

# Return of Organization Exempt From Income Tax

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**1999**

This Form is Open to Public Inspection

A For the 1999 calendar year, OR tax year period beginning **OCT 1, 1999** and ending **SEP 30, 2000**

- B Check if:
- Change of address
  - Initial return
  - Final return
  - Amended return (required also for state reporting)

Please use IRS label or print, or type. See Specific Instructions.

G Name of organization  
**PACIFICA FOUNDATION**

D Employer identification number  
**94-1347046**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**3729 CAHUENGA BOULEVARD WEST**

E Telephone number  
**(818) 985-8800**

City or town, state or country, and ZIP+4  
**NORTH HOLLYWOOD, CA 91604**

F Check  if exemption application is pending

G Type of organization  Exempt under 501(c) ( 3 ) (insert number) OR  section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates?  Yes  No  
 (b) If "Yes," enter the number of affiliates for which this return is filed: \_\_\_\_\_  
 (c) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I If either box in H is checked "Yes," enter four-digit group exemption number (GEN) \_\_\_\_\_  
 J Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

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 it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1 Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a	7,751,466.	
b	Indirect public support	1b		
c	Government contributions (grants)	1c	1,481,660.	
d	Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ <u>9,233,126.</u> noncash \$ _____)	1d	9,233,126.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	296,329.	
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4	9,134.	
5	Dividends and interest from securities	5	95,704.	
6a	Gross rents <u>SEE STATEMENT 1</u>	6a	82,295.	
b	Less: rental expenses <u>SEE STATEMENT 2</u>	6b	5,309.	
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	76,986.	
7	Other investment income (describe _____)	7		
8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	
b	Less: cost or other basis and sales expenses	8a		
c	Gain or (loss) (attach schedule)	8b		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
8d		8d	106,612.	
9	Special events and activities (attach schedule)			
a	Gross revenue (not including \$ <u>0.</u> of contributions reported on line 1a)	9a	423,305.	
b	Less: direct expenses other than fundraising expenses	9b	114,584.	
c	Net income or (loss) from special events (subtract line 9b from line 9a) <u>SEE STATEMENT 3</u>	9c	308,721.	
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less: cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 103)	11	703,147.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	10,829,759.	
13	Program services (from line 44, column (B))	13	4,899,669.	
14	Management and general (from line 44, column (C))	14	3,282,947.	
15	Fundraising (from line 44, column (D))	15	2,045,873.	
16	Payments to affiliates (attach schedule)	16		
17	Total expenses (add lines 16 and 44, column (A))	17	10,228,489.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	601,270.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	5,797,247.	
20	Other changes in net assets or fund balances (attach explanation)	20	0.	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	6,398,517.	

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.

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc., 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc. (attach schedule), 43 Other expenses (itemize): MISCELLANEOUS, 44 Total functional expenses.

Reporting of Joint Costs. - Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? 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?

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) orgs., and 4947(a)(1) trusts; but optional for others.)

Table with 2 columns: Description of program service, Program Service Expenses. Row a: OWNS AND OPERATES FIVE NON-COMMERCIAL 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 \$ ) 4,899,669. Row b: (Grants and allocations \$ ) Row c: (Grants and allocations \$ ) Row d: (Grants and allocations \$ ) Row e: Other program services (attach schedule) (Grants and allocations \$ ) Row f: Total of Program Service Expenses (should equal line 44, column (B), Program services) 4,899,669.

