

Return of Organization Exempt From Income Tax

2005

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 2005 calendar year, or tax year beginning 10/01, 2005, and ending 9/30, 2006

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

1-510-849-2590

F Accounting method:

Cash [] Accrual [X]

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 [X]

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 [X]

G Web site: PACIFICA.ORG

J Organization type

(check only one) [X] 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 chooses to file a return, be sure to file a complete return. 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 ... 18,396,511.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 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 \$ <u>37,743.</u> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22 37,743.	22 37,743.		
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc.	25 551,624.	25 393,655.	25 141,185.	25 16,784.
26 Other salaries and wages	26 5,531,829.	26 3,100,411.	26 1,516,769.	26 914,649.
27 Pension plan contributions	27 184,705.	27 111,321.	27 47,310.	27 26,074.
28 Other employee benefits	28 1,067,164.	28 643,176.	28 273,340.	28 150,648.
29 Payroll taxes	29 557,792.	29 326,532.	29 143,470.	29 87,790.
30 Professional fundraising fees	30			
31 Accounting fees	31 59,400.		31 59,400.	
32 Legal fees	32 377,210.	32 47,391.	32 329,106.	32 713.
33 Supplies	33 70,125.	33 70,125.		
34 Telephone	34 340,778.	34 207,271.	34 76,567.	34 56,940.
35 Postage and shipping	35 68,149.	35 4,854.	35 59,778.	35 3,517.
36 Occupancy	36 805,916.	36 665,570.	36 70,851.	36 69,495.
37 Equipment rental and maintenance	37 117,211.	37 15,586.	37 99,456.	37 2,169.
38 Printing and publications	38 115,424.	38 506.	38 22,961.	38 91,957.
39 Travel	39 89,452.	39 26,108.	39 61,249.	39 2,095.
40 Conferences, conventions, and meetings	40 43,200.	40 5,334.	40 31,774.	40 6,092.
41 Interest	41 14,388.		41 14,388.	
42 Depreciation, depletion, etc (attach schedule)	42 367,402.	42 226,352.	42 141,050.	
43 Other expenses not covered above (itemize): a SEE STATEMENT 5	43a 5,718,692.	43a 1,886,152.	43a 1,495,117.	43a 2,337,423.
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 16,118,204.	44 7,768,087.	44 4,583,771.	44 3,766,346.

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 \$ 24,500.; (ii) the amount allocated to Program services \$ 6,125.; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ 18,375.

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Part III Statement of Program Service Accomplishments

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.

What is the organization's primary exempt purpose? NON-COMMERCIAL EDUCATIONAL RADIO All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a OWNS AND OPERATES FIVE NON-COMMERICAL RADIO STATIONS, A NEWS SERVICE, AND PROVIDES COPIES OF RADIO PROGRAMS TO OTHER NON-COMMERCIAL RADIO STATIONS, SCHOOLS, COLLEGES, UNIVERSITIES AND INDIVIDUALS. ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	7,717,895.
b KATRINA RELIEF ----- ----- (Grants and allocations \$ 37,743.) If this amount includes foreign grants, check here <input type="checkbox"/>	50,192.
c ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
d ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	7,768,087.

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Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	2,091,633.	45	2,313,437.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable		47a	
	b Less: allowance for doubtful accounts		47b	
				47c
	48a Pledges receivable	768,965.		
	b Less: allowance for doubtful accounts		48b	
		698,762.	48c	768,965.
	49 Grants receivable		49	69,250.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch.)	343,772.		
	b Less: allowance for doubtful accounts		51b	
				51c
	52 Inventories for sale or use	150,050.	52	120,694.
	53 Prepaid expenses and deferred charges	55,021.	53	256,398.
	54 Investments — securities (attach schedule) . SEE ST. 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	11,881.	54	12,477.
	55a Investments — land, buildings, & equipment: basis		55a	
	b Less: accumulated depreciation (attach schedule)		55b	
				55c
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment: basis	12,539,053.			
b Less: accumulated depreciation (attach schedule)	9,108,373.	57b		
	3,438,617.	57c	3,430,680.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 8)	562,675.	58	1,259,390.	
59 Total assets (must equal line 74). Add lines 45 through 58	7,008,639.	59	8,575,063.	
LIABILITIES	60 Accounts payable and accrued expenses	1,128,889.	60	1,050,513.
	61 Grants payable		61	
	62 Deferred revenue	3,732.	62	
	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)		64b	
	65 Other liabilities (describe <input type="checkbox"/>)	14,000.	65	
66 Total liabilities. Add lines 60 through 65	1,146,621.	66	1,050,513.	
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	5,455,577.	67	6,353,337.
	68 Temporarily restricted	40,386.	68	105,158.
	69 Permanently restricted	366,055.	69	1,066,055.
	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)	5,862,018.	73	7,524,550.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	7,008,639.	74	8,575,063.

