

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2000

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 2000 calendar year, or tax year period beginning 10/01, 2000, and ending 9/30, 2001

**B** Check if applicable:  
 Change of address  
 Change of name  
 Initial return  
 Final return  
 Amended return

**C** Please use IRS label or print or type: See Specific Instructions.  
**PACIFICA FOUNDATION**  
 2390 CHAMPLAIN STREET, NW  
 WASHINGTON, DC 20009-2620

**D** Employer identification number  
 94-1347046

**E** Telephone number  
 202-588-0999

**F** Check  if application pending

**G** Organization type (check only one)  501(c) ( 3 ) (insert no.)  527 OR  4947(a)(1)

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

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

**Note:** H and I are not applicable to section 527 orgs.  
**H(a)** Is this a group return filed for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶  
**H(c)** Are all affiliates included? (if "No," attach a list. See instructions)  Yes  No  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Enter 4-digit group exemption no. (GEN) ▶  
**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 16.)

		<b>1</b> Contributions, gifts, grants, and similar amounts received:		
<b>R</b> <b>E</b> <b>V</b> <b>E</b> <b>N</b> <b>U</b> <b>E</b>		<b>a</b> Direct public support	8,425,907	
		<b>b</b> Indirect public support		
		<b>c</b> Government contributions (grants)	1,339,443	
		<b>d</b> Total (add lines 1a through 1c) (cash \$ <u>9,765,350</u> noncash \$ )		9,765,350
		<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)		292,179
		<b>3</b> Membership dues and assessments		
		<b>4</b> Interest on savings and temporary cash investments		121,854
		<b>5</b> Dividends and interest from securities		5,838
<b>E</b> <b>X</b> <b>P</b> <b>E</b> <b>N</b> <b>S</b> <b>E</b> <b>S</b>		<b>6a</b> Gross rents	91,877	
		<b>b</b> Less: rental expenses	45,362	
		<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)		
		<b>7</b> Other investment income (describe )		
<b>A</b> <b>S</b> <b>S</b> <b>E</b> <b>T</b> <b>S</b>		<b>8a</b> Gross amount from sales of assets other than inventory	3,675,474	
		<b>b</b> Less: cost or other basis and sales expenses	3,628,574	
		<b>c</b> Gain or (loss) (attach schedule) STATEMENT 1	46,900	
		<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))		
		<b>9</b> Special events and activities (attach schedule) SEE STATEMENT 2		
<b>E</b> <b>X</b> <b>P</b> <b>E</b> <b>N</b> <b>S</b> <b>E</b> <b>S</b>		<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	304,819	
		<b>b</b> Less: direct expenses other than fundraising expenses	141,482	
		<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)		
<b>A</b> <b>S</b> <b>S</b> <b>E</b> <b>T</b> <b>S</b>		<b>10a</b> Gross sales of inventory, less returns and allowances		
		<b>b</b> Less: cost of goods sold		
		<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		
		<b>11</b> Other revenue (from Part VII, line 103)		486,696
		<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		10,928,669
<b>E</b> <b>X</b> <b>P</b> <b>E</b> <b>N</b> <b>S</b> <b>E</b> <b>S</b>		<b>13</b> Program services (from line 44, column (B))		5,681,839
		<b>14</b> Management and general (from line 44, column (C))		7,189,112
		<b>15</b> Fundraising (from line 44, column (D))		2,367,518
		<b>16</b> Payments to affiliates (attach schedule)		
		<b>17</b> Total expenses (add lines 16 and 44, column (A))		15,238,469
		<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)		-4,309,800
		<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))		6,398,517
		<b>20</b> Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3		-136,703
		<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)		1,952,014

**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. (See Specific Instructions on page 20.)

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.) (cash \$ _____ non cash \$ _____)	22			
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	204,091	99,508	75,531
26 Other salaries and wages	26	4,425,060	2,160,440	1,633,876
27 Pension plan contributions	27	83,702	40,809	30,387
28 Other employee benefits	28	563,298	274,639	204,499
29 Payroll taxes	29	406,388	197,691	150,807
30 Professional fundraising fees	30			57,890
31 Accounting fees	31	326,781		326,781
32 Legal fees	32	2,421,583		2,421,583
33 Supplies	33	79,946	79,946	
34 Telephone	34	499,860	239,959	187,741
35 Postage and shipping	35	85,704	39,554	35,886
36 Occupancy	36	630,793	406,593	154,550
37 Equipment rental and maintenance	37	252,603	215,835	23,410
38 Printing and publications	38	82,990	82,990	
39 Travel	39	304,806	137,715	135,003
40 Conferences, conventions, and meetings	40	69,545	69,545	
41 Interest	41	23,027		23,027
42 Depreciation, depletion, etc. (attach schedule)	42	855,525	611,923	182,410
43 Other expenses (itemize): a STATEMENT 4	43a	3,922,767	1,024,692	1,603,621
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 thru 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	15,238,469	5,681,839	7,189,112
				2,367,518

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  
 f "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** (See Specific Instructions on page 23.)

What is the organization's primary exempt purpose? <b>NON-COMMERCIAL EDUCATIONAL RADIO</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 5	
(Grants and allocations \$ 0)	5,681,839
b	
(Grants and allocations \$ )	
c	
(Grants and allocations \$ )	
d	
(Grants and allocations \$ )	
e Other program services (attach schedule)	(Grants and allocations \$ )
f Total of Program Service Expenses (should equal line 44, column (B))	(Grants and allocations \$ )

**Part IV Balance Sheets** (See Specific Instructions on page 23.)

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	616,498	45	378,060
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a 477,175		
	b Less: allowance for doubtful accounts	47b	47c	477,175
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach sch)		50	
	51 a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	43,479	53	53,162
	54 Investments - securities (attach schedule) STATEMENT 6	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	54	10,408
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b	55c	
56 Investments - other (attach schedule)		56		
57 a Land, buildings, and equipment: basis	57a 10,857,344			
b Less: accumulated depreciation (attach schedule) STMT 7	57b 6,464,753	57c	4,392,591	
58 Other assets (describe SEE STATEMENT 8)	926,355	58	881,418	
59 Total assets (add lines 45 through 58) (must equal line 74)	8,025,440	59	6,192,814	
LIABILITIES	60 Accounts payable and accrued expenses	1,099,382	60	3,264,192
	61 Grants payable		61	
	62 Deferred revenue	102,953	62	638,658
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule) SEE STATEMENT 9	306,250	64b	306,250
	65 Other liabilities (describe SEE STATEMENT 10)	118,338	65	31,700
66 Total liabilities (add lines 60 through 65)	1,626,923	66	4,240,800	
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	6,032,462	67	1,585,959
	68 Temporarily restricted		68	
	69 Permanently restricted	366,055	69	366,055
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	6,398,517	73	1,952,014	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	8,025,440	74	6,192,814	

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** (See Specific Instructions, page 25.)

a	Total revenue, gains, and other support per audited financial statements	a	10,932,080
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		3,411
(3)	Recoveries of prior year grants		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	b	3,411
c	Line a minus line b	c	10,928,669
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	10,928,669

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

a	Total expenses and losses per audited financial statements	a	15,378,583
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities		3,411
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		136,703
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	b	140,114
c	Line a minus line b	c	15,238,469
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	15,238,469

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see Specific Instructions on page 25.)

