Internal Revenue Service

Return of Organization Exempt From Income Tax
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

OMB No. 1545-0047

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

This Form is Open to Public Inspection

A FC	or the 19	97 calendar year, OR tax year period beginning	10/ 1	, 1997, and endi	ng	97	30 ,19 98
B C	neck if:	Please C Name of organization	•		ום	mployer iden	tification number
	Change of address	use IRS label or DACTETCA FOINDAMION				0/ 12/	7046
_	Initial	pant or print or prin				94-134	
<u> </u>	Jreturn TFinal	See Number and street (or P.O. box if mail is no Specific 3729 CAHUENGA BLVD.)	Room/suite E S	state registrat	ion number
-	retum Amende	Instruc-			F (hack -	if exemption
	Jretum (required als lor State	NORTH HOLLYWOOD, CA	91604			JIICOK - L	application is pending
		rganization - X Exempt under 501(c) (3)		section 4947(a	a)(1) nonexempt	chartitable tru	
-		on 501(c)(3) exempt organizations and 4947(a)					
		group return filed for affiliates?					
٠.,		enter the number of affiliates for which this		exemption nu			oigh group
(11)		s filed:		J Accounting m	· —		Accrual
(c)		separate return filed by an organization covered by a group ruling?			specify)		
		if the organization's gross receipts are norm				turn with the I	RS; but
		d a Form 990 Package in the mail, it should file a return					.,
		90-EZ may be used by organizations with gross receipts					
		Revenue, Expenses, and Changes in					
	1	Contributions, gifts, grants, and similar amounts receiv	ed:				
.	a	Direct public support		1a 6	,437,323	3.	
l		Indirect public support		1b			
	C	Government contributions (grants)		1c 1	,149,320	5 •	
	d	Total (add lines 1a through 1c) (attach schedule of cor	tributors)				
		(cash \$7,586,649. noncash \$)		1d	7,586,649.
	2	Program service revenue including government fees ar	id contracts (from Part VII, li	ne 93)		2	259,703.
	3	Membership dues and assessments		••••		3	
	4	Interest on savings and temporary cash investments	······			4	16,928.
	5	Dividends and interest from securities		.,		. 5	85 , 057.
	6 a	Gross rents SEE	STATEMENT I	6a	79,56		
	b	Less: rental expenses SEE			48,82	<u>2 •</u>	00 500
ø	C	Net rental income or (loss) (subtract line 6b from line 6	ia)			6c	30,739.
nue	7	Other investment income (describe) 7	
Revenue	8 a	Gross amount from sale of assets other	(A) Securities		(B) Other	_	
<u>. </u>		than inventory	482,280				
	i	Less: cost or other basis and sales expenses	506,116				
	1	Gain or (loss) (attach schedule)	<23,836	• 8c			<23,836.>
	d	Net gain or (loss) (combine line 8c, columns (A) and (I	B)) STMT 3		••••••	8d	\Z3,030.>
	y	Special events and activities (attach schedule):	0 • of contributions				
	a	Gross revenue (not including \$ reported on line 1a)		9a	348,45	7	
	h	Less: direct expenses other than fundraising expenses			183,21		
	, n	Net income or (loss) from special events (subtract line	9h from line 9a\	SEE STAT		9c	165,246.
	10 a		ob nom mo ouj	10a			
	b	Less: cost of goods sold					
	C	Gross profit or (loss) from sales of inventory (attach se				10c	
	11	Other revenue (from Part VII, line 103)					855,292.
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1	_				8,975,778.
	13	Program services (from line 44, column (B))					5,123,583.
Expenses	14	Management and general (from line 44, column (C))					1,967,563.
Jen.	15	Fundraising (from line 44, column (D))				1	1,938,500.
EX	16	Payments to affiliates (attach schedule)				16	
	17	Total expenses (add lines 16 and 44, column (A))	,			17	9,029,646.
u^	18	Excess or (deficit) for the year (subtract line 17 from li					<53,868.> 5,874,492. 3.
Net Assets	19	Net assets or fund balances at beginning of year (from	line 73, column (A))			19	5,874,492.
ASA		Other changes in net assets or fund balances (attach e					
	21	Net assets or fund balances at end of year (combine li				21	5,820,627.
LHA	For	Paperwork Reduction Act Notice, see page 1 of the se	parate instructions.				Form 990 (1997)

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				1 (D) are required for section sts but optional for others.	1501(c)(3) and
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 (attach schedule)					
cash \$noncash\$	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	0.	0.	0.	0.
26 Other salaries and wages	26	3,951,714.	2,185,391.	1,091,046.	675,277.
27 Pension plan contributions	27	40,760.	22,540.	11,254.	6,966.
28 Other employee benefits	28	335,411.	199,680.		56,466.
29 Payroll taxes	29	342,546.	189,692.	93,672.	59,182.
30 Professional fundraising fees	30				
31 Accounting fees	31	32,934.		32,934.	. , , , , , , , , , , , , , , , , , , ,
32 Legal fees	32	85,303.	45,687.		5,162.
33 Supplies	33	139,728.	76,202.		29,294.
34 Telephone	34	396,679.	317,998.		25,027.
35 Postage and shipping	35	137,285.	49,107.		80,032.
36 Occupancy	36	251,353.	189,512.		22,565.
37 Equipment rental and maintenance	37	306,259.	295,115.	7,197.	3,947.
38 Printing and publications	38	65,400.	10,960.	2,302.	52,138.
39 Travel	39	49,390.	31,138.		4,133.
40 Conferences, conventions, and meetings	40	189,899.	78,374.	79,485.	32,040.
41 Interest	41	49,001.	36,751.		4,900.
42 Depreciation, depletion, etc. (attach schedule)	42	530,092.	366,115.	119,450.	44,527.
43 Other expenses (itemize):					
a	43a				
b	43b				
C	43c			r .	
d	43d				
e SEE STATEMENT 6	43e	2,125,892.	1,029,321.	259,727.	836,844.
Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	9,029,646.	5,123,583.	1,967,563.	1,938,500.
Reporting of Joint Costs Did you report in column (8				 	
fundraising solicitation?					Yes X No
If "Yes," enter (I) the aggregate amount of these joint co	sts \$;;	(ii) the amount allocated to	Program services \$;
(iii) the amount allocated to Management and general 3	\$; and ((iv) the amount allocated to	Fundraising \$	•
Part III Statement of Program Serv	ice A	ccomplishments			
What is the organization's primary exempt purpose?					
NON-COMMERCIAL EDUCATION.	AL I	RADIO			Program Service Expenses
All organizations must describe their exempt purpose achievemen achievements that are not measurable. (Section 501(c)(3) and (4) of the control of the contr					(Required for 501(c)(3) and
allocations to others.)	ngamzar	ons and 4947(a)(1) nonexempt	chantable trusts must also ente	tile amount of grants and	(4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 7					
					-
		(1	Grants and allocations \$)	5,123,583.
b					
		((Grants and allocations \$		
С					
			Grants and allocations \$)	
d					
		-	Grants and allocations \$)	
e Other program services (attach schedule)			Grants and allocations \$		F 100 F00
f Total of Program Service Expenses (should equa	l line 44			<u>Þ</u>	5,123,583.
723011		2			