**Part IV Balance Sheets**

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	244,052.	45	616,498.
	46 Savings and temporary cash investments	486,378.	46	
	47 a Accounts receivable	309,123.		
	47 b Less: allowance for doubtful accounts	85,259.	47c	309,123.
	48 a Pledges receivable	152,390.	48c	
	48 b Less: allowance for doubtful accounts	38,596.	49	
	49 Grants receivable			
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable		51c	
	51 b Less: allowance for doubtful accounts		52	
	52 Inventories for sale or use	66,522.	53	43,479.
	53 Prepaid expenses and deferred charges	1,303,642.	54	1,573,638.
	54 Investments - securities <b>STMT 4</b>			
	55 a Investments - land, buildings, and equipment: basis			
	55 b Less: accumulated depreciation	0.	56	0.
56 Investments - other				
57 a Land, buildings, and equipment: basis	10,146,926.			
57 b Less: accumulated depreciation	5,590,578.	57c	4,556,348.	
58 Other assets (describe <b>SEE STATEMENT 5</b> )	101,322.	58	926,354.	
59 Total assets (add lines 45 through 58) (must equal line 74)	7,234,496.	59	8,025,440.	
Liabilities	60 Accounts payable and accrued expenses	843,751.	60	1,099,382.
	61 Grants payable		61	
	62 Deferred revenue	62,098.	62	102,953.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	64 b Mortgages and other notes payable	437,807.	64b	306,250.
	65 Other liabilities (describe <b>SEE STATEMENT 6</b> )	93,593.	65	118,338.
66 Total liabilities (add lines 60 through 65)	1,437,249.	66	1,626,923.	
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	5,431,182.	67	6,032,462.
	68 Temporarily restricted		68	
	69 Permanently restricted	366,065.	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 and column (B) must equal line 21)	5,797,247.	73	6,398,517.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	7,234,496.	74	8,025,440.	

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.

**Part IV A** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	11,478,174.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments		
(2)	Donated services and use of facilities		
(3)	Recoveries of prior year grants		
(4)	Other (specify):		
	STMT 7 \$ 648,415.		
	Add amounts on lines (1) through (4)	b	648,415.
c	Line a minus line b	c	10,829,759.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	10,829,759.

**Part IV B** Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	10,876,904.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities		
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify):		
	STMT 8 \$ 648,415.		
	Add amounts on lines (1) through (4)	b	648,415.
c	Line a minus line b	c	10,228,489.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	10,228,489.

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

(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 & deferred compensation	(E) Expense account and other allowances
MARY FRANCIS BERRY 624 NINTH STREET, NW, SUITE 553 WASHINGTON, DC 20001	CHAIR OF THE BOARD			
DAVID ACOSTA 102 SOUTH LOCKWOOD HOUSTON, TX 77011	VICE-CHAIR	0.	0.	0.
ANDREA CISCO 98 VANDERBILT AVENUE BROOKLYN, NY 11205	SECRETARY	0.	0.	0.
MICHAEL PALMER 2001 HOLCOMBE BOULEVARD, #305 HOUSTON, TX 77030	TREASURER	0.	0.	0.
ROBERT FARRELL 726 WEST 30TH STREET SAN PEDRO, CA 90731	DIRECTOR	0.	0.	0.
LESLIE COGAN 550 FORT WASHINGTON AVENUE, SUITE 3-E NEW YORK, NY 10033	DIRECTOR	0.	0.	0.
RABBI AARON KREIGEL 4909 MATULA DRIVE TARZANA, CA 91356	DIRECTOR	0.	0.	0.
FRANK MILLSPAUGH 32 KING STREET NEW YORK, NY 10014	DIRECTOR	0.	0.	0.
VALEIRE CHAMBERS 14602 QUAIL CREEK COURT HOUSTON, TX 77070	DIRECTOR	0.	0.	0.
KEN FORD 11303 SHERRINGTON COURT LARGO, MD 20772	DIRECTOR	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations? If "Yes," attach schedule.  Yes  No Form 990 (1999)

Yes No

Part VI Other Information

76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		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.	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement;	79		X
80 a	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		X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0.	
b	Did the organization file Form 1120-POL for this year?	81b		X
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?	82a		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 for reporting in Part III.)	82b	N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A	
b	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.	85b	N/A	
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	87a	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.)	87b	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	88		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? If "Yes," attach a statement explaining each transaction	89b		X
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 in 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed	90a	CA, VA, NY, NJ, OR, FL, CT	151
b	Number of employees employed in the pay period that includes March 12, 1999	90b		151
91	The books are in care of. BESSIE M. WASH, EXECUTIVE DIRECTOR Telephone no. (202) 588-0988			
	Located at 2390 CHAMPLAIN STREET, NW, WASHINGTON, DC ZIP +4 20009-2620			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041-Check here _____ 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**