(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
EE STATEMENT 11		541,814	0	0

Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
 If "Yes," attach schedule - see Specific Instructions on page 26

Part VI Other Information (See Specific Instructions on page 26.)

76 Did the organization engage in any activity not previously reported to the IRS? 77 Were any changes made in the organizing or governing documents but not reported to the IRS? 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 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? 81a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81 81b Did the organization file Form 1120-POL for this year? 82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.) 83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 84a Did the organization solicit any contributions or gifts that were not tax deductible? 84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 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. 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 notices 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 30.7701-3? If "Yes," complete Part IX. 88 X 89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0 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 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 90a List the states with which a copy of this return is filed CA, VA, NY, NJ, OR, FL, CT b Number of employees employed in the pay period that includes March 12, 2000 (See instructions.) 90b 150 91 The books are in care of DAN COUGHLIN EXECUTIVE DIR. Telephone no. 202-588-0988 Located at 2390 CHAMPLAIN ST., NW, WASHINGTON, DC ZIP code 20009-2620 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 Specific Instructions on page 30.)

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					292,179
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash investments			14	121,854	
96 Dividends and interest from securities			14	5,838	
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 personal property	900002	46,515			
99 Other investment income					
100 Gain/loss from sales of assets other than inventory					46,900
101 Net income or (loss) from special events			6	163,337	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a SCA INCOME			15	394,000	
b INSURANCE PROCEEDS			15	46,702	
c MISC			15	45,994	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		46,515		777,725	339,079
105 Total (add line 104, columns (B), (D), and (E))					1,163,319

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 Specific Instructions on page 31.)

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).
03A	FEES PAID BY NON-COMMERCIAL STATIONS FOR 1/2 HR DAILY NEWSCAST/PUBLIC AFFAIRS SHOWS AND SPECIALS
00	REALIZED GAINS FROM SALE OF SECURITIES

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 31.)

(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
I/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 31.)

- (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. (Important: See General Instruction W, on page 14.)

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Type or print name and title: \_\_\_\_\_

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:  Preparer's SSN or PTIN: P00163343

Firm's name (or yours if self-employed) and address, and ZIP code: 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)**

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

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

**Supplementary Information - (See separate instructions.)**

**2000**

► **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 page 1 of the 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
NONE				
Total number of other employees paid over \$50,000 ►	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 1 of the 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
EPSTEIN BECKER & GREEN 1227 25TH STREET, NW. WASHINGTON, DC. 20037	LEGAL	1,191,221
MITCHELL SILVERBERG & KNUPP 11377 W. OLYMPIC BLVD., LOS ANGELES, CA 90064	LEGAL	394,917
WILLIAM CONNOLLY 725 TWELFTH ST, N.W., WASHINGTON, DC 20005	LEGAL	452,928
DECISION STRATEGIES 3141 FAIRVIEW PARK DR., F. CHURCH, VA 22042	CONSULTING	217,074
WESTHILL MEDIA STRATEGY 212 WEST 35TH STREET, NEW YORK, NY 10001	CONSULTING	440,161
Total number of others receiving over \$50,000 for professional services ►	3	

**Part III Statements About Activities**

	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> 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.	1	X
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? . . . . .	2a	X
b Lending of money or other extension of credit? . . . . .	2b	X
c Furnishing of goods, services, or facilities? . . . . .	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	2d	X
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.	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? . . . . .	3	X
4a Do you have a section 403(b) annuity plan for your employees? . . . . .	4a	X
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 page 2 of the instructions.)		

**Part IV Reason for Non-Private Foundation Status** (See pages 2 through 5 of the 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 5.)
  - 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 5 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 5 of the instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) . . . . .	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	9,233,126	9,761,648	7,586,649	7,162,109	33,743,532
16 Membership fees received . . . . .					
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 . . . . .	719,634	423,305	348,457	373,405	1,864,801
18 Gross income from interest, dividends, amounts received from payments on securities (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 . . . . .	293,745	230,642	181,546	230,380	936,313
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 sch. Do not include gain or (loss) from sale of capital assets. SEE ST. 1.2 . . . . .	703,147	604,500	855,292	1,283,844	3,446,783
23 Total of lines 15 through 22 . . . . .	10,949,652	11,020,095	8,971,944	9,049,738	39,991,429
24 Line 23 minus line 17 . . . . .	10,230,018	10,596,790	8,623,487	8,676,333	38,126,628
25 Enter 1% of line 23 . . . . .	109,497	110,201	89,719	90,497	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 . . . . .					26a 762,533
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts. . . . .					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . .					26c 38,126,628
d Add: Amounts from column (e) for lines: 18 936,313 19 _____ 22 3,446,783 26b _____					26d 4,383,096
e Public support (line 26c minus line 26d total) . . . . .					26e 33,743,532
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . .					26f 88.50%
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 (which is not open to public inspection) 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 (1999) _____ (1998) _____ (1997) _____ (1996) _____					
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 all these differences (the excess amounts) for each year: (1999) _____ (1998) _____ (1997) _____ (1996) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add: Line 27a total . . . . . and line 27b total . . . . .					27d
e Public support (line 27c total minus line 27d total) . . . . .					27e
f Total support for section 509(a)(2) test: Enter amount on 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 %

3 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, 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.

**part V** **Private School Questionnaire** (See page 5 of the 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? .....	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d	
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? .....	33a	
b	Admissions policies? .....	33b	
c	Employment of faculty or administrative staff? .....	33c	
d	Scholarships or other financial assistance? .....	33d	
e	Educational policies? .....	33e	
f	Use of facilities? .....	33f	
g	Athletic programs? .....	33g	
h	Other extracurricular activities? .....	33h	
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? .....	34a	
b	Has the organization's right to such aid ever been revoked or suspended? .....	34b	
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. ....	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 7 of the instructions.)  
 (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 (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 - Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . . Over \$500,000 but not over \$1,000,000 . . . . . \$100,000 plus 15% of the excess over \$500,000 . . . . . Over \$1,000,000 but not over \$1,500,000 . . . . . \$175,000 plus 10% of the excess over \$1,000,000 . . . . . Over \$1,500,000 but not over \$17,000,000 . . . . . \$225,000 plus 5% of the excess over \$1,500,000 . . . . . Over \$17,000,000 . . . . . \$1,000,000 . . . . . The lobbying nontaxable amount is -	41	
42	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	44	

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

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50 on page 9 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15	Lobbying nontaxable amount . . . . .				
16	Lobbying ceiling amount (150% of line 45(e)) . . . . .				
7	Total lobbying expenditures . . . . .				
8	Grassroots nontaxable amount . . . . .				
9	Grassroots ceiling amount (150% of line 48(e)) . . . . .				
0	Grassroots lobbying expenditures . . . . .				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See page 9 of the 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
	Volunteers . . . . .		
Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .			
Media advertisements . . . . .			
Mailings to members, legislators, or the public . . . . .			
Publications, or published or broadcast statements . . . . .			
Grants to other organizations for lobbying purposes . . . . .			
Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
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.