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

a	Total revenue, gains, and other support per audited financial statements	a	18,015,548.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	8,291.
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify): SEE STM 9	b4	234,002.
	Add lines b1 through b4	b	242,293.
c	Subtract line b from line a	c	17,773,255.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): SEE STM 10	d2	-810.
	Add lines d1 and d2	d	-810.
e	Total revenue (Part I, line 12). Add lines c and d	e	17,772,445.

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

a	Total expenses and losses per audited financial statements	a	16,353,016.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): SEE STMT 11	b4	234,002.
	Add lines b1 through b4	b	234,002.
c	Subtract line b from line a	c	16,119,014.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): SEE STMT 12	d2	-810.
	Add lines d1 and d2	d	-810.
e	Total expenses (Part I, line 17). Add lines c and d	e	16,118,204.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the 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 plans	(E) Expense account and other allowances
SEE STATEMENT 13		551,624.	104,706.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings. ▶ 24

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)..... **75b** Yes No

c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?..... **75c** Yes No

Note. Related organizations include section 509(a)(3) supporting organizations.

If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization

d Does the organization have a written conflict of interest policy?..... **75d** Yes No

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
ROY CAMPANELLI C/O PACIFICA 1925 MLK JR. WAY BERKELEY, CA 94704	0.	65,306.	14,713.	0.

Part VI Other Information (See the 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. **76** Yes No

77 Were any changes made in the organizing or governing documents but not reported to the IRS? **77** Yes No

If 'Yes,' attach a conformed copy of the changes.

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .. **78a** Yes No

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year? **78b** Yes No

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement. **79** Yes No

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?..... **80a** Yes No

b If 'Yes,' enter the name of the organization ▶ N/A and check whether it is exempt or nonexempt.

81a Enter direct and indirect political expenditures. (See line 81 instructions.) **81a** 0.

b Did the organization file **Form 1120-POL** for this year? **81b** Yes No

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Part VI Other Information (continued)		Yes	No
82 a	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	
b	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.).....		
82 b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?.....	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?.....	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?.....		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.....		
84 b		N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?.....		
85 a		N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?.....		
85 b		N/A	
	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.		
c	Dues, assessments, and similar amounts from members.....		
85 c		N/A	
d	Section 162(e) lobbying and political expenditures.....		
85 d		N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.....		
85 e		N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e).....		
85 f		N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?.....		
85 g		N/A	
h	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?.....		
85 h		N/A	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.....		
86 a		N/A	
b	Gross receipts, included on line 12, for public use of club facilities.....		
86 b		N/A	
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders.....		
87 a		N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).....		
87 b		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
89 a	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.		
b	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
89 b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958..... ▶ 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization..... ▶ 0.		
90 a	List the states with which a copy of this return is filed ▶ AZ CA CT FL IL MD NJ NM NY OH OR VA		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.).....	90 b	186
91 a	The books are in care of ▶ LONNIE HICKS, CFO Telephone number ▶ 1-510-849-2590 Located at ▶ 1925 MARTIN LUTHER KING JR. WAY, BERKELEY CA ZIP + 4 ▶ 94704		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.....	91 b	X
	If 'Yes,' enter the name of the foreign country .. ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
c	At any time during the calendar year, did the organization maintain an office outside of the United States?.....	91 c	X
	If 'Yes,' enter the name of the foreign country .. ▶		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here..... N/A... ▶ 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 the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	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 Program service revenue:					
a TAPE LIBRARY SALES					248,594.
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			14	28,171.	
96 Dividends & interest from securities			14	14,054.	
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	900002	11,575.			
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					6,310.
101 Net income or (loss) from special events			6	210,925.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b SEE STATEMENT 14				270,993.	279,653.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		11,575.		524,143.	534,557.
105 Total (add line 104, columns (B), (D), and (E))					1,070,275.

