Extended to August 15, 2019

ggn

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

OCT 1, 2017 and ending SEP 30, A For the 2017 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change The Pacifica Foundation Name change 94-1347046 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 3729 Cahuenga Blvd. West 818-985-2711 termin-ated 12,015,992. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ X Amended return Los Angeles, CA 91604 H(a) Is this a group return Applica-F Name and address of principal officer: Lydia Brazon for subordinates? pending same as C above H(b) Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3)) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ▶ www.pacifica.org **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1946 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: Listener-supported, Activities & Governance non-commercial, education and community public radio organization. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 22 Number of voting members of the governing body (Part VI, line 1a) <u>19</u> Number of independent voting members of the governing body (Part VI, line 1b) 178 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 1000 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 9,939,354. 698,851. 9,954,338. Contributions and grants (Part VIII, line 1h) Revenue 662,805. Program service revenue (Part VIII, line 2g) 99,434. 841,827. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 142,586. 90,766. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11,549,736. 10,880,225. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 6,130,024. 6,099,902. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 4,836,841 5,457,653. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 10,966,865. 11,557,555. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -86,6**4**0. -7,819. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 3,910,318. 3,657,465. Total assets (Part X, line 16) 8,530,415. 8,269,743. 21 Total liabilities (Part X, line 26) 4,612,278. 4,620,097. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block 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. Bydia Bury 8/11/20 Signature of officer Sign Lydia Brazon, Interim Executive Director Here Type or print name and title PTIN Preparer's signature Print/Type preparer's name if self-employed Jie Chen, CPA 07/24/20 P01049760 Paid Firm's name Rogers & Company PLUC 58-2676261 Preparer Firm's EIN ▶ Firm's address 8300 Boone Boulevard, Suite 600 Use Only Vienna, VA 22182 Phone no. (703) 893-0300 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Par	Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission:	
	The Pacifica Foundation is a non-commercial, listener-supported,	
	education and community public radio organization operating in various	
	markets throughout the country.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X	
3		No
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 5,333,802. Including grants of \$) (Revenue \$ 662,805] The Pacifica Foundation owns and operates five non-commercial radio	<u>•</u>)
	stations, and provides copies of radio programs to other non-commercia	-
	radio stations, schools, colleges, universities, and other individuals	
	The Foundation provides archived materials from historical events,	<u>•</u>
	previous Pacifica Foundation radio programs, and events to other	
	commercial and non-commercial media companies, schools, colleges,	—
	universities, and individuals.	
	director and marviadars.	—
		—
4b	(Code:) (Expenses \$	
		— ′
		_
4c	(Code:) (Expenses \$)
		—
1 ~	Other program convices (Describe in Schedule C.)	—
4d	Other program services (Describe in Schedule O.) (Expenses \$ (Revenue \$) (Revenue \$)	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 5 , 333 , 802 .	
	Form 990 (2)	017)

Form 990 (2017) The Pacifica Foundation Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ü	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
•••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			77
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441.		Х
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	.5		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

Form 990 (2017) The Pacifica Foundation Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			l
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		77	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2017) The Pacifica Foundation Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this part v					Ш
		1	0.11		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	81			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re				v	
0-	(gambling) winnings to prize winners?	 	 I	1c	Х	
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0-	178			
	filed for the calendar year ending with or within the year covered by this return	2a			x	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returnations. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions			2b		
20				За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		- 25
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		rity over a	30		
- 10	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		Х
b	If "Yes," enter the name of the foreign country:	accou		ти		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?	_		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions c	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	$Did the organization \ receive \ a payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ sense \ for \ goods \ goo$	vices p	provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as rec	quired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•				
^				8		
9	Sponsoring organizations maintaining donor advised funds.			00		
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b		
b 10	Section 501(c)(7) organizations. Enter:			90		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	∍O		14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X					
Sec	tion A. Governing Body and Management									
				Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent	1b	19							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other								
	officer, director, trustee, or key employee?		2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the									
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 9				Х					
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	5		Х					
6	6 Did the organization have members or stockholders?									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap									
	more members of the governing body?		7a	X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s									
	persons other than the governing body?		7b	X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea									
а	The governing body?		8a	Х						
b	Each committee with authority to act on behalf of the governing body?			Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea-									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re									
		,		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?		10a	Х						
	If "Yes," did the organization have written policies and procedures governing the activities of such ch									
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	Х						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,								
12a	51.1.1. 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye									
	in Schedule O how this was done		12c	Х						
13	Did the organization have a written whistleblower policy?			Х						
14	Did the organization have a written document retention and destruction policy?			Х						
15	Did the process for determining compensation of the following persons include a review and approva									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official		15a	Х						
b	Other officers or key employees of the organization		15b	77						
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a								
	taxable entity during the year?		16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate									
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ									
	exempt status with respect to such arrangements?		16b							
Sec	tion C. Disclosure		100							
17	List the states with which a copy of this Form 990 is required to be filed ▶AK , AL , AR , CA , C	T,FL,GA,HI,	IL,KS	S , KY	, MA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T									
.5	for public inspection. Indicate how you made these available. Check all that apply.	(200	, avana	2,0						
		in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	,	/ and fina	ncial						
19	statements available to the public during the tax year.	milet of interest policy	,, апа ппа	ioidi						
20	State the name, address, and telephone number of the person who possesses the organization's boo	nks and records.								
20	Tamra Swiderski - 803-978-1582	ons and records.								
	939 South Stadium Road, Columbia, SC 29201									