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) Exclu- sion code	(D) Amount	
93 Program service revenue:					66,887.
(a) <u>TAPE LIBRARY SALES</u>					229,442.
(b) <u>RADIO NEWS FEEDS</u>					
(c) _____					
(d) _____					
(e) _____					
(f) Medicare/Medicaid payments					
(g) Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	9,134.	
			14	95,704.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
(a) debt-financed property					
(b) not debt-financed property	900002	76,986.			
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			06	308,721.	106,612.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a <u>SCA INCOME</u>			15	604,500.	
b <u>MISCELLANEOUS</u>			15	98,647.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		76,986.		1,116,706.	402,941.
105 TOTAL (add line 104, columns (B), (D), and (E))					1,596,633.

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**

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 1/2HR DAILY NEWSCAST/PUBLIC AFFAIRS SHOWS AND SPECIALS
93B	SALES OF COPIES OF RADIO PROGRAMS TO OTHER NON-COMMERCIAL STATIONS
95	INTEREST INCOME EARNED ON SAVINGS
96	INTEREST AND DIVIDEND EARNED ON ENDOWMENT AND CASH ACCOUNTS
100	REALIZED GAIN FROM SALE OF SECURITIES
101	OUTREACH TO COMMUNITY PROVIDES PUBLICITY FOR EXEMPT ACTIVITIES
103A	SECTION 51262 IRS RULING DATED 7/24/1984

**Part IX Information Regarding Taxable Subsidiaries** (Complete this Part if the "Yes" box on 88 is checked.)

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets
N/A	%			
	%			
	%			
	%			

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. (Important: See General Instruction U.)

Please Sign Here

Signature of officer: Bessie M. Wash Date: 105-15-01 BESSIE M. WASH, EXECUTIVE DIR. Type or print name and title

Preparer's signature: [Signature] Date: 5/15/2001 Check if self-employed:  Preparer's SSN or PTIN: 357-72-3470

Firm's name (or yours if self-employed) and address: HOLLOWAY & CO., PLLC. 4027 BRANDYWINE STREET, NW, SUITE 200 WASHINGTON, DC EIN: 52-2255403 ZIP + 4: 20016

**SCHEDULE A  
(Form 990)**

**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  
**Supplementary Information**

**1999**

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 & deferred compensation	(e) Expense account and other allowances
<u>LYNN CHADWICK</u>	EXEC. DIR. 40+	79,813.		
<u>SANDRA ROSAS</u>	CFO 40+	74,637.		
<u>BESSIE WASH</u>	ST. MNGR/EXEC 40+	74,546.		
<u>MARK SCHUBB</u>	STATION MNGR. 40+	71,709.		
<u>GARLAND GANTER</u>	STATION MNGR. 40+	68,538.		
Total number of other employees paid over \$50,000 ▶	3			

**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
<u>EPSTEIN BECKER &amp; GREEN</u> 1227 25TH STREET, NW, WASHINGTON, DC 20037	LEGAL	271,904.
<u>MITCHELL SILVERBERG &amp; KNUPP</u> 11377 WEST OLYMPIC BLVD., LOS ANGELES, CA 90064	LEGAL	189,435.
<u>GARVEY SCHUBERT &amp; BARER</u> 1000 POTOMAC STREET, NW, WASHINGTON, DC 20007	LEGAL	63,034.
Total number of others receiving over \$50,000 for professional services ▶	0	



**Part III** Statements About Activities

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? Yes  No

If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ \_\_\_\_\_

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 of its 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:

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

If the answer to any question is "Yes," attach a detailed statement explaining the transactions.

3 Does the organization make grants for scholarships, fellowships, student loans, etc.?

4 a Do you have a section 403(b) annuity plan for your employees?

b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions.)

**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, page 4.)

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). (See section 509(a)(3).) Provide the following information about the supported organizations. (See page 4 of the 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 page 4 of the instructions.)