Part IV Balance Sheets

	re required, attached schedules and amounts w end-of-year amounts only.	thin the description	column should be	(A) Beginning of year	(B) End of year
45	Cash - non-interest-bearing			33,108. 45	62,402
46	Savings and temporary cash investments			260,931. 46	304,860
47 a	Accounts receivable	47a	169,621.		<u> </u>
b	Less: allowance for doubtful accounts	47b		80,986. 470	169,621
40 -	Pledges receivable	48a	140,669.		
48 a			220/0000	180,835. 480	140,669
49	Grants receivable			33,493.49	18,029
50	Receivables from officers, directors, trustees,			7,00	
	schedule)		1	50	
51 a		51a			
t	b Less: allowance for doubtful accounts			51c	
52	Inventories for sale or use			52	
53	Prepaid expenses and deferred charges			33,825. 53	63,507
54	Investments - securities (attach schedule)	STMT 8	STMT 9	1,519,951. 54	1,436,145
55 a	a Investments - land, buildings, and				-
Ì	equipment: basis	55a			
l	b Less: accumulated depreciation (attach				
	schedule)	55b		55c	
56	Investments - other			56	
57 :			9,685,617.	4 001 547	5 050 466
1	b Less: accumulated depreciation		4,626,151.	4,891,547. _{57c}	5,059,466
58	Other assets (describe	SEE ST	ATEMENT 10	113,082. 58	106,629
59	Total assets (add lines 45 through 58) (mus	t equal line 74)		7,147,758. 59	7,361,328
60	Accounts payable and accrued expenses			682,826.60	7,361,328 854,591
61	Grants payable		F	61	
- 1	Deferred revenue			42,780. 62	71,594
62 63 64	Loans from officers, directors, trustees, and			63	
64	a Tax-exempt bond liabilities			64a	
	b Mortgages and other notes payable			541,623. 64b	
65	Other liabilities (describe		ATEMENT 11)	6,037. 65	74,897
66	Total liabilities (add lines 60 through 65)			1,273,266. 66	1,540,701
	anizations that follow SFAS 117, check here		olete lines 67 through		
	69 and lines 73 and 74				
67	Unrestricted			3,811,365. 67	5,454,562
68	Temporarily restricted			1,697,062. 68	0
69	Permanently restricted			366,065. ₆₉	366,065
Org	ganizations that do not follow SFAS 117, check	here ▶ 🔲 an	d complete lines		
	70 through 74				
67 68 69 0rg 70 71 72 73	Capital stock, trust principal, or current fund	s		70	
71	Paid-in or capital surplus, or land, building,	ınd equipment fund		71	
72	Retained earnings, endowment, accumulated	i income, or other fo	ınds	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 2	1)	5,874,492. 73	5,820,627
74	Total liabilities and net assets / fund balar	ices (add lines 66	and 73)	7,147,758. 74	7,361,328

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	Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
a Total revenue, gains, and other support per audited financial statements	Total expenses and losses per audited financial statements b. Amounts included on line a but not on line 17, Form 990: (1) Donated services and use of facilities \$ 256,757. (2) Prior year adjustments reported on line 20, Form 990 \$ (3) Losses reported on line 20, Form 990 \$ (4) Other (specify): STMT 13 \$ 902,300. Add amounts on lines (1) through (4) \$ b 1,159,057. c. Line a minus line b \$ c 9,029,646. 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) B Total revenue per line 12, Form 990 (line c plus line d) Part V List of Officers, Directors, Trustees, and Key E	Add amounts on lines (1) and (2) e Total expenses per line 17, Form 990 (line t plus line d) e 9,029,646.
(A) Name and address SEE ATTACHED STATEMENT 17	(B) Title and average hours per week devoted to position (C) Compensation (D) Contributions to employee benefit plans & deferred compensation other allowances (E) Expense account and other allowances
75 Did any officer, director, trustee, or key employee receive aggregate compensations, of which more than \$10,000 was provided by the related organizations.	