Form 990 (2017) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Name and Title	(A)	(B)	Ĭ		((C)			(D)	(E)	(F)
Note Process Process	Name and Title	Average	(do	not c	Pos	ition	l than	one	Reportable	Reportable	Estimated
Compensation Comp		•	box	, unle	ss pe	rson i	is bot	h an	•	•	
Alex Randall		1	_	1			T	1			
Alex Randall		, ,	direct				-D				•
Alex Randall			tee or	ıstee			ensate			,	
Alex Randall		1 ~	ıl trus	nal tru		loyee	omp:				
Alex Randall			ividua	titutio	icer	/emp	hest o	mer			organizations
Director	/1\	,	트	ln S	#	æ.	흜틃	휸			
Care		2.00	v						0	<u> ۱</u>	n
Director		2.00	122						0.	0.	
(3) Adriana Casenave 2.00 X		2.00	x						0.	0.	0.
Director		2.00							-		
Akio Tanaka 2.00 X X X 0. 0. 0.			x						0.	0.	0.
Solution Solution	(4) Akio Tanaka	2.00							-		
Director	Secretary		Х		х				0.	0.	0.
Columb C	(5) Alex Steinberg	2.00									
Director	Director		X						0.	0.	0.
Columbia Columbia	(6) Andrea Turner	2.00									
Director	Director		Х						0.	0.	0.
Secretary pro-tem	(7) Benito A.Diaz	2.00									
Secretary pro-tem			X						0.	0.	0.
O		2.00	ļ								
Director			X		X				0.	0.	0.
Columbia Columbia		2.00	١								0
Director		1 2 00	X						0.	0.	0.
Director	, - · , - · · - · · - · · · · · · ·	2.00	ļ ,,								0
Director		2 00	X						0.	0.	0.
(12) Jan Goodman 2.00 Vice Chair X X 0. 0. 0. (13) Jim Brown 2.00 X 0. 0. 0. Director X X X 48,555. 0. 1,514. (15) Kathryn Davis 2.00 X 0. 0. 0. Director X 0. 0. 0. 0. (16) Kenneth W. Laufer 2.00 X 0. 0. 0. Director X 0. 0. 0. 0. (17) Mansoor Sabbagh 2.00 X 7,824. 0. 0.	,,	2.00	₩.							_	^
Vice Chair X X X 0. 0. 0. (13) Jim Brown 2.00 X 0. 0. 0. 0. Director X X X 48,555. 0. 1,514. (15) Kathryn Davis 2.00 X 0. 0. 0. Director X 0. 0. 0. 0. (16) Kenneth W. Laufer 2.00 X 0. 0. 0. Director X 0. 0. 0. 0. (17) Mansoor Sabbagh 2.00 X 7,824. 0. 0.		2 00	^						0.	0.	<u> </u>
Director X	,,	2.00	\x		x				0.	0	0
Director X 0. 0. 0. (14) Jonathan Alexander 2.00 X 48,555. 0. 1,514. Chair X X 48,555. 0. 1,514. (15) Kathryn Davis 2.00 0. 0. 0. Director X 0. 0. 0. (16) Kenneth W. Laufer 2.00 X 0. 0. 0. Director X 0. 0. 0. 0. (17) Mansoor Sabbagh 2.00 X 7,824. 0. 0.		2.00	122						0.	0.	
Chair X X X 48,555. 0. 1,514. (15) Kathryn Davis 2.00 X 0. 0. 0. Director X 0. 0. 0. 0. (16) Kenneth W. Laufer 2.00 X 0. 0. 0. Director X 0. 0. 0. 0. (17) Mansoor Sabbagh 2.00 X 7,824. 0. 0.	, - · , · · · · · -	2.00	x						0.	0.	0.
Chair X X X 48,555. 0. 1,514. (15) Kathryn Davis 2.00 0.		2.00									
Columbia Columbia	,,		x		$ _{\mathbf{x}} $				48,555.	0.	1,514.
Director X 0. 0. 0. (16) Kenneth W. Laufer 2.00 X 0. 0. 0. Director X 0. 0. 0. 0. (17) Mansoor Sabbagh 2.00 X 7,824. 0. 0.	(15) Kathryn Davis	2.00							, , , , ,		, -
(16) Kenneth W. Laufer 2.00 Director X (17) Mansoor Sabbagh 2.00 Director X 7,824. 0.			X						0.	0.	0.
(17) Mansoor Sabbagh 2.00 Director X 7,824. 0. 0.	(16) Kenneth W. Laufer	2.00									
Director X 7,824. 0. 0.	Director		X						0.	0.	0.
	(17) Mansoor Sabbagh	2.00									
	Director		X						7,824.	0.	