PACIFICA FOUNDATION

Part IV A

Support Schedule (Complete only if you checked a box on line 10, 11, or 12 above.) 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) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,566,473.	1,149,326.	1,408,789.	1,598,204.	5,722,792
16 Membership fees received	8,195,175.	6,437,323.	5,753,320.	5,497,140.	25,882,958
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	423,305.	348,457.	373,405.	483,133.	1,628,300.
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	230,642.	181,546.	230,380.	192,371.	834,939.
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	604,500.	855,292.	SEE STATEMENT 9		
23 Total of lines 15 through 22	11,020,095.	8,971,944.	1,283,844.	1,079,760.	3,823,396.
24 Line 23 minus line 17	10,596,790.	8,623,487.	9,049,738.	8,850,608.	37,892,385.
25 Enter 1% of line 23	110,201.	89,719.	8,676,333.	8,367,475.	36,264,085.
26 Organizations described in lines 10 or 11: a Enter 2% of amount in column (e), line 24				88,506.	
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1995 through 1998 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					725,282.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					0.
d Add: Amounts from column (e) for lines:	18 834,939.	19			26c 36,264,085.
e Public support (line 26c minus line 26d total)	22 3,823,396.	26b			26d 4,658,335.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26e 31,605,750.
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year. N/A					26f 87.1544%
b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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.) 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: N/A					
c Add: Amounts from column (e) for lines:	15	16			
d Add: Line 27a total and line 27b total	17	20	21		27c N/A
e Public support (line 27c, total minus line 27d total)					27d N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27e N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f N/A
h Investment income percentage (line 18 column (e) (numerator) divided by line 27f (denominator))					27g N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1995 through 1998, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)					27h N/A %

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

N/A

		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.)			
.....			
.....			
34 a	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**

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

- Check here  a  If the organization belongs to an affiliated group.  
 Check here  b  If you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36	N/A
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 -		
	<b>If the amount on line 40 is -</b>		
	Not over \$500,000 .....		
	Over \$500,000 but not over \$1,000,000 .....		
	Over \$1,000,000 but not over \$1,500,000 .....		
	Over \$1,500,000 but not over \$17,000,000 .....		
	Over \$17,000,000 .....		
	<b>The lobbying nontaxable amount is -</b>		
	20% of the amount on line 40 .....		
	\$100,000 plus 15% of the excess over \$500,000 .....		
	\$175,000 plus 10% of the excess over \$1,000,000 .....		
	\$225,000 plus 5% of the excess over \$1,500,000 .....		
	\$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				(e) Total
	(a) 1999	(b) 1998	(c) 1997	(d) 1996	
45	Lobbying nontaxable amount .....				0.
46	Lobbying ceiling amount (150% of line 45(e)) .....				0.
47	Total lobbying expenditures .....				0.
48	Grassroots nontaxable amount .....				0.
49	Grassroots ceiling amount (150% of line 48(e)) .....				0.
50	Grassroots lobbying expenditures .....				0.

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

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

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) .....			0.

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

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?

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

- a Transfers from the reporting organization to a noncharitable exempt organization of:
(i) Cash
(ii) Other assets
b Other transactions:
(i) Sales of assets to a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities or equipment
(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 indicate 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: N/A

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

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: N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
MLK PROPERTY	1	82,295.
TOTAL TO FORM 990, PART I, LINE 6A		82,295.

FORM 990 RENTAL EXPENSES STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
VARIOUS		5,309.	
- SUBTOTAL -	1		5,309.
TOTAL TO FORM 990, PART I, LINE 6B			5,309.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
COMMUNITY EVENTS INCOME	423,305.		423,305.	114,584.	308,721.
TO FM 990, PART I, LINE 9	423,305.		423,305.	114,584.	308,721.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 4

DESCRIPTION	VALUE METHOD	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
	COST		1,573,638.			1,573,638.
TO FM 990, LN 54 COL B			1,573,638.			1,573,638.

FORM 990	OTHER ASSETS	STATEMENT	5
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DESCRIPTION	AMOUNT
PREPAID EXPENSE - COMMUNITY EVENTS DEPOSITS	115,468.
PROGRAM ENDOWMENT	810,886.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	926,354.