Par	t VI Other Information	,	Yes No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
7 7	Were any changes made in the organizing or governing documents but not reported to the IRS?	77	X
	If "Yes," attach a conformed copy of the changes.		
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?	79	X
	If "Yes," attach a statement;		
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 exempt OR nonexempt.		
81 a	Enter the amount of political expenditures, direct or indirect, as described in the		
	instructions for line 81 81a 0 .		
h.	Did the organization file Form 1120-POL for this year?	81b	X
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than		
VL 4	fair rental value?	82a	X
h	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 256,757.		
02 1	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
84 a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not		-
ม		84b	X
05	tax deductible? 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a	
85	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
b	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	000	
_	owed for the prior year. Dues, assessments, and similar amounts from members N/A		
C	37/2	1	
d	37 / 7	1	
9	Aggregate nonavaluation at most of social so	1	
. f	Taxable unfount of roodying and pointed exponential of the observed of the obs	85q	
g	Boos the organization elect to pay the decider cooley tax as the amount in con-	009	
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	054	
	allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations Enter: Initiation fees and capital contributions included on line 12		
	and deliver soon and deplete contribution included on any se	1	
	dross receipts, metadad our mile re, for public des et etablication	+	
87	Out (a) (12) organizations. Enter: 4 dross moving normalizations of small and an arrangement of small and arrangement of small arrangement of small and arrangement of small and arrangement of small arrangement o	1	
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		
	against amounts and or rossing mon morning.	-	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership?		X
	If "Yes," complete Part IX	88	Λ
89 a	501(c)(3) organizations Enter: Amount of tax imposed during the year under: Section 4911 ► 0 • : section 4955 ► 0 •		
	3000001 10.12 J		
p			v
	transaction during the year? If "Yes," attach a statement explaining each transaction	89b	X
3	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under		0
	sections 4912, 4955, and 4958		0.
đ	Enter: Amount of tax in 89c, above, reimbursed by the organization List the states with which a copy of this return is filed SEE STATEMENT 14		<u> </u>
90 a	List the states with which a copy of this return is filed SEE STATEMENT 14		135
b	Number of employees employed in the pay period that includes March 12, 1997	90b	133
0.4	The books are in care of ► SANDRA ROSAS Telephone no. ► 818–98	35-8	800
91	The books are in care of P DIMIDICAL RODING		
	Located at ► 3729 CAHUENGA BLVD WEST, NORTH HOLLYWOOD, CA ZIP +4 ►)16C) 4
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 P 92	N/	М

			T	· · · · · · · · · · · · · · · · · · ·	T
Enter gross amounts unless otherwise		ated business income	· · · · · · · · · · · · · · · · · · ·	ed by section 512, 513, or 514	(E)
ndicated.	(A) Business	(B)	(C) Exclu-	(D)	Related or exempt
93 Program service revenue:	code	Amount	sion	Amount	function income
(a) RADIO NEWS FEEDS					175,213.
(b) TAPE LIBRARY SALES					84,490.
(c)					
	1				
(d)			1		
(e)	1 1		-		4. 22. 2
(f) Medicare/Medicaid payments					
(g) Fees and contracts from government age					
94 Membership dues and assessments					
95 Interest on savings and temporary				16.000	
cash investments			14	16,928.	
96 Dividends and interest from securities		•	14	85,057.	
97 Net rental income or (loss) from real estate:					
(a) debt-financed property					
(b) not debt-financed property	0000	30,739.			
• •			1		
98 Net rental income or (loss) from personal pro					
99 Other investment income			-		
100 Gain or (loss) from sales of assets			14	Z22 026	
other than inventory	i +			<23,836. 165,246.	<u> </u>
101 Net income or (loss) from special events			06	100,240.	
102 Gross profit or (loss) from sales of inventory			1		
103 Other revenue:					
a MAILING LIST RENTA	L		13	41,768.	
h MISCELLANEOUS			03	13,997.	
SUBCARRIER ROYALTI	ES		15	846,000.	
d UNREALIZED LOSSES-			14	<46,473.	
				•	
8		30.739		1,098,687.	259,703
104 Subtotal (add Conditions (B), (D), and (E)	······································		[000000000]		1,389,129
105 TOTAL (add line 104, columns (B), (D), and Note: (Line 105 plus line 1d, Part I, should equal			••••••		
Part VIII Relationship of Activiti	os to the Accom	nlishment of Every	nt Pur	nosas	·
Line No. Explain how each activity for which i			a impon	tantly to the accomplishment	of the organization's
exempt purposes (other than by pro		poses).			
SEE STATEMENT 1	5				
		·	-		
Darkity Information Regarding	Taxable Subsidi	aries (Complete this Part	if the "Y	es" box on 88 is checked.)	
Part IX Information Regarding		aries (Complete this Part	if the "Y	es" box on 88 is checked.)	End-of-year
Name, address, and employer identification	Percentage of	aries (Complete this Part Nature of business activities		es" box on 88 is checked.) Total income	End-of-year
Name, address, and employer identification number of corporation or partnership ow	Percentage of nership interest				End-of-year assets
Name, address, and employer identification	Percentage of nership interest %				1
Name, address, and employer identification number of corporation or partnership ow	Percentage of nership interest %				1
Name, address, and employer identification number of corporation or partnership ow	Percentage of nership interest % % % %				1
Name, address, and employer identification number of corporation or partnership ow N/A	Percentage of nership interest % % % % %	Nature of business activities		Total income	assets
Name, address, and employer identification number of corporation or partnership ow N/A	Percentage of nership interest % % % % % that have examined this return, is	Nature of business activities	es and sta	Total income	assets
Name, address, and employer identification number of corporation or partnership ow N/A	Percentage of nership interest % % % % % that have examined this return, is	Nature of business activities	es and sta	Total income	assets
Name, address, and employer identification number of corporation or partnership ow N/A Under penalties of perjury, I declare that correct, and complete. Declaration of periods.	Percentage of nership interest % % % % % that have examined this return, is	Nature of business activities ncluding accompanying schedule ased on all information of which p	es and sta reparer ha	Total income Total income tements, and to the best of my knowledge.	assets assets
Name, address, and employer identification number of corporation or partnership ow N/A Under penalties of perjury, I declare that correct, and complete. Declaration of persists and complete and correct and correct and complete and correct an	Percentage of nership interest % % % % % that have examined this return, is	Nature of business activities notuding accompanying schedule ased on all information of which p	es and sta reparer ha	Total income Total income tements, and to the best of my knowledge.	assets
Name, address, and employer identification number of corporation or partnership ow N/A Under penalties of perjury, I declare tha correct, and complete. Declaration of programmer of perjury and complete of perjury. I declare tha correct, and complete of perjury and correct of perjury. I declare tha correct of perjury and correct of perjury. I declare that correct of perjury and correct of perjury. I declare that correct of perjury and correct of perjury. I declare that correct of perjury and p	Percentage of nership interest % % % % % that have examined this return, is	ncluding accompanying schedule ased on all information of which p	es and sta reparer ha	Total income tements, and to the best of my kn s any knowledge. PRA ROSAS, COI print name and title Check if	assets assets
Name, address, and employer identification number of corporation or partnership ow N/A Under penalties of perjury, I declare that correct, and complete. Declaration of processing the signature of officer Preparer's	Percentage of nership interest % % % % % that have examined this return, is	ncluding accompanying schedule ased on all information of which p	es and states and stat	Total income tements, and to the best of my kn s any knowledge. PRA ROSAS, COI print name and title Check if self-	assets assets owledge and belief, it is true,
Name, address, and employer identification number of corporation or partnership ow N/A Under penalties of perjury, I declare that correct, and complete. Declaration of personal perso	Percentage of nership interest % % % % % that have examined this return, is percentage of the percenta	ncluding accompanying schedule sed on all Information of which p	es and sta reparer ha SAND Type or p	Total income tements, and to the best of my kn s any knowledge. ORA ROSAS, COI print name and title Check if self- employed employed	assets assets owledge and belief, it is true,
Name, address, and employer identification number of corporation or partnership ow N/A Under penalties of perjury, I declare that correct, and complete. Declaration of perjury, I declare that correct, and complete. Declaration of perjury, I declare that correct, and complete. Declaration of perjury, I declare that correct, and complete. Declaration of perjury, I declare that correct, and complete. Declaration of perjury, I declare that correct, and complete. Declaration of perjury, I declare that correct, and complete. Declaration of perjury, I declare that correct, and complete. Declaration of perjury, I declare that correct, and complete. Declaration of perjury, I declare that correct, and complete. Declaration of perjury, I declare that correct, and complete. Declaration of perjury, I declare that correct, and complete. Declaration of perjury, I declare that correct, and complete. Declaration of perjury, I declare that correct, and complete. Declaration of perjury, I declare that correct, and complete. Declaration of perjury, I declare that correct, and complete. Declaration of perjury, I declare that correct, and complete. Declaration of perjury, I declare that correct, and correct, and correct, and correct, and correct, and correct, and correct that cor	Percentage of nership interest % % % % 1 have examined this return, interpret other than officer) is because of the control o	ncluding accompanying schedule sed on all information of which p Date	es and stateparer has SAND. Type or pate	Total income tements, and to the best of my kn s any knowledge. ORA ROSAS, COI print name and title Check if self-employed EIN	assets assets owledge and belief, it is true,
Name, address, and employer identification number of corporation or partnership ow N/A Under penalties of perjury, I declare that correct, and complete. Declaration of personal perso	Percentage of nership interest % % % % % thave examined this return, is parter (other than officer) is be KRYCLER & VENTURA BI	neluding accompanying schedule ased on all information of which produce Date JAKUBOVITS JOHN SUITE	es and stateparer has SAND. Type or pate	tements, and to the best of my kn s any knowledge. ORA ROSAS, COI print name and title Check if self-employed EIN	assets assets owledge and belief, it is true, NTROLLER Preparer's SSN
Name, address, and employer identification number of corporation or partnership ow N/A Under penalties of perjury, I declare that correct, and complete. Declaration of personal perso	Percentage of nership interest % % % % 1 have examined this return, interpret other than officer) is because of the control o	neluding accompanying schedule ased on all information of which produce Date JAKUBOVITS JOHN SUITE	es and stateparer has SAND. Type or pate	Total income tements, and to the best of my kn s any knowledge. ORA ROSAS, COI print name and title Check if self-employed EIN	assets assets owledge and belief, it is true,