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 the 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	SALE OF DAILY NEWSCAST/PUBLIC AFFAIRS SHOWS AND SPECIALS.
103B	PROGRAM RELATED INCOME.

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

Please Sign Here

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.

Signature of officer: Lonnie Hicks Date: 2-19-07

Type or print name and title: Lonnie Hicks, CFO

Paid Preparer's Use Only

Preparer's signature: ROSS WISDOM CPA Date: 2/16/07 Check if self-employed: Preparer's SSN or PTIN (See General instruction W): 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 4947(a)(1) Nonexempt Charitable Trust

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions.)

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

Name of the organization

Employer identification number

PACIFICA FOUNDATION

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
<u>SEE STATEMENT 15</u>		352,133.	73,894.	0.
Total number of other employees paid over \$50,000	0			

Part II - A 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
<u>SEE STATEMENT 16</u>		280,480.
Total number of others receiving over \$50,000 for professional services	0	

Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>DEMOCRACY NOW</u> <u>87 LAFAYETTE STREET NEW YORK, NY 10013</u>	PROGRAMMING	542,940.
<u>PACIFICA REPORTERS AGAINST CENSORSHIP</u> <u>1925 MARTIN LUTHER KING JR. WAY BERKELEY, CA 94704</u>	PROGRAMMING	360,642.
Total number of other contractors receiving over \$50,000 for other services	0	

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

Schedule A (Form 990 or 990-EZ) 2005

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
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
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		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.)
- 11a 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.)
- 11b 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). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 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 III 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)...	15,716,968.	14,609,418.	14,728,058.	11,772,632.	56,827,076.
16 Membership fees received					0.
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	484,869.	648,412.	612,680.	410,863.	2,156,824.
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	110,595.	139,927.	80,868.	1,011,177.	1,342,567.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
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					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE STMT 1.7	386,500.	362,500.	195,000.	331,000.	1,275,000.
23 Total of lines 15 through 22	16,698,932.	15,760,257.	15,616,606.	13,525,672.	61,601,467.
24 Line 23 minus line 17	16,214,063.	15,111,845.	15,003,926.	13,114,809.	59,444,643.
25 Enter 1% of line 23	166,989.	157,603.	156,166.	135,257.	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 1,188,893.
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 2001 through 2004 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 59,444,643.
d Add: Amounts from column (e) for lines:	18	1,342,567.	19		26d 2,617,567.
	22	1,275,000.	26b		26e 56,827,076.
e Public support (line 26c minus line 26d total)					26e 56,827,076.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 95.60 %
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: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
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 11b, 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: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines:	15		16		27c
	17		20		27d
d Add: Line 27a total					27e
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ...					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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	41	
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		
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) 2005	(b) 2004	(c) 2003	(d) 2002	(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-E 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: Description, Yes, No. Rows include (i) Cash, (ii) Other assets, b Other transactions: (i) Sales or exchanges of assets, (ii) Purchases of assets, (iii) Rental of facilities, (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:

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'.

52 a 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:

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

**Schedule B
(Form 990, 990-EZ,
or 990-PF)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors
Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2005

Name of organization

PACIFICA FOUNDATION

Employer identification number

94-1347046

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Form 990-PF

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- 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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules —

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization

Employer identification number

PACIFICA FOUNDATION

94-1347046

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ANNONYMOUS #1 (RW-TRUST) C/O PACIFICA 1925 MLK JR. WAY BERKELEY, CA 94704	\$ 10,343.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ANNONYMOUS #2 (RW) C/O PACIFICA 1925 MLK JR. WAY BERKELEY, CA 94704	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	ANNONYMOUS #3 (EV) C/O PACIFICA 1925 MLK JR. WAY BERKELEY, CA 94704	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ANNONYMOUS #4 (BS-ESTATE) C/O PACIFICA 1925 MLK JR. WAY BERKELEY, CA 94704	\$ 44,545.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	ANNONYMOUS #5 (J&VH-TRUST) C/O PACIFICA 1925 MLK JR. WAY BERKELEY, CA 94704	\$ 6,816.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	ANNONYMOUS #6 (CM) C/O PACIFICA 1925 MLK JR. WAY BERKELEY, CA 94704	\$ 33,255.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

PACIFICA FOUNDATION

Employer identification number

94-1347046

Part Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	ANNONYMOUS #7 (LB) C/O PACIFICA 1925 MLK JR. WAY BERKELEY, CA 94704	\$ 5,135.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	ANNONYMOUS #8 (NC&C) C/O PACIFICA 1925 MLK JR. WAY BERKELEY, CA 94704	\$ 9,695.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	ANNONYMOUS #9 (JD) C/O PACIFICA 1925 MLK JR. WAY BERKELEY, CA 94704	\$ 14,740.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	ANNONYMOUS #10 (VM) C/O PACIFICA 1925 MLK JR. WAY BERKELEY, CA 94704	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	ANNONYMOUS #11 (JL) C/O PACIFICA 1925 MLK JR. WAY BERKELEY, CA 94704	\$ 5,045.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	ANNONYMOUS #12 (PB) C/O PACIFICA 1925 MLK JR. WAY BERKELEY, CA 94704	\$ 7,220.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

PACIFICA FOUNDATION

Employer identification number

94-1347046

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	ANNONYMOUS #13 (MR) C/O PACIFICA 1925 MLK JR. WAY BERKELEY, CA 94704	\$ 5,880.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	ANNONYMOUS #14 (EG) C/O PACIFICA 1925 MLK JR. WAY BERKELEY, CA 94704	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	ANNONYMOUS #15 (AB&PB) C/O PACIFICA 1925 MLK JR. WAY BERKELEY, CA 94704	\$ 5,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	ANNONYMOUS #16 (HR) C/O PACIFICA 1925 MLK JR. WAY BERKELEY, CA 94704	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	ANNONYMOUS #17 (SS) C/O PACIFICA 1925 MLK JR. WAY BERKELEY, CA 94704	\$ 6,323.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	ANNONYMOUS #19 (TD) C/O PACIFICA 1925 MLK JR. WAY BERKELEY, CA 94707	\$ 13,072.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

PACIFICA FOUNDATION

Employer identification number

94-1347046

Part Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	ANNONYMOUS #20 (VMA) ----- C/O PACIFICA 1925 MLK JR. WAY ----- BERKELEY, CA 94707 -----	\$ 9,605.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	ANNONYMOUS #21 (JJ) ----- C/O PACIFICA 1925 MLK JR. WAY ----- BERKELEY, CA 94707 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	ANNONYMOUS #22 (NGS) ----- C/O PACIFICA 1925 MLK JR. WAY ----- BERKELEY, CA 94707 -----	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	ANNONYMOUS #23 (KM&AF) ----- C/O PACIFICA 1925 MLK JR. WAY ----- BERKELEY, CA 94704 -----	\$ 5,385.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	ANNONYMOUS #24 (JC&CM) ----- C/O PACIFICA 1925 MLK JR. WAY ----- BERKELEY, CA 94704 -----	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	ANNONYMOUS #25 (TK) ----- C/O PACIFICA 1925 MLK JR. WAY ----- BERKELEY, CA 94704 -----	\$ 6,575.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

PACIFICA FOUNDATION

94-1347046

Part **Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	ANNONYMOUS #27 (DP) C/O PACIFICA 1925 MLK JR. WAY BERKELEY, CA 94704	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	ANNONYMOUS #28 (EZ) C/O PACIFICA 1925 MLK JR. WAY BERKELEY, CA 94704	\$ 5,693.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	ANNONYMOUS #29 (ALI) C/O PACIFICA 1925 MLK JR. WAY BERKELEY, CA 94704	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	ANNONYMOUS #30 (BERNHAUT) C/O PACIFICA 1925 MLK JR. WAY BERKELEY, CA 94704	\$ 33,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	ANNONYMOUS #31 (NEWMAN) C/O PACIFICA 1925 MLK JR. WAY BERKELEY, CA 94704	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	ANNONYMOUS #32 (PACKIE) C/O PACIFICA 1925 MLK JR. WAY BERKELEY, CA 94704	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