Schedule B  
(Form 990 or 990-EZ)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

2000

Name of organization

PACIFICA FOUNDATION

Employer identification number

94-1347046

Organization type (check one) - Section:  501(c)( 3 ) ◀ (enter number);  527 or  
 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations - Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year. (But see General rule below.) .....   
Enter here the total gifts received during the year for a religious, charitable, etc., purpose. ▶ \$

Note: This form is generally not open to public inspection except for section 527 organizations.

KFA For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ. Schedule B (Form 990 or 990-EZ) (2000)

Name of organization

PACIFICA FOUNDATION

Employer identification number

94-1347046

**Part I** Contributors

(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1	ANN PALM'S LIVING TRUST-C/O PACIFICA 2390 CHAMPLAIN STREET, NW WASHINGTON, DC. 20009-2620	\$ 5,300	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if a noncash contribution.)
2	VANGUARD PUBLIC FOUNDATION-C/O PACIFICA 2390 CHAMPLAIN STREET, NW WASHINGTON, DC. 20009-2620	\$ 10,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if a noncash contribution.)
3	EZIO VALDEVIT-C/O PACIFICA 2390 CHAMPLAIN STREET, NW WASHINGTON, DC. 20009-2620	\$ 5,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if a noncash contribution.)
4	DAVID GAMBLE-C/O PACIFICA 2390 CHAMPLAIN STREET, NW WASHINGTON, DC. 20009-2620	\$ 10,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if a noncash contribution.)
5	ELNA ELLIS-C/O PACIFICA 2390 CHAMPLAIN STREET, NW WASHINGTON, DC. 20009-2620	\$ 83,333	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if a noncash contribution.)
6	DONNA DEITCH, TRUST-C/O PACIFICA 2390 CHAMPLAIN STREET, NW WASHINGTON, DC. 20009-2620	\$ 5,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if a noncash contribution.)

Name of organization PACIFICA FOUNDATION	Employer identification number 94-1347046
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**Part I Contributors**

(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
7	MR. WALTER N. MARKS, JR-C/O P 2390 CHAMPLAIN STREET, NW WASHINGTON, DC. 20009-2620	\$ 5,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if a noncash contribution.)</small>
8	ELIZABETH WOLCOTT-C/O PACIFICA 2390 CHAMPLAIN STREET, NW WASHINGTON, DC. 20009-2620	\$ 9,438	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if a noncash contribution.)</small>
9	NIKI DE SAINT PHALLE-C/O PACIF 2390 CHAMPLAIN STREET, NW WASHINGTON, DC. 20009-2620	\$ 15,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if a noncash contribution.)</small>
10	CORPORATION FOR PUBLIC BROADCASTING 2390 CHAMPLAIN STREET, NW WASHINGTON, DC. 20009-2620	\$ 1,215,162	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if a noncash contribution.)</small>
11	NFIB-C/O PACIFICA 2390 CHAMPLAIN STREET, NW WASHINGTON, DC. 20009-2620	\$ 124,281	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if a noncash contribution.)</small>
12	CONTRIBUTIONS LESS THAN 5,000	\$ 8,277,836	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if a noncash contribution.)</small>

Name of organization

PACIFICA FOUNDATION

Employer identification number

94-1347046

**Part II** Noncash Property

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



Name of organization

PACIFICA FOUNDATION

94-1347046

**Part III** Section 501(c)(7), (8), or (10) organizations that received more than \$1,000 in charitable gifts during the year-

- Enter the total gifts that were from contributors who gave \$1,000 or less during the year for a religious, charitable, etc., purpose (see instructions) . . . . . ▶ \$

(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 code		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and zip code		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and zip code		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and zip code		Relationship of transferor to transferee	

CLIENT PF-NY

PACIFICA FOUNDATION

94-1347046

2/02/02

12:17PM

DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	PRIOR 179 DEC. BAL. DEPR.	BASIS REDUCTN	SALVAGE VALUE	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FURNITURE AND FIXTURES														
1 FURNITURE & FIXTURES	4/01/95		28,360						28,360	17,100	S/L	10		2,836
9 FURNITURE & FIXTURES	4/01/01		2,948						2,948		S/L	10		147
TOTAL FURNITURE AND FIXTURES			31,308		0	0	0	0	31,308	17,100				2,983
IMPROVEMENTS														
7 LEASEHOLD IMPROVEMENT	4/01/96		116,501						116,501	60,459	S/L	10		11,650
8 BUILDING IMPROVEMENT	4/01/90		250,589						250,589	92,238	S/L	30		8,353
TOTAL IMPROVEMENTS			367,090		0	0	0	0	367,090	152,697				20,003
MACHINERY AND EQUIPMENT														
2 OFFICE EQUIPMENT	4/01/98		75,802						75,802	47,755	S/L	5		15,160
3 TELEPHONE SYSTEM	8/01/00		12,793						12,793	7,774	S/L	5		2,559
4 COMPUTER SYSTEM	4/01/99		221,454						221,454	91,887	S/L	5		44,291
5 TECHNICAL	4/01/94		190,010						190,010	146,796	S/L	10		19,001
6 KU-ISDN EQUIPMENT	4/01/98		329,019						329,019	106,425	S/L	10		32,902
10 OFFICE EQUIPMENT	4/01/01		2,107						2,107		S/L	5		211
11 TELEPHONE SYSTEM	4/01/01		1,069						1,069		S/L	5		107
12 COMPUTER SYSTEM	4/01/01		69,167						69,167		S/L	5		6,917
13 TECHNICAL EQUIPMENT	4/01/01		6,280						6,280		S/L	10		314
14 KU-ISDN EQUIPMENT	4/01/01		32,907						32,907		S/L	10		1,645
TOTAL MACHINERY AND EQUIPMENT			940,608		0	0	0	0	940,608	400,637				123,107