SCHEDULE A (Form 990)

Organization Exempt Under 501(c)(3)

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

Nonexempt Charitable Trust

Supplementary Information

► Must be completed by the above organizations and attached to their Form 990 (or Form 990EZ).

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

PACIFICA FOUNDATION

(See instructions.) (List each one. If there are none, enter "None.")

Employer Identification number 94 1347046

(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 othe allowances
PATRICIA SCOTT	EXECUTIVE DI	R		
	40+	82,440.	1,648.	
		02,440.	1,040.	
SANDRA ROSAS	CONTROLLER			
	40+	61,798.	1,236.	
VALERIE VAN ISLER	STATION MGR			
	40+	57,491.	1,150.	-
MARK SCHUBB	STATION MGR			
	40+	54,541.	1,091.	
AMY GOODMAN	AM SHOW HOST			
	40+	52,735.	0.	
Total number of other employees paid	> 0	32//33		
Part II Compensation of the Five Highest Paid	Independent Contractors		al Services	
(See instructions.) (List each one (whether indivi		r "None.")) (b) Type of	canvica	(c) Compensation
(a) Name and address of each independent contractor pr		(в) туро от	5017100	(v) dompondation
SHARE GROUP				
58 DAY STREET, W. SOMMERVILLE, M	A, 02144	TELEMARKET	ring	190,543
GAH CONSULTANTS				
265 RIVERSIDE DRIVE 10G, NEW YOR	K, NY, 10025	 FUNDRAISI	1G	55,600
KORN/FERRY INTERNATIONAL		•		
		MANIACEMENT	n CENDCU	54,081
DEPT CH10228, PALTINE, IL, 60055		MANAGEMENT	SEARCH	34,001
Ţ				
Total number of others receiving over	1			