PACIFICA FOUNDATION

Employer identification number

94-1347046

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	ANNONYMOUS #33 (HV) C/O PACIFICA 1925 MLK JR. WAY BERKELEY, CA 94704	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	ANNONYMOUS #34 (AM-ESTATE) C/O PACIFICA 1925 MLK JR. WAY BERKELEY, CA 94704	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	FIDELITY CHARITABLE GIFT FUND P.O. BOX 55158 BOSTON, MA 02205	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	NEW PRIORITES FDN ONE TUNITAS CREEK RANCH ROAD HALF MOON BAY, CA 94019	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	EAST BAY COMMUNITY FOUNDATION 200 FRANK H. OGAWA PLAZA OAKLAND, CA 94612	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	TAUPO FUND C/O PACIFICA 1925 MLK JR. WAY BERKELEY, CA 94704	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization PACIFICA FOUNDATION	Employer identification number 94-1347046
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Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	STEVE MILLER FOUNDATION ----- C/O PACIFICA 1925 MLK JR. WAY ----- BERKELEY, CA 94704 -----	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	THE MERIDITH FOUNDATION ----- C/O PACIFICA 1925 MLK JR. WAY ----- BERKELEY, CA 94704 -----	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

PACIFICA FOUNDATION

Employer identification number

94-1347046

Part I Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization PACIFICA FOUNDATION	Employer identification number 94-1347046
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Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ▶ \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
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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.

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		state ZIP code
City, town or post office. For a foreign address, see instructions.			
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. ▶ 1-510-849-2590 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 07, 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 05, and ending 9/30, 20 06.

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.

PACIFICA FOUNDATION

94-1347046

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

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 395,874.
COST OR OTHER BASIS: 388,754.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 7,120.

OTHER ASSETS

DESCRIPTION: COMPUTER SYSTEM
DATE ACQUIRED: 4/01/2004
HOW ACQUIRED: PURCHASE
DATE SOLD: 9/30/2006
TO WHOM SOLD:
GROSS SALES PRICE: 500.
COST OR OTHER BASIS: 2,382.
DEPRECIATION: 1,072.

GAIN (LOSS) -810.

TOTAL GAIN (LOSS) OTHER ASSETS \$ -810.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 6,310.

**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	440,602.	0.	440,602.	229,677.	210,925.
TOTAL	<u>\$ 440,602.</u>	<u>\$ 0.</u>	<u>\$ 440,602.</u>	<u>\$ 229,677.</u>	<u>\$ 210,925.</u>

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

UNREALIZED GAINS..... \$ 8,291.
TOTAL \$ 8,291.

PACIFICA FOUNDATION

94-1347046

STATEMENT 5 (CONTINUED)
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
REPAIRS & MAINTENANCE	268,127.	126,272.	136,538.	5,317.
SATELLITE INTERCONNECT	25,800.	25,800.		
SETTLEMENT COSTS	131,000.		131,000.	
STATE FILING FEES	5,484.		5,484.	
STORAGE	15,095.		15,095.	
TAXES - PROPERTY	16,450.		16,450.	
UTILITIES	342,982.	271,650.	37,448.	33,884.
TOTAL	\$ 5,718,692.	\$ 1,886,152.	\$ 1,495,117.	\$ 2,337,423.

STATEMENT 6
FORM 990, PART IV, LINE 54
INVESTMENTS - SECURITIES

CORPORATE STOCKS	VALUATION METHOD	AMOUNT
VALUE LINE LEVERAGED GROWTH	MARKET VALUE	\$ 12,477.
	TOTAL	\$ 12,477.
TOTAL INVESTMENTS - SECURITIES		\$ 12,477.