FORM 990	OTHER LIABILITIES	STATEMENT	6
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DESCRIPTION	AMOUNT
CONTRACTS PAYABLE - OTHER DEPOSITS	72,391.
	45,947.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	118,338.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	7
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DESCRIPTION	AMOUNT
COST OF PREMIUMS NETTED AGAINST LISTENER SUPPORT	528,522.
COMMUNITY EVENTS EXPENSES	114,584.
RENTAL PROPERTY EXPENSES	5,309.
TOTAL TO FORM 990, PART IV-A	648,415.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	8
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DESCRIPTION	AMOUNT
COST OF PREMIUMS NETTED AGAINST LISTENER SUPPORT	528,522.
COMMUNITY EVENTS EXPENSES	114,584.
RENTAL PROPERTY EXPENSES	5,309.
TOTAL TO FORM 990, PART IV-B	648,415.

SCHEDULE A	OTHER INCOME			STATEMENT	9
	DESCRIPTION	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT	1995 AMOUNT
SCA INCOME	604,500.	855,292.	1,283,844.	1,079,760.	
TOTAL TO SCHEDULE A, LINE 22	604,500.	855,292.	1,283,844.	1,079,760.	



Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

1999

Department of the Treasury Internal Revenue Service

For calendar year 1999 or other tax year beginning OCT 1, 1999, and ending SEP 30, 2000

See separate instructions.

Header section containing organization name (PACIFICA FOUNDATION), address (3729 CAHUENGA BOULEVARD WEST, NORTH HOLLYWOOD, CA 91604), EIN (94-1347046), and group exemption number (8,025,440).

Section H: Describe the organization's primary unrelated business activity: RENTAL OF REAL AND PERSONAL PROPERTY. Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes. Section J: The books are in care of BESSIE M. WASH, EXECUTIVE DIRECTOR. Telephone number (202) 588-0988.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income from partnerships and S corporations, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents from controlled organizations, 9 Investment income, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 TOTAL (combine lines 3 through 12).

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest, 19 Taxes and licenses, 20 Charitable contributions, 21 Depreciation, 22 Less depreciation claimed on Schedule A and elsewhere on return, 23 Depletion, 24 Contributions to deferred compensation plans, 25 Employee benefit programs, 26 Excess exempt expenses, 27 Excess readership costs, 28 Other deductions, 29 Total deductions, 30 Unrelated business taxable income before net operating loss deduction, 31 Net operating loss deduction, 32 Unrelated business taxable income before specific deduction, 33 Specific deduction, 34 Unrelated business taxable income.

Part III Tax Computation

35 Organizations Taxable as Corporations (see instructions for tax computation).  
 Controlled group members (sections 1561 and 1563) - check here . See instructions and:  
 a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
 (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_  
 b Enter organization's share of: (1) additional 5% tax (not more than \$11,750) \$ \_\_\_\_\_  
 (2) additional 3% tax (not more than \$100,000) \$ \_\_\_\_\_  
 c Income tax on the amount on line 34 35c 14,085.  
 36 Trusts Taxable at Trust Rates (see instructions for tax computation) Income tax on the amount on line 34 from:  
 Tax rate schedule or  Schedule D (Form 1041) 36  
 37 Proxy tax (see instructions) 37  
 38 Total (add line 37 to line 35c or 36, whichever applies) 38 14,085.

Part IV Tax and Payments

39a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 39a  
 b Other credits. (see instructions) 39b  
 c General business credit - Check if from:  
 Form 3800 or  Form (specify) 39c  
 d Credit for prior year minimum tax (attach Form 8801 or 8827) 39d  
 e Total credits (add lines 39a through 39d) 39e  
 40 Subtract line 39e from line 38 40 14,085.  
 41 Recapture taxes. Check if from:  Form 4255  Form 8611 41  
 42 Alternative minimum tax 42  
 43 Total tax (add lines 40, 41, and 42) 43 14,085.  
 44 Payments: a 1998 overpayment credited to 1999 44a  
 b 1999 estimated tax payments 44b  
 c Tax deposited with Form 7004 or Form 2758 44c  
 d Foreign organizations - Tax paid or withheld at source (see instructions) 44d  
 e Backup withholding (see instructions) 44e  
 f Other credits and payments (see instructions) 44f  
 45 Total payments (add lines 44a through 44f) 45  
 46 Estimated tax penalty (see instructions). Check  if Form 2220 is attached 46 973.  
 47 Tax due - If line 45 is less than the total of lines 43 and 46, enter amount owed 47 15,058.  
 48 Overpayment - If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48  
 49 Enter the amount of line 48 you want: Credited to 2000 estimated tax 49 Refunded

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 14.)