PF-KPFA

CLIENT PF-NY

PACIFICA FOUNDATION

94-1347046

2/02/02

12:17PM

DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	PRIOR 179 DEC. BAL. DEPR.	BASIS REDUCTN	SALVAGE VALUE	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
36 FURNITURE & FIXTURES	4/01/92		103,293						103,293	88,015	S/L	10		10,329
37 BUILDING IMPROVEMENT	4/01/91		310,098					310,098	101,361		S/L	30		10,337
38 BUILDING IMPROVEMENT	4/01/01		3,800					3,800			S/L	30		63
39 BUILDING IMP.-STUDIO OFF.	4/01/92		1,673,619					1,673,619	478,662		S/L	30		55,787
40 LAND	8/01/92		481,069					481,069			S/L	5		0
41 COMPUTER SYSTEM	4/01/97		169,319					169,319	129,792		S/L	5		33,864
42 COMPUTER SYSTEM	4/01/01		8,987					8,987			S/L	5		899
43 TECHNICAL EQUIPMENT	4/01/92		1,244,460					1,244,460	1,080,728		S/L	10		124,446
44 TECHNICAL EQUIPMENT	4/01/01		2,876					2,876			S/L	10		144
45 TRANSMITTER EQUIPMENT	4/01/92		288,352					288,352	251,625		S/L	10		28,835
TOTAL PF-KPFA			4,285,873		0	0	0	4,285,873	2,130,183					264,704
PF-KPFA														
46 FURNITURES & FIXTURES	4/01/01		960					960			S/L	10		48
47 LEASEHOLD IMPROVEMENTS	4/01/96		7,707					7,707	3,846		S/L	10		771
48 BUILDING IMPROVEMENT	4/01/72		295,422					295,422	284,993		S/L	30		9,847
49 BUILDING IMPROVEMENT	4/01/01		20,000					20,000			S/L	30		333
50 BUILDING IMP.-STUDIO OFF.	4/01/01		26,154					26,154			S/L	30		436
51 LAND	8/01/72		88,475					88,475			S/L	30		0
52 OFFICE EQUIPMENT	4/01/97		33,339					33,339	18,248		S/L	5		6,668
53 TELEPHONE SYSTEM	4/01/99		49,620					49,620	22,279		S/L	5		9,924
54 COMPUTER SYSTEM	4/01/99		88,351					88,351	43,078		S/L	5		17,670
55 TECHNICAL EQUIPMENT	4/01/94		434,321					434,321	301,894		S/L	10		43,432
56 COMPUTER SYSTEM	4/01/01		15,006					15,006			S/L	5		1,501
57 TECHNICAL EQUIPMENT	4/01/01		199,073					199,073			S/L	10		9,954
58 TRANSMITTER EQUIPMENT	4/01/94		408,290					408,290	278,180		S/L	10		40,829
59 TRANSMITTER EQUIPMENT	4/01/01		101,435					101,435			S/L	10		5,072
60 ANTENNA	4/01/01		36,802					36,802			S/L	10		1,840
TOTAL PF-KPFA			1,804,955		0	0	0	1,804,955	952,518					148,325
PF-KPFA														
51 FURNITURE & FIXTURES	4/01/92		20,664					20,664	19,534		S/L	10		1,130

CLIENT PF-NY

PACIFICA FOUNDATION

94-1347046

7/02/02

12:17PM

DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	PRIOR 179 BONUS	PRIOR DEC. BAL. DEPR.	BASIS REDUCTN	SALVAGE VALUE	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
62 FURNITURE & FIXTURES	4/01/01		1,466							1,466		S/L	10		73	
63 LEASHOLD IMPROVEMENT	4/01/96		16,430							16,430	8,908	S/L	10		1,643	
64 BUILDING IMPROVEMENT	4/01/95		115,543							115,543	22,878	S/L	30		3,851	
65 COMPUTER SYSTEM	4/01/98		53,192							53,192	28,409	S/L	5		10,638	
66 COMPUTER SYSTEM	4/01/01		548							548		S/L	5		55	
67 TECHNICAL EQUIPMENT	4/01/94		168,162							168,162	116,511	S/L	10		16,816	
68 TECHNICAL EQUIPMENT	4/01/01		1,622							1,622		S/L	10		81	
69 TRANSMITTER EQUIPMENT	4/01/95		272,594							272,594	164,905	S/L	10		27,259	
70 TRANSMITTER EQUIPMENT	4/01/01		8,596							8,596		S/L	10		430	
71 LAND	8/01/00		62,884							62,884		S/L	10		0	
TOTAL PF-KPFT			721,701		0	0	0	0	0	721,701	361,145				61,976	
PF-WBAI																
15 FURNITURE & FIXTURES	4/01/93		62,468							62,468	50,902	S/L	10		6,247	
16 LEASEHOLD	4/01/98		494,471							494,471	143,283	S/L	10		49,447	
17 OFFICE EQUIPMENT	4/01/01		45,595							45,595		S/L	5		4,560	
18 TELEPHONE EQUIPMENT	4/01/96		60,492							60,492	59,207	S/L	5		1,285	
19 COMPUTER SYSTEM	4/01/98		60,215							60,215	41,320	S/L	5		12,043	
20 COMPUTER SYSTEM	4/01/01		6,869							6,869		S/L	5		687	
21 TECHNICAL EQUIPMENT	4/01/95		783,682							783,682	498,299	S/L	10		78,368	
22 TECHNICAL EQUIPMENT	4/01/01		4,148							4,148		S/L	10		207	
23 KU-ISON EQUIPMENT	4/01/91		59,800							59,800	58,641	S/L	10		1,159	
24 TRANSMITTER EQUIPMENT	4/01/91		128,152							128,152	124,612	S/L	10		3,540	
25 TRANSMITTER EQUIPMENT	4/01/01		17,429							17,429		S/L	10		871	
TOTAL PF-WBAI			1,723,321		0	0	0	0	0	1,723,321	976,264				158,414	
PF-WPFW																
26 FURNITURE & FIXTURES	4/01/95		84,669							84,669	51,811	S/L	10		8,467	
27 LEASEHOLD IMPROVEMENTS	4/01/93		88,096							88,096	74,207	S/L	10		8,810	
28 OFFICE EQUIPMENT	4/01/01		1,149							1,149		S/L	5		115	
29 TELEPHONE SYSTEM	4/01/01		202							202		S/L	5		20	
30 COMPUTER SYSTEM	4/01/98		83,039							83,039	51,913	S/L	5		16,608	