STATEMENT 7
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 4,500.	\$ 2,700.	\$ 1,800.
FURNITURE AND FIXTURES	327,914.	307,132.	20,782.
MACHINERY AND EQUIPMENT	7,833,036.	6,630,442.	1,202,594.
IMPROVEMENTS	3,741,175.	2,168,099.	1,573,076.
LAND	632,428.		632,428.
TOTAL	\$ 12,539,053.	\$ 9,108,373.	\$ 3,430,680.

STATEMENT 8
FORM 990, PART IV, LINE 58
OTHER ASSETS

BEQUEST ENDOWMENT RECEIVABLE	\$ 700,000.
PREPAID EXPENSE-COMMUNITY EVENTS DEPOSIT	55,802.
PROGRAM ENDOWMENT	503,588.
TOTAL	\$ 1,259,390.

PACIFICA FOUNDATION

94-1347046

STATEMENT 9
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

6B - RENTAL EXPENSES.....	\$	4,325.
9B - COMMUNITY EVENTS DIRECT EXPENSES.....		229,677.
TOTAL	\$	<u>234,002.</u>

STATEMENT 10
FORM 990, PART IV-A, LINE D(2)
OTHER AMOUNTS

REALIZED GAINS ON SALE OF SECURITIES.....	\$	-810.
TOTAL	\$	<u>-810.</u>

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

6B - RENTAL EXPENSES.....	\$	4,325.
9B - COMMUNITY EVENTS DIRECT EXPENSES.....		229,677.
TOTAL	\$	<u>234,002.</u>

STATEMENT 12
FORM 990, PART IV-B, LINE D(2)
OTHER AMOUNTS

REALIZED GAINS ON SALE OF SECURITIES.....	\$	-810.
TOTAL	\$	<u>-810.</u>

STATEMENT 13
FORM 990, PART V-A
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	VICE CHAIR 10	\$ 0.	\$ 0.	\$ 0.
ACLE BYRD 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER 5	0.	0.	0.

PACIFICA FOUNDATION

94-1347046

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

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
ALAN MINSKY 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER 5	\$ 0.	\$ 0.	\$ 0.
DEB SHAFTO 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER 5	0.	0.	0.
DON WHITE 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER 5	0.	0.	0.
LONNIE HICKS 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	CFO/TREASURER 40	85,698.	20,019.	0.
AMBROSE LANE 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER 5	0.	0.	0.
KEN FREELAND 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER 5	0.	0.	0.
DAVID ADELSON 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	CHAIR 10	0.	0.	0.
ZARINAH SHAKIR 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER 5	0.	0.	0.
GREG GUMA 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	EXECUTIVE DIREC 40	55,487.	6,838.	0.
LEO DOOLEY 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER 5	0.	0.	0.
ROBERT LEDERER 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER 5	0.	0.	0.
RAY LAFOREST 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER 5	0.	0.	0.

PACIFICA FOUNDATION

94-1347046

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

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
PATTY HEFFLEY 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER 5	\$ 0.	\$ 0.	\$ 0.
ROB ROBINSON 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER 5	0.	0.	0.
LISA DAVIS 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER 5	0.	0.	0.
LYDIA BRAZON 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER 5	0.	0.	0.
MARY BERG 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER 5	0.	0.	0.
NATHAN MOORE 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER 5	0.	0.	0.
RIP ROBBINS 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER 5	0.	0.	0.
ROSALINDA PALACIOUS 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER 5	0.	0.	0.
SANDY WEINMANN 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER 5	0.	0.	0.
GEORGIA EVA 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	GEN. MGR-KPFK 40	73,899.	14,910.	0.
LAVARN WILLIAMS 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER 5	0.	0.	0.
LEMLEM RIJLO 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	INTERIM GM-KPFA 40	67,136.	1,248.	0.