1 At any time during the 1999 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)? If "Yes," the organization may have to file Form TD F 90-22.1. If "Yes," enter the name of the foreign country here Yes No X  
 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see page 14 of the instructions for other forms the organization may have to file. Yes No X  
 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

SCHEDULE A - COST OF GOODS SOLD (See instructions on page 15.)

Method of inventory valuation (specify) N/A  
 1 Inventory at beginning of year 1  
 2 Purchases 2  
 3 Cost of labor 3  
 4a Additional section 263A costs 4a  
 b Other costs 4b  
 5 Total - Add lines 1 through 4b 5  
 6 Inventory at end of year 6  
 7 Cost of goods sold. Subtract line 6 from line 5. (Enter here and on line 2, Part I.) 7  
 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No X

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 taxpayer) is based on all information of which preparer has any knowledge.  
 Signature of officer or fiduciary: *Greg M. Wash* Date: 10-5-01 Title: EXECUTIVE DIR.  
 Preparer's signature: *[Signature]* Date: 5/15/2007 Check if self-employed  Preparer's SSN or PTIN: 357-72-3470  
 Firm's name (or yours, if self-employed) and address: HOLLOWAY & CO., PLLC. 4027 BRANDYWINE STREET, NW, SUITE 200 WASHINGTON, DC EIN: 52-2255403  
 ZIP code: 20016

SCHEDULE C - RENT INCOME (FROM REAL PROPERTY AND PERSONAL PROPERTY LEASED WITH REAL PROPERTY)

(See instructions on page 15.)

1 Description of property

(1) COMMERCIAL RENTAL PROPERTY

Table with columns for Rent received or accrued (a) and (b), Deductions directly connected with the income, and Total income. Includes values like 82,295 and 5,309.

SCHEDULE E - UNRELATED DEBT-FINANCED INCOME (See instructions on page 15.)

Table with columns for Description of debt-financed property, Gross income from or allocable to debt-financed property, Deductions directly connected with or allocable to debt-financed property, and various other metrics.

SCHEDULE F - INTEREST, ANNUITIES, ROYALTIES, AND RENTS FROM CONTROLLED ORGANIZATIONS

(See instructions on page 16.)

Table with columns for Name and address of controlled organization(s), Gross income from controlled organization(s), Deductions of controlling organization, Exempt controlled organizations, and Nonexempt controlled organizations.

**SCHEDULE G - INVESTMENT INCOME OF A SECTION 501(c)(7), (9), OR (17) ORGANIZATION**

(See instructions on page 17.)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		0.		0.

**SCHEDULE I - EXPLOITED EXEMPT ACTIVITY INCOME, OTHER THAN ADVERTISING INCOME**

(See instructions on page 17.)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Column totals		0.	0.			0.

**SCHEDULE J - ADVERTISING INCOME** (See instructions on page 18.)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Column totals (carry to Part II, line (5))		0.	0.			0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Column totals, Part II		0.	0.			0.

**SCHEDULE K - COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES** (See instructions on page 18.)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total - Enter here and on line 14, Part II, page 1			0.

FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 10

CORPORATION'S NAME IDENTIFYING NO
PACIFICA FOUNDATION 94-1347046

FORM 990-T DEDUCTIONS CONNECTED WITH RENTAL INCOME STATEMENT 11

Table with 4 columns: DESCRIPTION, ACTIVITY NUMBER, AMOUNT, TOTAL. Rows include COMMERCIAL RENTAL PROPERTY, SUBTOTAL, and TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3.

# Underpayment of Estimated Tax by Corporations

Instructions are separate. See page 4 for Paperwork Reduction Act Notice. Attach to the corporation's tax return.