J.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	PRIOR 179 BONUS	PRIOR DEC. BAL. DEPR.	BASIS REDUCTN	SALVAGE VALUE	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
31	COMPUTER SYSTEM	4/01/01		18,652							18,652		S/L	5		1,865
32	TECHNICAL EQUIPMENT	4/01/92		266,049							266,049	247,606	S/L	10		18,443
33	TECHNICAL EQUIPMENT	4/01/01		3,857							3,857		S/L	10		193
34	TRANSMITTER	4/01/96		366,060							366,060	174,497	S/L	10		36,606
35	TRANSMITTER	4/01/01		70,715							70,715		S/L	10		3,536
	TOTAL PF-WPFW			982,488		0	0	0	0	0	982,488	600,034				94,663
	TOTAL DEPRECIATION			10,857,344		0	0	0	0	0	10,857,344	5,590,578				874,175
	GRAND TOTAL DEPRECIATION			10,857,344		0	0	0	0	0	10,857,344	5,590,578				874,175

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PACIFICA FOUNDATION

94-1347046

12/02/02

12:17PM

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

PUBLICLY TRADED SECURITIES:

GROSS SALES PRICE:	3,675,474		
COST OR OTHER BASIS:	3,628,574		
GAIN (LOSS)	<u>                    </u>	\$	46,900
TOTAL GAIN (LOSS)		<u>\$</u>	<u>46,900</u>

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

- SPECIAL EVENTS:
- A) COMMUNITY EVENTS INCOME
  - B)
  - C)
- OTHER:

SPECIAL EVENTS	A	B	C	OTHER	TOTAL
GROSS RECEIPTS	\$ 304,819	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>304,819</u>
LESS: CONTRIBUTIONS	0			0	0
GROSS REVENUE	<u>304,819</u>			<u>0</u>	<u>304,819</u>
LESS: DIRECT EXPENSES	141,482			0	141,482
NET INCOME (LOSS)	<u>\$ 163,337</u>			<u>0</u>	<u>163,337</u>

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

UNREALIZED LOSS ON INVESTMENTS .....	\$ -136,703
TOTAL	<u>\$ -136,703</u>

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94-1347046

12/02/02

12:17PM

STATEMENT 4  
FORM 990, PART II, LINE 43  
OTHER EXPENSES

OTHER EXPENSES	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ACQUISITION NEWS DEPARTMENT	\$ 63,259	63,259		
ADP PAYROLL SERVICE	13,625	5,859	6,676	1,090
ADVERTISING & PROMOTION	8,508	8,508		
ASSOCIATIONS & PERIODICALS	68,263	52,597	13,428	2,238
BANK CHARGES	200,598		1,349	199,249
COMPUTER MAINTENANCE	133,554	65,444	45,562	22,548
CONSULTING (P.R. & SECURITY)	833,372		833,372	
DEVELOPMENT EXPENSES	7,626			7,626
DIRECTMAIL & TELEMARKETING	309,960			309,960
EXECUTIVE COMMITTEE EXPENSES	17,512		17,512	
INSURANCE	89,051	68,569	13,358	7,124
MAILING SERVICES	173,315		173,315	
MAJOR GIFTS EXPENSE	12,532			12,532
MOVING EXPENSES	50,391		50,391	
NATIONAL BOARD EXPENSES	75,799		75,799	
NEWS SERVICE	130,290	130,290		
NON-OPERATING GRANT EXPENSES	54,682	54,682		
OFFICE EXPENSE	150,971	70,004	55,927	25,040
OTHER ADMINISTRATIVE	36,653		36,653	
OTHER DEVELOPMENT	16,879			16,879
OTHER PROGRAMMING	31,394	31,394		
OTHER STATION & SCA OTHE EXP.	11,903	11,903		
OUTSIDE SERVICES	248,017	93,033	154,984	
PREMIUMS/SHIPPING & MARATHONS	646,065			646,065
PROGRAMMING SERVICES	27,265	27,265		
REPAIRS & MAINT.-NON TECHNICAL	168,599	116,709	33,428	18,462
SATELLITE INTERCONNECT	47,398	47,398		
TAXES (UBT & PROPERTY)	44,874		44,874	
UTILITIES	250,412	177,778	46,993	25,641
TOTAL	<u>\$3,922,767</u>	<u>1,024,692</u>	<u>1,603,621</u>	<u>1,294,454</u>

STATEMENT 5  
FORM 990, PART III, LINE A  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
OWNS AND OPERATES FIVE NON-COMMERICAL RADIO STATIONS, A NEWS SERVICE, AND PROVIDES COPIES OF RADIO PROGRAMS TO OTHER NON-COMMERCIAL RADIO STATIONS, SCHOOLS, COLLEGES, UNIVERSITIES AND INDIVIDUALS.	\$ 0	5,681,839
	<u>\$ 0</u>	<u>5,681,839</u>

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PACIFICA FOUNDATION

94-1347046

12/02/02

12:17PM

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

CORPORATE STOCKS	VALUATION METHOD	AMOUNT	TOTAL
29 VALUE LINE LEVERAGED GROWTH	MARKET VALUE	\$ 10,408	
			\$ 10,408
	TOTAL		<u>\$ 10,408</u>

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

ASSET	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 304,828	256,639	48,189
MACHINERY AND EQUIPMENT	6,564,542	4,775,951	1,788,591
IMPROVEMENTS	3,418,430	1,432,163	1,986,267
LAND	569,544		569,544
TOTAL	<u>\$10,857,344</u>	<u>6,464,753</u>	<u>4,392,591</u>

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

	ENDING
PREPAID EXPENSE-COMMUNITY EVENTS DEPOSIT .....	\$ 109,840
PROGRAM ENDOWMENT .....	771,578
TOTAL	<u>\$ 881,418</u>

STATEMENT 9  
FORM 990, PART IV, LINE 64B  
MORTGAGES AND OTHER NOTES PAYABLE

MORTGAGES PAYABLE	BALANCE DUE
WELLS FARGO BANK	\$ 306,250
TOTAL	<u>\$ 306,250</u>



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94-1347046

12/02/02

12:17PM

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

	ENDING
DEPOSITS PAYABLE .....	\$ 31,700
TOTAL	<u>\$ 31,700</u>

STATEMENT 11  
FORM 990, PART V  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE & AVG. HRS/WK DEVOTED	COMP.	EMPLOYEE BEN. PLN CONTRIB.	EXPENSE ACCOUNT/ OTHER
LESLIE CAGAN <i>of Pacifica</i> 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	CHAIRMAN AS REQUIRED	\$ 0	0	0
CAROL SPOONER 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	SECRETARY AS REQUIRED	0	0	0
JABARI ZAKIYA 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	TREASURER AS REQUIRED	0	0	0
TERESA ALLEN 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	BOARD MEMBER AS REQUIRED	0	0	0
GEORGE BARNSTONE 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	BOARD MEMBER AS REQUIRED	0	0	0
JOANNE MEREDITH-JACKSON 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	EXECUTIVE DIREC AS REQUIRED	54,833	0	0
MARION BARRY 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	BOARD MEMBER AS REQUIRED	0	0	0
PETE BRAMSON 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	BOARD MEMBER AS REQUIRED	0	0	0
JANICE K. BRYANT 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	BOARD MEMBER AS REQUIRED	0	0	0