	Note: You may use the	worksheet in the instructi	ons for converting from t	the accrual to the cash mi	ethod of accounting.	-
egini	dar year (or fiscal year ning in)	(a) 1996	(b) 1995	(c) 1994	(d) 1993	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					5,366,632.
16	Membership fees received	5,753,320.	5,497,140.	5,290,702.	4,781,032.	21,322,194.
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	373,405.	483,133.	549,404.	602,403.	2,008,345
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					
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	1,283,844.	1,079,760.	SEE STATEME 1,079,709.	1,005,210.	4,448,523
23	Total of lines 15 through 22					33,868,482
24	Line 23 minus line 17	8,676,333.	8,367,475.	7,788,629.		31,860,137
25	Enter 1% of line 23		88,506.			637,203
26 b	Organizations described in lines 10 Attach a list (which is not open to pure governmental unit or publicly support in line 26a. Enter the sum of all these	ublic inspection) showing orted organization) whose	the name of and amount total gifts for 1993 throu	contributed by each pers gh 1996 exceeded the an	on (other than a	0
c d	Total support for section 509(a)(1) Add: Amounts from column (e) for	lines: 18	722,788.	9 6b		31,860,137 5,171,311
е	Public support (line 26c minus line	26d total)			▶ 26e	26,688,826
f	Public support percentage (line 26					83.7687
27	Organizations described on line 12					ttach a list to show the паг
b	that was more than the larger of (1 individuals.) After computing the difference of	(1995)that was received from a r) the amount on line 25 fo fference between the amo	nondisqualified person, at or the year or (2) \$5,000.	(1994)ttach a list to show the na (Include in the list organia	(1993 me of, and amount receiv zations described in lines	réd for each year, 5 through 11, as well as
b	(1996) For any amount included in line 17 that was more than the larger of (1 individuals.) After computing the differences amounts) for each year: (1996)	that was received from a r) the amount on line 25 fo fference between the amo N/A (1995)	nondisqualified person, at or the year or (2) \$5,000. unt received and the larg	(1994) ttach a list to show the na (Include in the list organizer amount decribed in (1)	me of, and amount receivations described in lines or (2), enter the sum of t	ed for each year, 5 through 11, as well as hese differences (the
b	(1996) For any amount included in line 17 that was more than the larger of (1 individuals.) After computing the differences amounts) for each year: (1996)	that was received from a r) the amount on line 25 fo fference between the amo N/A (1995)	nondisqualified person, at or the year or (2) \$5,000. unt received and the larg	(1994) ttach a list to show the na (Include in the list organizer amount decribed in (1)	me of, and amount receivations described in lines or (2), enter the sum of t	ed for each year, 5 through 11, as well as hese differences (the
b	(1996) For any amount included in line 17 that was more than the larger of (1 individuals.) After computing the differences amounts) for each year: (1996)	that was received from a r) the amount on line 25 fo fference between the amo N/A (1995)	nondisqualified person, at or the year or (2) \$5,000. unt received and the larg	(1994) ttach a list to show the na (Include in the list organizer amount decribed in (1)	me of, and amount receivations described in lines or (2), enter the sum of t	ed for each year, 5 through 11, as well as hese differences (the
b	(1996) For any amount included in line 17 that was more than the larger of (1 individuals.) After computing the differences amounts) for each year: (1996) Add: Amounts from column (e) for 17 Add: Line 27a total Public support (line 27c, total minu	that was received from a r) the amount on line 25 fo fference between the amor N/A (1995) lines: 15	nondisqualified person, at it the year or (2) \$5,000. unt received and the large and the large and line 27b total	(1994) Itach a list to show the na (Include in the list organizer amount decribed in (1) (1994) 16 21	me of, and amount receive training to the sum of the su	ed for each year, 5 through 11, as well as these differences (the
b c d	(1996) For any amount included in line 17 that was more than the larger of (1 individuals.) After computing the differences amounts) for each year: (1996) Add: Amounts from column (e) for 17 Add: Line 27a total	that was received from a r) the amount on line 25 fo fference between the amor N/A (1995) lines: 15	nondisqualified person, at it the year or (2) \$5,000. unt received and the large and the large and line 27b total	(1994) Itach a list to show the na (Include in the list organizer amount decribed in (1) (1994) 16 21	me of, and amount receive training to the sum of the su	N/A
c d e f	(1996) For any amount included in line 17 that was more than the larger of (1 individuals.) After computing the differences amounts) for each year: (1996) Add: Amounts from column (e) for 17 Add: Line 27a total Public support (line 27c, total minu	(1995) that was received from a r) the amount on line 25 fo fference between the amount on lines: (1995) lines: 15 20 Is line 27d total) test: Enter amount on line ne 27e (numerator) div	and line 27b total	(1994) ttach a list to show the na (Include in the list organizer amount decribed in (1) (1994) 16 21 271 \$ mominator))	me of, and amount receive the sum of the sum	ed for each year, 5 through 11, as well as these differences (the) N/A N/A

NONE

Pai	Private School Questionnaire (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing	Yes No
	instrument, or in a resolution of its governing body?	29
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?	30
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?	31
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	
		-
		-
		-
22	Does the organization maintain the following:	-
32		32a
a b	Records documenting that scholarships and other financial assistance are awarded on a racially	
u	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?	
	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?	
9	Educational policies?	
f	Use of facilities?	1 1 1
g	. •	1 1
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.)	
		-
		-
04 -	Does the organization receive any financial aid or assistance from a governmental agency?	34a
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	344

h Has the organization's right to such aid ever been revoked or suspended?

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,

If you answered "Yes" to either 34a or b, please explain using an attached statement.