(A) (B)				(0)			Compensated Employed (D)	(E)		(F)	
Name and title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable compensation	E	Stimate	ed
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation		а	ımount	
	week		cer ar	lu a u	recio	or/trus	lee)	from	from related		other	
	(list any hours for	recto						the	organizations		mpensa	
	related	or d	99			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	1	from th	
	organizations	rustee	trust		ee ee	ubeu		(44-2/1099-141130)		1	ganizat nd relat	
	below	dual tr	tional	١. ا	yoldı	st cor					ganizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	P me			- `	J	
(18) Maskeelah-Myrtle Washington	2.00	┢	<u> </u>	Ť	_							
Director		Х						0.	0			0.
(19) Nancy Sorden	2.00											
Chair		Х		Х				0.	0	•		0.
(20) Rhonda R. Garner	2.00	l							_			_
Director		Х						0.	0	•		0.
(21) Robert L. Mark	2.00	۱							•			•
Director		Х						0.	0	•		0.
(22) Sabrina Jacobs	2.00	١						1 1 1 1 0	0			•
Vice Chair	2 00	Х		Х				1,148.	0	•		0.
(23) Themba Tshibanda	2.00	١,,							0			^
Director	1 2 00	Х						0.	0	•		0.
(24) Janet Kobren	2.00	X		x				0.	0			0.
Secretary pro-bono (25) Carole Travis	2.00	^		^				0.	<u> </u>	•		0.
Director	2.00	X						0.	0			0.
(26) Chris Cory	2.00											•
Director		x						0.	0			0.
1b Sub-total	I				<u> </u>		—	57,527.	0		1,5	14.
c Total from continuation sheets to Part							•	93,231.	0			29.
d Total (add lines 1b and 1c)								150,758.	0		5,0	43.
2 Total number of individuals (including bu								eceived more than \$100	,000 of reportable			
compensation from the organization	•											0
											Yes	No
3 Did the organization list any former office				•	•	•		•				
line 1a? If "Yes," complete Schedule J fo	or such individual									3		X
4 For any individual listed on line 1a, is the	-		-					•	the organization			l
and related organizations greater than \$										4		X
5 Did any person listed on line 1a receive	•				•			•				37
rendered to the organization? If "Yes," c	omplete Schedul	e J f	or s	uch ,	pers	son .				5		X
Section B. Independent Contractors		-l					4	No at the control of	\$4.00.000 of a common			
1 Complete this table for your five highest the organization. Report compensation f										sation	irom	
(A)	ior trie caleridar y	eai	enui	ng v	VILII	OI W	141111	(B)	/ear.		(C)	
ام) Name and busine	ess address	NO	INC	3				Description of s	ervices	Comp	ensatio	n
								<u> </u>				
							- 1					
O Total number of independent and		o+ 1.	ma is .	al ±-	4 I	oc "	-	A chough who were the	are their			
Total number of independent contractor \$100,000 of compensation from the org.	` •	not li	mite	d to	tho	se li	stec	d above) who received m	nore than			