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PACIFICA FOUNDATION

94-1347046

12/02/02

12:17PM

STATEMENT 11 (CONTINUED)  
 FORM 990, PART V  
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE & AVG. HRS/WK DEVOTED	COMP.	EMPLOYEE BEN. PLN CONTRIB.	EXPENSE ACCOUNT/ OTHER
JAMES FERGUSON 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	BOARD MEMBER AS REQUIRED	\$ 0	0	0
DAVID FERTIG 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	BOARD MEMBER AS REQUIRED	0	0	0
BESSIE WASH 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	VICE PRESIDENT AS REQUIRED	80,417	0	0
DICK GREGORY 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	BOARD MEMBER AS REQUIRED	0	0	0
RAY LAFOREST 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	BOARD MEMBER AS REQUIRED	0	0	0
BERTRAM LEE 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	BOARD MEMBER AS REQUIRED	0	0	0
ROB ROBINSON 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	BOARD MEMBER AS REQUIRED	0	0	0
SANDRA ROSAS 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	CONTROLLER AS REQUIRED	68,841	0	0
STEPHEN YASKO 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	DIRECTOR AS REQUIRED	62,963	0	0
JAMES BENNETT 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	DIRECTOR 40	57,325	0	0
MARK SCHUBB 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	MANAGER AS REQUIRED	74,640	0	0

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PACIFICA FOUNDATION

94-1347046

12/02/02

12:17PM

STATEMENT 11 (CONTINUED)  
FORM 990, PART V  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE & AVG. HRS/WK DEVOTED	COMP.	EMPLOYEE BEN. PLN CONTRIB.	EXPENSE ACCOUNT/ OTHER
LOUIS HANKINS 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	DIRECTOR AS REQUIRED	\$ 67,451	0	0
GARLAND GANTER 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	MANAGER AS REQUIRED	75,344	0	0
		TOTAL \$ 541,814	0	0

STATEMENT 12  
SCHEDULE A, PART IV-A, LINE 22  
OTHER INCOME

DESCRIPTION	(A) 1999	(B) 1998	(C) 1997	(D) 1996	(E) TOTAL
SCA INCOME	\$ 703,147	\$ 604,500	\$ 855,292	\$ 1,283,844	\$ 3,446,783
TOTAL	\$ 703,147	\$ 604,500	\$ 855,292	\$ 1,283,844	\$ 3,446,783

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PACIFICA FOUNDATION

94-1347046

12/02/02

12:17 PM

STMT. OF FUNCTIONAL EXPENSES (990)  
BOOK DEPRECIATION (SEE SCREEN 37)[0]

DEPRECIATION REPORTED ON LINE:6B PART I .....	\$	18,650
DEPRECIATION REPORTED ON LINE:42 PART II .....		<u>855,525</u>
TOTAL	\$	<u>874,175</u>

# Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

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

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

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

Note: 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.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>PACIFICA FOUNDATION</b>	Employer Identification Number <b>94-1347046</b>
	Number, Street, and Room or Suite Number. If a P.O. Box, see instructions <b>3729 CAHUENGA BOULEVARD WEST</b>	
	City, Town or Post Office. For a foreign address, see instructions. <b>NORTH HOLLYWOOD, CA 91604</b>	
	State	ZIP Code

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

- |   |  |                                    |
|---|--|------------------------------------|
| <input 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 checked="" 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 |

- 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-month, for 990-T corporation) extension of time until 8/15, 20 02, 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 00, and ending 9/30, 20 01.

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

### Signature and Verification

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, and that I am authorized to prepare this form.

Signature ▶ Rosa Windsor, CPA Title ▶ Accountant Date ▶ 9/15/02

KFA For Paperwork Reduction Act Notice, see instructions.

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

Department of the Treasury Internal Revenue Service

For calendar year 2000 or other tax year beginning 10/01, 2000, and ending 9/30, 2001

2000

See separate instructions.

Block A: Check box if address changed. Block B: Exempt under section 501(c)(3). Block C: BV of all assets at EOY 6,192,814. Block D: Employer identification number 94-1347046. Block E: New unrelated business activity codes 900002.

Block F: Group exemption number. Block G: Check organization type 501(c) corporation.

H Describe the organization's primary unrelated business activity: RENTAL OF REAL AND PERSONAL PROPERTY

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes

J The books are in care of DAN COUGHLIN EXECUTIVE DIR. Telephone number 202-588-0988

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Income (loss) from partnerships & S corporations, Rent income, Unrelated debt-financed income, Interest, annuities, royalties, and rents from controlled organizations, Investment income, Exploited exempt activity income, Advertising income, Other income, Total (combine lines 3 through 12).

Part II Deductions Not Taken Elsewhere (See page 9 of the instructions for limitations on deductions.)

Table with 4 columns: Line number, Description, Amount, Total. Rows include Compensation of officers, directors, and trustees; Salaries and wages; Repairs and maintenance; Bad debts; Interest; Taxes and licenses; Charitable contributions; Depreciation; Less depreciation claimed on Schedule A and elsewhere on return; Depletion; Contributions to deferred compensation plans; Employee benefit programs; Excess exempt expenses; Excess readership costs; Other deductions; Total deductions; Unrelated business taxable income before net operating loss deduction; Net operating loss deduction; Unrelated business taxable income before specific deduction; Specific deduction; Unrelated business taxable income.

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations</b> (see instructions for tax computation on page 12). Controlled group members (sections 1561 and 1563) - check here <input type="checkbox"/> . See instructions and: <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ <b>b</b> Enter organization's share of: (1) additional 5% tax (not more than \$11,750) ..... \$ _____ (2) additional 3% tax (not more than \$100,000) ..... \$ _____ <b>c</b> Income tax on the amount on line 34 ..... ▶ <b>35c</b> 6,827
<b>36 Trusts Taxable at Trust Rates</b> (see instructions for tax computation on page 12) Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ..... ▶ <b>36</b>
<b>37 Proxy tax</b> (see page 13 of the instructions) ..... ▶ <b>37</b>
<b>38 Alternative minimum tax</b> ..... ▶ <b>38</b>
<b>39 Total</b> (add lines 37 and 38 to line 35c or 36, whichever applies) ..... ▶ <b>39</b> 6,827

