$ 20,548.	\$ 8,808.

STATEMENT 14
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 2003	(B) 2002	(C) 2001	(D) 2000	(E) TOTAL
SCA INCOME	\$ 362,500.	\$ 195,000.	\$ 331,000.	\$ 394,000.	\$ 1,282,500.
TOTAL	\$ 362,500.	\$ 195,000.	\$ 331,000.	\$ 394,000.	\$ 1,282,500.

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time – Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension – check this box and complete Part I only.

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	PACIFICA FOUNDATION	94-1347046
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	1925 MARTIN LUTHER KING JR. WAY	
	City, town or post office. For a foreign address, see instructions.	state ZIP code
	BERKELEY, CA 94704	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ LONNIE HICKS, CFO -----

Telephone No. ▶ 510-849-2590 ----- FAX No. ▶ 1-510-849-2617 -----

- If the organization does **not** have an office or place of business in the United States, check this box.
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole group**, check this box. . If it is for part of the group, check this box. and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 5/15, 20 06, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 ____ or
- ▶ tax year beginning 10/01, 20 04, and ending 9/30, 20 05.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____ 0.

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.