Form 990 The Paci	fica For	ıno	dat	:10	on				94-134	7046
Part VII Section A. Officers, Directors, Tr	ustees, Key Eı	mplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)	Ė			C)			(D)	(F)	
Name and title	Average				, ition	ı		Reportable	(E) Reportable	Estimated
	hours	(cl	(check all that apply)					compensation	compensation	amount of
	per	Ť				Ė	<u> </u>	from	from related	other
	week	١.) yee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	or di	ee			sated		(W-2/1099-MISC)		organization
	organizations	Individual trustee or director	Institutional trustee		ee/	Highest compensated employee				and related organizations
	below	dualt	utiona	_	Key employee	stco	 			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			
(27) DeWayne Lark	2.00									
Director		Х						0.	0.	0.
(28) Efia Nwangaza	2.00									_
Director		Х						0.	0.	0.
(29) Joseph Davis	2.00									
Director		Х						0.	0.	0.
(30) Tom Voorhees	2.00									
Director		Х						0.	0.	0.
(31) Tony Leon	2.00	,,							0	0
Director (20) William	2.00	Х						0.	0.	0.
(32) William Heerwagen Director	2.00	X						0.	0.	0.
(33) Sam Agarwal	40.00	^						0.	0.	0.
Chief Financial Officer	40.00	-		х				93,231.	0.	3,529.
(34) Bill Crosier	40.00			<u> </u>				93,231.	0.	3,329.
Interim ED	40.00	-		х				0.	0.	0.
(35) Tom Livingston	40.00			 					•	•
Interim ED	10.00	1		х				0.	0.	0.
(36) Larry Dankner	40.00									
Interim CFO		1		x				0.	0.	0.
		1								
		-								
	+									
		1								
	1	\vdash	\vdash	_	<u> </u>	\vdash	_			
		1								
	+	\vdash	\vdash	_	<u> </u>	\vdash	\vdash			
		ł								
	1									
Total to Part VII, Section A, line 1c								93,231.		3,529.
Total to Fall VII, Cochol A, III C TO								,		= , = = > \

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function husiness revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b 118,000. c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 9,836,338. 199,451. g Noncash contributions included in lines 1a-1f: \$ 9,954,338. h Total. Add lines 1a-1f ... Business Code 2 a Sub-channel income Program Service Revenue 515100 276,919 276,919 b Affiliate income 515100 222,902 222,902 c Donor incentive sales 900099 162,984. 162,984. f All other program service revenue g Total. Add lines 2a-2f. 662,805. Investment income (including dividends, interest, and 114,370 114,370. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other 1,100,000. assets other than inventory b Less: cost or other basis 372,543. and sales expenses 727,457. c Gain or (loss) 727,457 727,457. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue 118,000. of including \$ contributions reported on line 1c). See 100,028 Part IV, line 18 a Other **b** Less: direct expenses 93,713. c Net income or (loss) from fundraising events 6,315 6,315. 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances _____a **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a Other income 900099 84,451 84,451. b d All other revenue e Total. Add lines 11a-11d 84,451 11,549,736. Total revenue. See instructions. 662,805. 932,593.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A)
Total expenses Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 160,063. 104,908. 38,690. 16,465. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,404,427. 2,895,125. 1,061,388. 447,914. Other salaries and wages 7 Pension plan accruals and contributions (include 1,008,916. 334,731. 643,205. 30,980. section 401(k) and 403(b) employer contributions) 10,976. 103,940. 63,026. 29,938. 9 Other employee benefits 422,556. 279,491. 98,958. 44,107. 10 Payroll taxes Fees for services (non-employees): 11 a Management 462,381. 462,381. Legal 145,517. 145,517. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 839,757. 103,041. 637,882. 98,834. column (A) amount, list line 11g expenses on Sch O.) 26,213. 4,517. 21,676. 20. Advertising and promotion 12 1,159,769. 202,060. 844,279. 113,430. 13 Office expenses 205,952. 102,306. 96,580. 7,066. Information technology 14 Royalties 15 206,945. 632,423. 425,478. 16 Occupancy 23,779. 28,659. 4,019. 861. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 68,734. 55,131. 104. 13,499. Conferences, conventions, and meetings 19 164,147. 164,147. Interest 20 Payments to affiliates 21 32,531. 161,781. 129,146. 104. Depreciation, depletion, and amortization 22 232,110. 232,110. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Tower rent/ utilities 669,559. 669,559. Programming costs 293,772. 215,572. 52,476. 25,724. 3,586. 41,913. 213,420. 167,921. Direct mail 146,399. 6,334. 140,065. d Permits, fines and fili 1,043. 7,060. 5,583. 434. e All other expenses $9\overline{91,745}$ 11,557,555. 5,333,802. 5,232,008. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here X if following SOP 98-2 (ASC 958-720) 213,420. 3,586. 41,913. 167,921. Form 990 (2017)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X	·····		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			787,893.	1	1,181,460.
	2	Savings and temporary cash investments			595,828.	2	924,789.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			269,325.	4	24,171.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use			15,771.	8	23,910.
	9				31,806.	9	7,891.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	10,180,121.			
	b	Less: accumulated depreciation	10b	8,473,644.	1,914,722.	10c	1,706,477.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	l1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		42,120.	15	41,620.	
	16	Total assets. Add lines 1 through 15 (must equ			3,657,465.	16	3,910,318.
	17	Accounts payable and accrued expenses			5,851,574.	17	5,119,118.
	18	Grants payable		18			
	19	Deferred revenue				19	25,000.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former					
≣		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	2 265 222
_	23	Secured mortgages and notes payable to unrela				23	3,265,000.
	24	Unsecured notes and loans payable to unrelate				24	121,297.
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)). Complete Part X of	2 410 160		
		Schedule D	2,418,169.	25	0.520.415		
	26	Total liabilities. Add lines 17 through 25			8,269,743.	26	8,530,415.
		Organizations that follow SFAS 117 (ASC 958		ck here ▶ 🔼 and			
Ses		complete lines 27 through 29, and lines 33 an			E 701 122		E 726 1E2
<u>a</u> u	27	Unrestricted net assets	-5,794,133. 65,800.	27	-5,736,152.		
Ba	28	Temporarily restricted net assets	1,116,055.	28	1 116 055		
n I	29	Permanently restricted net assets	1,110,033.	29	1,116,055.		
ŗ		Organizations that do not follow SFAS 117 (A	SC 958	B), check here ▶ □ □			
S		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			-4,612,278.	32	1 620 007
_	33	Total net assets or fund balances				33	-4,620,097.
	34	Total liabilities and net assets/fund balances			3,657,465.	34	3,910,318.