**Part IV Tax and Payments**

<b>40 a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ..... <b>40a</b>	
<b>b</b> Other credits (see page 13 of the instructions) ..... <b>40b</b>	
<b>c</b> General business credit - Check if from: <input type="checkbox"/> Form 3800 or <input type="checkbox"/> Form (specify) ▶ _____ <b>40c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) ..... <b>40d</b>	
<b>e Total credits</b> (add lines 40a through 40d) ..... <b>40e</b> 0	
<b>41</b> Subtract line 40e from line 39 ..... <b>41</b> 6,827	
<b>42</b> Recapture taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 ..... <b>42</b>	
<b>43 Total tax</b> (add lines 41 and 42) ..... <b>43</b> 6,827	
<b>44 Payments:</b> <b>a</b> 1999 overpayment credited to 2000 ..... <b>44a</b>	
<b>b</b> 2000 estimated tax payments ..... <b>44b</b>	
<b>c</b> Tax deposited with Form 8868 ..... <b>44c</b>	
<b>d</b> Foreign organizations - Tax paid or withheld at source (see instructions) ..... <b>44d</b>	
<b>e</b> Backup withholding (see instructions) ..... <b>44e</b>	
<b>f</b> Other credits and payments (see instructions) ..... <b>44f</b>	
<b>45 Total payments</b> (add lines 44a through 44f) ..... <b>45</b> 0	
<b>46</b> Estimated tax penalty (see page 4 of the instructions). Check <input checked="" type="checkbox"/> if Form 2220 is attached. .... <b>46</b> 326	
<b>47</b> Tax due - If line 45 is less than the total of lines 43 and 46, enter amount owed ..... ▶ <b>47</b> 7,153	
<b>48</b> Overpayment - If line 45 is larger than the total of lines 43 and 46, enter amount overpaid. .... ▶ <b>48</b>	
<b>49</b> Enter the amount of line 48 you want: <b>Credited to 2001 estimated tax</b> ▶ <b>Refunded</b> ▶ <b>49</b> 0	

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

<b>1</b> At any time during the 2000 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)? ..... <b>Yes</b> <b>No</b> If "Yes," the organization may have to file Form TD F 90-22.1. If "Yes," enter the name of the foreign country here ▶ _____ <b>X</b>
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? ..... <b>Yes</b> <b>No</b> If "Yes," see page 14 of the instructions for other forms the organization may have to file. <b>X</b>
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ <b>0</b>

**Schedule A - Cost of Goods Sold**

(See instructions on page 15.)

Method of inventory valuation (specify) ▶

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

**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.

<b>Signature of officer or fiduciary</b> _____	<b>Date</b> _____	<b>Title</b> _____
<b>Preparer's signature</b> _____	<b>Date</b> _____	<b>Preparer's SSN or PTIN</b> P00163343
<b>Firm's name (or yours, if self-employed) address, and ZIP code</b> KIMERLING & WISDOM, LLC 29 BROADWAY #1412 NEW YORK NY 10006-3267	<b>EIN</b> ▶ 76-0717994 (212) 986-0892	<b>Check if self-employed</b> <input type="checkbox"/>

**Schedule C - Rent Income (From Real Property and Personal Property Leased with Real Property)**

(See instructions on page 16.)

**1 Description of property**

(1) RENTAL PROPERTY-5170 G. PEAK, OAK. CA.

(2) RENTAL PROPERTY-MLK BLVD, BERKELEY, CA.

(3)

(4)

**2 Rent received or accrued**

	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
			SEE STATEMENT 1	
(1)		39,330		4,642
(2)		52,547		40,720
(3)				
(4)				
<b>Total</b>		<b>Total 91,877</b>		

**Total income** (Add totals of columns 2(a) and 2(b). Enter here and on line 6, column (A), Part I, page 1.)

91,877

**Total deductions.** Enter here and on line 6, column (B), Part I, page 1

45,362

**Schedule E - Unrelated Debt-Financed Income**

(See instructions on page 16.)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
(1)				%		
(2)				%		
(3)				%		
(4)				%		
<b>Totals</b>					Enter here and on line 7, column (A), Part I, page 1.	Enter here and on line 7, column (B), Part I, page 1.

Total dividends-received deductions included in column 8

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (See instructions on page 17.)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on line 8, Col (A), Part I, page 1.

Add columns 6 and 11. Enter here and on line 8, Col (B), Part I, page 1.

**12 Totals**



**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 .....		Enter here and on line 9, column (A), Part I, page 1.		Enter here and on line 9, column (B), Part I, page 1.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(See instructions on page 18.)

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 .....		Enter here and on line 10, col. (A), Part I, page 1.	Enter here and on line 10, col. (B), Part I, page 1.			Enter here and on line 26, Part II page 1.

**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)) .....						

**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	Enter here and on line 11, col. (A), Part I, page 1.	Enter here and on line 11, col. (B), Part I, page 1.				Enter here and on line 27, Part II, page 1.
Column totals, Part II .....						

**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. ....			

# Underpayment of Estimated Tax by Corporations

Department of the Treasury  
Internal Revenue Service

▶ Instructions are separate. See page 4 for Paperwork Reduction Act Notice

**2000**

▶ Attach to the corporation's tax return.

Name <b>PACIFICA FOUNDATION</b>	Employer identification number <b>94-1347046</b>
------------------------------------	---

**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 boxes are checked, the corporation must file Form 2220, even if it does not owe the penalty. If the box on line 1 or line 2 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 has a research credit allowed for the current year. See the instructions for line 4 on page 2.

**Part II** Figuring the Underpayment

4 Total tax (see page 2 of the instructions) .....		<b>4</b>	6,827
5a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 4 .....	5a		
b Interest included on line 4 due under the look-back method of section 460(b)(2) for completed long-term contracts or of section 167(g) for property depreciated under the income forecast method. ....	5b		
c Credit for Federal tax paid on fuels (see page 2 of the instructions) .....	5c		
d Total. Add lines 5a through 5c. ....		<b>5d</b>	
6 Subtract line 5d from line 4. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty. ....		<b>6</b>	6,827
7 Enter the tax shown on the corporation's 1999 income tax return. <b>Caution:</b> see page 2 of the instructions before completing this line .....		<b>7</b>	
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 .....		<b>8</b>	6,827

		(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Enter 5th month), 6th, 9th, and 12th months of the corporation's tax year. ....	<b>9</b>	1/15/01	3/15/01	6/15/01	10/01/01
10 <b>Required installments.</b> 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 3 of the instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 8 above in each column .....	<b>10</b>	1,706	1,707	1,707	1,707
11 Estimated tax paid or credited for each period (see page 3 of the instructions). For column (a) only, enter the amount from line 11 on line 15 .....	<b>11</b>				
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding col. ....	<b>12</b>				
13 Add lines 11 and 12. ....	<b>13</b>				
14 Add amounts on lines 16 and 17 of the preceding col. ....	<b>14</b>		1,706	3,413	5,120
15 Subtract line 14 from line 13. If zero or less, enter -0-. ....	<b>15</b>	0	0	0	0
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>		1,706	3,413	
17 <b>Underpayment.</b> 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. ....	<b>17</b>	1,706	1,707	1,707	1,707
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next col. ....	<b>18</b>				