PACIFICA FOUNDATION

94-1347046

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

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
RON PINCHBACK 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	GEN. MGR-WPFW 40	\$ 70,380.	\$ 16,116.	\$ 0.
TERESA ALLEN 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	SECRETARY 10	0.	0.	0.
DUANE BRADLEY 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	GEN. MGR-KPFT 40	70,380.	18,931.	0.
INDRA HARDAT 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	INTERIM GM-WBAI 40	74,803.	18,993.	0.
J. BRIAN DESHAZOR 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	GEN. MGR-PRA 40	53,841.	7,651.	0.
DR. EVELYN S. BETHUNE 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	BOARD MEMBER 5	0.	0.	0.
	TOTAL	<u>\$ 551,624.</u>	<u>\$ 104,706.</u>	<u>\$ 0.</u>

STATEMENT 14
FORM 990, PART VII, LINE 103
OTHER REVENUE

<u>OTHER REVENUE</u>	<u>(A) BUSI- NESS CODE</u>	<u>(B) UNRELATED BUSINESS AMOUNT</u>	<u>(C) EXCLU- SION CODE</u>	<u>(D) EXCLUDED AMOUNT</u>	<u>(E) RELATED OR EXEMPT FUNCTION</u>
CANCELLATION OF DEBT					\$ 261,654.
MISCELLANEOUS PRGM INCOME					17,999.
RENTAL-MAILING LISTS			13	\$ 30,825.	
SCA INCOME			15	228,000.	
STUDIO RENTAL			16	12,168.	
TOTAL		<u>\$ 0.</u>		<u>\$ 270,993.</u>	<u>\$ 279,653.</u>

PACIFICA FOUNDATION

94-1347046

**STATEMENT 15
SCHEDULE A, PART I
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE & AVERAGE HOURS WORKED</u>	<u>COMPEN- SATION</u>	<u>CONTRIBUTIO EBP & DC</u>	<u>EXPENSE ACCOUNT</u>
VERNA AVERY-BROWN 1925 MARTIN LUTHER KING JR. WAY BERKELEY, CA 94704	NAT'L NEWS DIR. 40	75,551.	15,294.	0.
BEN GARCIA 1925 MARTIN LUTHER KING JR. WAY BERKELEY, CA 94704	CONTROLLER 40	73,377.	15,899.	0.
ERLINDA MAGNO 1925 MARTIN LUTHER KING JR. WAY BERKELEY, CA 94704	ASST CONTROLLER 40	71,775.	15,664.	0.
ALVIN YIP 1925 MARTIN LUTHER KING JR. WAY BERKELEY, CA 94704	INT. AUDITOR 40	69,630.	18,854.	0.
YOSHIDA MICHAEL 1925 MARTIN LUTHER KING JR. WAY BERKELEY, CA 94704	ENGINEER-KPFA 40	61,800.	8,183.	0.
	TOTAL	<u>\$ 352,133.</u>	<u>\$ 73,894.</u>	<u>\$ 0.</u>

**STATEMENT 16
SCHEDULE A, PART II-A
COMPENSATION OF FIVE HIGHEST PAID PROFESSIONAL SERVICE CONTRACTORS**

<u>NAME AND ADDRESS</u>	<u>TYPE OF SERVICE</u>	<u>COMPENSATION</u>
GARVEY, SCHUBERT & BARER 1191 SECOND AVENUE SEATTLE, WA 98101	LEGAL	97,632.
ROSS WISDOM CPA, PLLC 29 BROADWAY, SUITE 1412 NEW YORK, NY 10006	AUDIT	65,413.
HOWARD RICE NEMEROSVSKI CANADY THREE EMBARCEDERO CENTER, 7TH FL. SAN FRANCISCO, CA 94111	LEGAL	117,435.
	TOTAL	<u>\$ 280,480.</u>

STATEMENT 17
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

<u>DESCRIPTION</u>	<u>(A) 2004</u>	<u>(B) 2003</u>	<u>(C) 2002</u>	<u>(D) 2001</u>	<u>(E) TOTAL</u>
SCA INCOME	\$ 386,500.	\$ 362,500.	\$ 195,000.	\$ 331,000.	\$ 1,275,000.
TOTAL	<u>\$ 386,500.</u>	<u>\$ 362,500.</u>	<u>\$ 195,000.</u>	<u>\$ 331,000.</u>	<u>\$ 1,275,000.</u>