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

35

34b

	edule A (Form 990) 1997	PACIFICA FOUN					9	4 - 1	347046	Page 5
Pa	art VI-A Lobbying E								N	/A
O1-		d ONLY by an eligible organiza nization belongs to an affiliate		1					TA.	,
		cked "a" above and "limited co								
One		nits on Lobbying Ex				(a)	4-4-1		(b) To be completed	d for ALL
	(The term	n "expenditures" means amoun	nts paid or incurred)			Affiliated grou	ıp totai	s	electing organ	zations
						N/A				:
36	Total lobbying expenditures to	influence public opinion (gras	ssroots lobbying)		36		-		ege e	
	Total lobbying expenditures to			i	37					
	Total lobbying expenditures (a				38					
	Other exempt purpose expend				39 40					
	Total exempt purpose expendi Lobbying nontaxable amount.				40					
41	If the amount on line 40 is -		nontaxable amount is -							
	Not over \$500,000									
	Over \$500,000 but not over \$1,000,									
	Over \$1,000,000 but not over \$1,50				41					
	Over \$1,500,000 but not over \$17,0			1 6						
	Over \$17,000,000									
	Grassroots nontaxable amoun				42	····				
	Subtract line 42 from line 36. Subtract line 41 from line 38.				43					
44	Subtract line 41 from line 36.	Eliter -0- il litte 41 is more tha								
	Caution: If there is an amo	unt on either line 43 or line	44, you must file Forn	n 4720.						
	(Some organizations that made		n do not have to	complete	all of the five	colum	ns		
		belo	w. See the instructions fo	enditures Durin	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Averaging Pe	rind			. / >
				I					- 1	I/A
	lendar year (or cal year beginning in)	(a) - 1997	(b) 1996	(c) 1995		I	(d) 1994		(e) Tota	
45	Lobbying nontaxable									0.
	amount									· ·
46	Lobbying ceiling amount (150% of line 45(e))									0.
47	Total lobbying									0.
	expenditures									0.
48	Grassroots nontaxable									0.
40	amount									
43	(150% of line 48(e))									0.
50	Grassroots lobbying									•
	expenditures									0.
I	Part VI-B Lobbying A	Activity by Nonelect only by organizations that did r	ing Public Charit not complete Part VI-A)	ies					1	1/A
Di	iring the year, did the organizat			on, including any	y attempt	to	Yes	No	Amou	nt
int	fluence public opinion on a legis	slative matter or referendum, t	hrough the use of:				188	NU	Amou	n
а	Volunteers									
b	•	clude compensation in expens								
0										
d	•	tors, or the public								
E	·	broadcast statementss for lobbying purposes								
C		s, their staffs, government offi								
-		ninars, conventions, speeches,								
•	I Total lobbying expenditures	(add lines c through h)								0.
	if "Vac" to any of the above	also attach a statement giving	a detailed description of	the lobbying acti	ivities.					

Page 6

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

	Did the reporting organization directly or indirectly engage in any of t	ha fallowing with any other	organization described in section			
51	501(c) of the Code (other than section 501(c)(3) organizations) or in					
			ideal organizations:		Yes	No
а	Transfers from the reporting organization to a noncharitable exempt		-	E4 = (1)		X
	(i) Cash			51a(i)		
	(ii) Other assets			a(ii)		X
b	Other transactions:	C				
	(i) Sales of assets to a noncharitable exempt organization			b(l).	20 0	X
	(ii) Purchases of assets from a noncharitable exempt organization			b(ii)		X
	(III) Rental of facilities or equipment			b(iii)		X
	(iv) Reimbursement arrangements			b(iv)		X
	• • • • • • • • • • • • • • • • • • • •			b(v)		X
	(v) Loans or loan guarantees			b(vi)		X
	(vi) Performance of services or membership or fundraising solicitati					X
	Sharing of facilities, equipment, mailing lists, other assets, or paid en			C		
d	If the answer to any of the above is "Yes," complete the following sch					
	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	
(a	(b) (c)		(d)			
Line		empt organization	Description of transfers, transactions, and sh	aring ar	rangen	nents
					·····	
				··		
			111111111111111111111111111111111111111			
		********			-	
			- inting domination 504/a) afth			
52 a	Is the organization directly or indirectly affiliated with, or related to, or			1	r v	7 1
	Code (other than section 501(c)(3)) or in section 527?		>	Yes		No
b	If "Yes," complete the following schedule. N/A	.,				
	(a)	(b)	(c)			
	Name of organization	Type of organization	Description of relationshi	р		
			-			
	-					
			· · · · · · · · · · · · · · · · · · ·			

PÒRM 990]	RENTAL	INCOM	⊡ ————————————————————————————————————			STAT	rement	
KIND AND LOCATION OF PRO	OPERTY					TIVITY UMBER	REN	GROSS FAL INC	OME
STUDIO'S/COMMERCIAL REN	TALS	**	p			1		7.9 , 5	61.
FOTAL TO FORM 990, PART	I, LINE	6A						79 , 5	61.
FORM 990		RENTAL	EXPEN	SES			STA	PEMENT	2
DESCRIPTION				IVITY MBER	AMOU	INT	,	TOTAL	
SALARIES REAL ESTATE TAXES DEPRECIATION MAINTENANCE			j.		. 1	6,865. 2,736. 1,508. 4,713.			
OTHER						3,000.		40.0	
	- SUB	TOTAL -		1				48,8	22.
TOTAL TO FORM 990, PART				1			-	48,8	
TOTAL TO FORM 990, PART		6B			ECURITI	ES	STA		
TOTAL TO FORM 990, PART FORM 990 GAIN (L	I, LINE	6B	CLY T		OR	EXPENSE OF SALE]	48,8	22. 3
TOTAL TO FORM 990, PART FORM 990 GAIN (Le DESCRIPTION NET LOSSES ON SALE	I, LINE	M PUBLI GROS SALES P	CLY T	RADED S COST OTHER	OR	EXPENSE OF SALE]	48,8 TEMENT NET GAI	3 N S)
TOTAL TO FORM 990, PART FORM 990 GAIN (Le DESCRIPTION NET LOSSES ON SALE	I, LINE	GROS SALES P	CLY T S RICE	RADED S COST OTHER 506	OR BASIS	EXPENSE OF SALE]	48,8 TEMENT NET GAI OR (LOS	3 N S)
TOTAL TO FORM 990, PART FORM 990 GAIN (L' DESCRIPTION NET LOSSES ON SALE OF SECURITIES TO FORM 990, PART I, LI	I, LINE OSS) FRO	GROS SALES P	CLY T S RICE 280.	COSTOTHER	OR BASIS	EXPENSE OF SALE		48,8 TEMENT NET GAI OR (LOS	22. 3 N S)
TOTAL TO FORM 990, PART FORM 990 GAIN (Le DESCRIPTION NET LOSSES ON SALE OF SECURITIES TO FORM 990, PART I, LI FORM 990	I, LINE OSS) FRO	GROS SALES P 482, 482,	CLY T S RICE 280.	COSTOTHER 506 ACTIVE	OR BASIS	EXPENSE OF SALE	STA	48,8 TEMENT NET GAI OR (LOS <23,8	3 N S) 36.
TOTAL TO FORM 990, PART FORM 990 GAIN (Le DESCRIPTION NET LOSSES ON SALE OF SECURITIES	I, LINE OSS) FRO NE 8 SPECIA GROSS	GROS SALES P 482, 482, AL EVENT	CLY T S RICE 280. 280.	COSTOTHER 506 ACTIVE T. GR D REV	OR BASIS	EXPENSE OF SALE C C DIREC EXPENS	STA	48,8 TEMENT NET GAI OR (LOS <23,8 <23,8 TEMENT NET	3 N S) 36.