FORM 990-T

1999

Name

PACIFICA FOUNDATION

Employer identification number

94-1347046

Note: In most cases, the corporation does not need to file Form 2220. (See Part I below for exceptions.) The IRS will figure any penalty owed and bill the corporation. If the corporation does not need to file Form 2220, it may still use it to figure the penalty. Enter the amount from line 34 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

### Part I

#### Reasons For Filing

Check the boxes below that apply to the corporation. If any box is checked or the note below applies, the corporation must file Form 2220 with the corporation's tax return, even if it does not owe the penalty. If the box on line 1 or line 2 or the waiver applies, the corporation may be able to lower or eliminate the penalty. See page 1 of the instructions.

- 1  The corporation is using the annualized income installment method.
- 2  The corporation is using the adjusted seasonal installment method.
- 3  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Note: The corporation must also file Form 2220 if it is claiming a waiver of the penalty. See Waiver of penalty for corporations claiming the research credit on page 3 of the instructions.

### Part II

#### Figuring the Underpayment

4	Total tax (see page 2 of the instructions)				4	14,085.
5a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 4	5a				
5b	Interest due under the look-back method of section 460(b)(2) for completed long-term contracts included on line 4	5b				
5c	Credit for Federal tax paid on fuels	5c				
d	Total. Add lines 5a through 5c					
6	Subtract line 5d from line 4. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	6				14,085.
7	Enter the tax shown on the corporation's 1998 income tax return. (CAUTION: See page 2 of the instructions before completing this line.)	7				
8	Enter the smaller of line 6 or line 7. If the corporation must skip line 7, enter the amount from line 6 on line 8	8				14,085.

	9	(a)				(b)				(c)				(d)						
		01/15/00				03/15/00				06/15/00				09/15/00						
10	Required installments. If the box on line 1 and/or line 2 above is checked, enter the amounts from Schedule A, line 41. If the box on line 3 (but not 1 or 2) is checked, see page 2 of the instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 8 in each column																			
11	Estimated tax paid or credited for each period (see page 2 of the instructions). For column (a) only, enter the amount from line 11 on line 15																			
12	Enter amount, if any, from line 18 of the preceding column																			
13	Add lines 11 and 12																			
14	Add amounts on lines 16 and 17 of the preceding column																			
15	Subtract line 14 from line 13. If zero or less, enter -0-																			
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-																			
17	Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18																			
18	Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column																			

Complete Part III on page 2 to figure the penalty. If there are no entries on line 17, no penalty is owed.

**Part III Figuring the Penalty**

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see page 3 of the instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/99 and before 1/1/2000	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 8\%}{365}$	22	\$	\$	\$
23 Number of days on line 20 after 12/31/99 and before 4/1/2000	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 8\%}{366}$	24	\$	\$	\$
25 Number of days on line 20 after 3/31/2000 and before 7/1/2000	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times \%}{366}$	26	\$	\$	\$
27 Number of days on line 20 after 6/30/2000 and before 10/1/2000	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times \%}{366}$	28	\$	\$	\$
29 Number of days on line 20 after 9/30/2000 and before 1/1/2001	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$	30	\$	\$	\$
31 Number of days on line 20 after 12/31/2000 and before 2/16/2001	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32	\$	\$	\$
33 Add lines 22, 24, 26, 28, 30, and 32	33	\$	\$	\$
34 <b>Penalty.</b> Add columns (a) through (d), of line 33. Enter the total here and on Form 1120; line 33, Form 1120-A; line 29; or the comparable line for other income tax returns	34			\$ 973.

\* For underpayments paid after March 31, 2000: For lines 26, 28, 30, and 32 use the penalty interest rate for each calendar quarter that the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS's web site at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-1040 to get interest rate information.



**FORM 990-T  
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

411010-10-01

Name(s) <b>PACIFICA FOUNDATION</b>					Identifying Number <b>94-1347046</b>
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
01/15/00	3,521.	3,521.	60	.000218579	46.
03/15/00	3,522.	7,043.	16	.000218579	25.
03/31/00	0.	7,043.	76	.000245902	132.
06/15/00	3,521.	10,564.	92	.000245902	239.
09/15/00	3,521.	14,085.	107	.000245902	371.
12/31/00	0.	14,085.	46	.000246575	160.
Penalty Due (Sum of Column F) .....					973.

\* Date of estimated tax payment, withholding credit date or installment due date.