**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 instr). (Form 990-PF & Form 990-T filers: Use 5th month instead of 3rd month.)	19 2/15/02	2/15/02	2/15/02	2/15/02
20 Number of days from due date of installment on line 9 to the date shown on line 19	20 396	337	245	137
21 No. of days on line 20 after 4/15/00 and before 1/1/01	21			
22 Underpayment on line 17 x $\frac{\text{No. of days on line 21} \times 9\%}{366}$	22 \$	\$	\$	\$
23 No. of days on line 20 after 12/31/00 and before 4/1/01	23 75	16		
24 Underpayment on line 17 x $\frac{\text{No. of days on line 23} \times 9\%}{365}$	24 \$ 31.55	\$ 6.73	\$	\$
25 No. of days on line 20 after 3/31/01 and before 7/1/01	25 91	91	15	
26 Underpayment on line 17 x $\frac{\text{No. of days on line 25} \times \%}{365}$	26 \$ 25.52	\$ 25.53	\$ 4.21	\$
27 No. of days on line 20 after 6/30/01 and before 10/1/01	27 92	92	92	
28 Underpayment on line 17 x $\frac{\text{No. of days on line 27} \times \%}{365}$	28 \$ 25.80	\$ 25.82	\$ 25.82	\$
29 No. of days on line 20 after 9/30/01 & before 1/1/02	29 92	92	92	91
30 Underpayment on line 17 x $\frac{\text{No. of days on line 29} \times \%}{365}$	30 \$ 25.80	\$ 25.82	\$ 25.82	\$ 25.53
31 No. of days on line 20 after 12/31/01 & before 2/16/02	31 46	46	46	46
32 Underpayment on line 17 x $\frac{\text{No. of days on line 31} \times \%}{365}$	32 \$ 12.90	\$ 12.91	\$ 12.91	\$ 12.91
33 Add lines 22, 24, 26, 28, 30, and 32	33 \$ 121.57	\$ 96.81	\$ 68.76	\$ 38.44
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 \$ 326

**For underpayments paid after March 31, 2001:** 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 Web Site at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-1040 to get interest rate information.

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PACIFICA FOUNDATION

94-1347046

12/02/02

12:54PM

STATEMENT 1  
FORM 990-T, SCHEDULE C, LINE 3  
DEDUCTIONS DIRECTLY CONNECTED

DESCRIPTION OF PROPERTY	DESC. OF EXPENSE	EXPENSES
RENTAL PROPERTY-5170 GRIZZLY PEAK OAKLAND, CA	REPAIRS	\$ 600
	WAGES AND SALARIES	2,600
	DEPRECIATION	1,442
	TOTAL	\$ 4,642
RENTAL PROPERTY-MLK BLVD. BERKELY, CA.	INTEREST	\$ 8,090
	REPAIRS	3,475
	TAXES	3,787
	WAGES AND SALARIES	8,160
	DEPRECIATION	17,208
TOTAL	\$ 40,720	

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

	<u>ENDING</u>
DEPOSITS PAYABLE .....	\$ 31,700
TOTAL	<u>\$ 31,700</u>

STATEMENT 11  
FORM 990, PART V  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE & AVG. HRS/WK DEVOTED	COMP.	EMPLOYEE BEN. PLN CONTRIB.	EXPENSE ACCOUNT/ OTHER
LESLIE CAGAN <i>of Pacifica</i> 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	CHAIRMAN AS REQUIRED	\$ 0	0	0
CAROL SPOONER 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	SECRETARY AS REQUIRED	0	0	0
JABARI ZAKIYA 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	TREASURER AS REQUIRED	0	0	0
TERESA ALLEN 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	BOARD MEMBER AS REQUIRED	0	0	0
GEORGE BARNSTONE 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	BOARD MEMBER AS REQUIRED	0	0	0
JOANNE MEREDITH-JACKSON 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	EXECUTIVE DIREC AS REQUIRED	54,833	0	0
MARION BARRY 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	BOARD MEMBER AS REQUIRED	0	0	0
PETE BRAMSON 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	BOARD MEMBER AS REQUIRED	0	0	0
JANICE K. BRYANT 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	BOARD MEMBER AS REQUIRED	0	0	0

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94-1347046

12/02/02

12:17PM

STATEMENT 11 (CONTINUED)  
 FORM 990, PART V  
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE & AVG. HRS/WK DEVOTED	COMP.	EMPLOYEE BEN. PLN CONTRIB.	EXPENSE ACCOUNT/ OTHER
JAMES FERGUSON 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	BOARD MEMBER AS REQUIRED	\$ 0	0	0
DAVID FERTIG 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	BOARD MEMBER AS REQUIRED	0	0	0
BESSIE WASH 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	VICE PRESIDENT AS REQUIRED	80,417	0	0
DICK GREGORY 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	BOARD MEMBER AS REQUIRED	0	0	0
RAY LAFOREST 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	BOARD MEMBER AS REQUIRED	0	0	0
BERTRAM LEE 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	BOARD MEMBER AS REQUIRED	0	0	0
ROB ROBINSON 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	BOARD MEMBER AS REQUIRED	0	0	0
SANDRA ROSAS 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	CONTROLLER AS REQUIRED	68,841	0	0
STEPHEN YASKO 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	DIRECTOR AS REQUIRED	62,963	0	0
JAMES BENNETT 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	DIRECTOR 40	57,325	0	0
MARK SCHUBB 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	MANAGER AS REQUIRED	74,640	0	0

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PACIFICA FOUNDATION

94-1347046

12/02/02

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STATEMENT 11 (CONTINUED)  
 FORM 990, PART V  
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE & AVG. HRS/WK DEVOTED	COMP.	EMPLOYEE BEN. PLN CONTRIB.	EXPENSE ACCOUNT/ OTHER
LOUIS HANKINS 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	DIRECTOR AS REQUIRED	\$ 67,451	0	0
GARLAND GANTER 2390 CHAMPLAIN STREET NW, WASHINGTON, DC 20009-2620	MANAGER AS REQUIRED	75,344	0	0
	TOTAL	<u>\$ 541,814</u>	<u>0</u>	<u>0</u>

STATEMENT 12  
 SCHEDULE A, PART IV-A, LINE 22  
 OTHER INCOME

DESCRIPTION	(A) 1999	(B) 1998	(C) 1997	(D) 1996	(E) TOTAL
SCA INCOME	\$ 703,147	\$ 604,500	\$ 855,292	\$1,283,844	\$ 3,446,783
TOTAL	<u>\$ 703,147</u>	<u>\$ 604,500</u>	<u>\$ 855,292</u>	<u>\$1,283,844</u>	<u>\$ 3,446,783</u>