FORM 990 OTHER C	HANGES IN NET AS	SSETS OR FUND	BALANCES	STATEMENT 5
DESCRIPTION				AMOUNT
ROUNDING DIFFERENCE			-	3.
		<i>P</i>		
TOTAL TO FORM 990, PART	! I, LINE 20	*	=	3.
FORM 990	OTHER	EXPENSES		STATEMENT 6
	(A)	(B)	(C)	(D)
	(A)	PROGRAM	MANAGEMENT	(2)
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISING
CONSULTANTS	316,155.	89,331.	123,449.	103,375.
ADVERTISING &		•		· ·
PROMOTION	10,918.	10,918.		
ASSOCIATIONS &	•	•		
PERIODICALS	18,860.	15,681.	2,043.	1,136
BANK CHARGES	201,341.	2,404.	17,874.	181,063
INSURANCE	113,430.	88,816.	15,313.	9,301
OTHER ADMINISTRATIVE	104,278.	28,131.	56,470.	19,677
REPAIRS &			•	. •
MAINTENANCE-GEN	148,542.	110,510.	24,492.	13,540
REPAIRS &	, .	•	•	•
MAINTENANCE-TECH	103,817.	103,817.		•
PROPERTY TAXES	40,096.	24,264.	12,535.	3,297
UTILITIES	202,788.	170,349.	21,211.	11,228
	136,449.	136,449.	21/211.	11/220
NEWS SERVICE	47,795.	47,795.		
OTHER PROGRAMMING	47,793.	41,133.		
PRE-RECORDED	415	415.		
MATERIAL	415.	412.		
SATELLITE ,	100 420	100 420		
INTERCONNECT	108,438.	108,438.		
SPECIAL PROJECTS	23,347.	23,347.		
TAPES & SUPPLIES	68,656.	68,656.	20 000	
LEASE BUYOUT	30,000.		30,000.	
LIST RENTAL EXPENSES	5,162.		5,162.	0.000
COMPUTER SUPPLIES	8,029.			8,029
DIRECT MAIL	219,741.			219,741
TELEMARKETING	212,161.			212,161
OTHER DEVELOPMENT	18,646.			18,646
MAILING SERVICES	35,650.			35,650
SALARIES RELATED TO	A A A A =		.0.0.00=	_
RENTALS	<26,865.>		<26,865.	>
REAL ESTATE TAX			.	
RELATED TO RENTALS	<2,736.>		<2,736.	>
DEPRECIATION RELATED				
TO RENTALS	<11,508.>		<11,508.	_

AINTENANCE	RELATED
ro rentals	
THER RELATE	ED TO
RENTALS	

<4,713.>

<4,713.>

<3,000.>

<3,000.>

FOTAL TO FM 990, LN 43

2,125,892.

1,029,321.

259,727.

836,844.

7

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

DESCRIPTION OF PROGRAM SERVICE ONE

DWNS AND OPERATES FIVE FM NON-COMMERCIAL RADIO STATIONS, A NEWS SERVICE, PROVIDES COPIES OF RADIO PROGS. TO OTHER NON-COMM. RADIO STATIONS, SCHLS, COLLEGES, UNIVERSITIES & INDIVIDUALS. NUMBER OF SUBSCRIBERS - APPROX 60,000

					GRANT	rs -	I	EXPENSES	
TO FORM 990, PART III, LINE A							5,123,583.		
FORM 990		NON-GOVERN	NMENT SECUR	ITIES			ST	ATEMENT	8
DESCRIPTION	VALUE METHOD	CORPORATE STOCKS	CORPORATE BONDS	PUB TR	HER LICLY ADED RITIES	OTHER SECURIT		TOTAL NON-GO' SECURIT	V'T
CORPORATE BONDS		276,607.	230,109.	,				230,1	
TO FM 990, LN 5	4 COL B	276,607.	230,109.					506,7	16.
FORM 990		GOVE	RNMENT SECU	RITIE	IS		ST	ATEMENT	9
DESCRIPTION	V	ALUATION METHOD	U.S. GOVERNME	NT		E AND GOV'T		OTAL GOV SECURITI	
FEDERAL BONDS	— MA	ARKET VALUE	929,	429.			· <u> </u>	929,4	29.
TOTAL TO FORM 9	990, LINE	54, COL B	929,	429.			•	929,4	29.

ORM 990 OTHER ASSETS	STATEMENT 10
DESCRIPTION	AMOUNT
PREPAID EXPENSE-COMMUNITY EVENTS DEPOSITS	83,747. 22,882.
COTAL TO FORM 990, PART IV, LINE 58, COLUMN B	106,629.
FORM 990 OTHER LIABILITIES	STATEMENT 11
DESCRIPTION	AMOUNT
CONTRACTS PAYABLE-OTHER DEPOSITS	47,090. 27,807.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	74,897.
FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 12
DESCRIPTION	TRUOMA
COST OF PREMIUMS NETTED AGAINST LISTENER SUPPORT RENTAL EXPENSES COMMUNITY EVENT EXPENSES	670,267. 48,822. 183,211.
TOTAL TO FORM 990, PART IV-A	902,300.
FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 13
DESCRIPTION	AMOUNT
COST OF PREMIUMS NETTED AGAINST LISTENER SUPPORT RENTAL EXPENSES COMMUNITY EVENT EXPENSES	670,267. 48,822. 183,211.
TOTAL TO FORM 990, PART IV-B	902,300.

PACI	FICA FOUNDATIO	ON —			94-134704
FORM 9	90	LIST OF STATES RECE		ETURN SI	CATEMENT 1
STATES	3			-	
CALIFO	- DRNIA, VIRGINIA	A, NEW YORK, NEW JERS	SEÝ, OREGON, FLO	ORIDA, CONNEC	CTICUT
FORM 9	990 PART	VIII - RELATIONSHI ACCOMPLISHMENT OF EX		TO ST	FATEMENT 1
DINE 93A 93B 95	FEES PAID BY SHOWS AND SP SALES OF COP INTEREST INC	OF RELATIONSHIP OF AGENCY NON-COMM STATIONS FOR ECIALS IES OF RADIO PROGS TO OME EARNED ON SAVING RNED ON ENDOWMENT AND THE PROCEST OF THE	OR 1/2HR DAILY ION OTHER NON-COMING FROM LINE 1D 2	M STATIONS:CO	•
100 101 103A 103C 103D	GAINS & LOSS OUTREACH TO RENTAL OF DO SECTION 5126	ES FROM SALE OF SECU- COMMUNITY PROVIDES PONORS LIST TO 501(C)(2 IRS RULING DATED 7 AINS/LOSSES ON PROG	RITIES HELD BY 1 UBLICITY FOR EX 3) ORGANIZATION /27/84 - COPY A	ENDOWMENT & (EMPT ACTIVIT S TTACHED	
SCHED	ULE A	OTHER	INCOME	St	FATEMENT 1
DESCR:	IPTION	1996 AMOUNT	1995 AMOUNT	1994 AMOUNT	1993 AMOUNT
		1,283,8	44. 1,079,760.	1,079,709.	1,005,210

1,283,844. 1,079,760. 1,079,709. 1,005,210.

TOTAL TO SCHEDULE A, LINE 22

PACIFICA FOUNDATION RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FORM 990 FEDERAL ID#94-1347046

FISCAL YEAR 10/1/97-9/30/98

SCHEDULE #16			•	
LIST OF OFFICERS, DIRECTORS &	TRUSTEES			
		HRS/WEEK	COMP	CONTRIBUTIONS TO
NAME & ADDRESS	TITLE	DEVOTED POSITION	(IF ANY)	HEALTH PLAN EXP. OTHER
NAME & ADDRESS	111111	FOSITION		OTHER
Mary Frances Berry				
624 Ninth St., NW #700	CHAIR OF			
WASHINGTON D.C. 20425	THE BOARD	N/A	NONE	NONE
				•
David Acosta				
102 S. Lockwood Houston, TX 77011	Vice-Chair	N/A	NONE	NONE
Houston, IX //OII	VICE-CHAIL	N/A	NONE	1401412
Roberta Brooks				
938 Shattuck Ave.,				
Berkeley, CA 94707	SECRETARY	N/A	NONE	NONE
June Makela				
267 EAST 7TH STREET	TDEACHDED	N/A	NONE	NONE -
NEW YORK, NY 10009	TREASURER	N/A	NONE	NONE
William Lucy				
1625 L. Street, NW	•			
Washington, DC 20036	DIRECTOR	N/A	NONE	NONE
Frank Millspaugh				
32 King St.	הדההכייסה	NT / 7	NONE	NONE
New York NY 10014	DIRECTOR	N/A	NONE	NONE
Loretta Ross				
P.O. Box 311020				
ATLANTA, GEORGIA 37731	DIRECTOR	N/A	NONE	NONE
Ken Ford				
11303 Sherrington Ct. Largo, MD 20772	DIRECTOR	N/A	NONE	NONE
Hargo, MD 20772	DIRECTOR	14/14	NONE	NONE
Rob Robinson				
522-14th Street, S.E.				
Washington, DC 20003	DIRECTOR	A\N	NONE	NONE
Andrea Cisco				
275 Clinton Avenue	DIRECTOR	N/A	NONE	NONE
Brooklyn, NY 11205	DIRECTOR	N/A	HOME	1101112
Michael Palmer				
2001 Holcombe Blvd., #305				
Houston, TX 77030	DIRECTOR	N/A	NONE	NONE

PACIFICA FOUNDATION RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FORM 990 FEDERAL ID#94-1347046 FISCAL YEAR 10/1/97-9/30/98

BOARD OF I	DIRECTORS
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NAME & ADDRESS	TITLE	HRS/WEEK DEVOTED POSITION	COMP (IF ANY)	CONTRIBUTIONS TO HEALTH PLAN EXP. OTHER
Cheryl Fabio-Bradford 1078-48th Street Emeryville, CA 94608	Director	n/A	NONE	NONE
Peter Bramson 446-59th Street Oakland, CA 94609	Director	N/A	NONE	NONE
Dorothy Nasatir 7538 Rovery Ave., Canoga Park, CA 91307	Director	N/A	NONE	NONE
Ralph McKinght 1534 Braefurn Rd. Altadena, CA 91001	Director	N/A	NONE	NONE

NON-VOTING MEMBERS

Executive Director Patricia Scott 1929 Martin Luther King Jr. Way Vice-Chair Berkeley, CA 94704

Valerie Van Isler 120 Wall Street-10th floor New York, NY 10005

General Manager WBAI-FM

Vice-Chair

Garland Ganter 409 Lovett Blvd., Houston, TX 77006

General Manager KPFT-FM Vice Chair