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				Ш				
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	11,54 11,55	7,5	55.				
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,61	7,8					
4									
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-4,62	0,0	97.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,							
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			37					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch								
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			77				
	Act and OMB Circular A-133?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b						

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization The Pacifica Foundation 94-1347046 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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 exempt 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). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	11,778,667.	11,527,239.	9,335,258.	9,939,354.	9,981,690.	52,562,208.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	11,778,667.	11,527,239.	9,335,258.	9,939,354.	9,981,690.	52,562,208.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						52,562,208.
	etion B. Total Support	() 22/2	"	() 004=	(0 00 (0		<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	11,778,667.	11,527,239.	9,335,258.	9,939,354.	9,981,690.	52,562,208.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	10,593.	10,353.	46,235.	99,434.	114,370.	280,985.
_	and income from similar sources	10,393.	10,333.	40,233.	33,434.	114,370.	200,903.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	106 603	120,659.	301 760.	132 389.	84 451	745,862.
11	assets (Explain in Part VI.)	100,003	120,033.	301,7001	132,303.	01,131.	53,589,055.
12	Gross receipts from related activities,	etc (see instruction	one)			12 2	,864,417.
13	First five years. If the Form 990 is for			d fourth or fifth to			, , , , , , , , , ,
.0	organization, check this box and stor						
Sec	ction C. Computation of Publ						
	Public support percentage for 2017 (column (f))		14	98.08 %
15	Public support percentage from 2016					15	99.78 %
16a	33 1/3% support test - 2017. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	· 			▶ X
b	33 1/3% support test - 2016. If the o						nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	n in Part VI how the	•
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶ 🔲

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
3							
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
r	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1				
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,
					-		
Se	ction C. Computation of Publ	ic Support Pe	rcentage				Í
	Public support percentage for 2017 (column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inve					•	
	Investment income percentage for 20			ne 13. column (f))		17	%
18	Investment income percentage from					18	%
	33 1/3% support tests - 2017. If the						
.56	more than 33 1/3%, check this box a						▶
ŀ	33 1/3% support tests - 2016. If the						 and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
20	i invale roundation. Il the organization	an alla not bliech a	DOA OH III IC 14, 19	a, or roo, ori c ck li	ווט טטא מווע שכל וווג	JUNIOUS	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
46		
4c		
5a		
5b		
5c		
6		
_		
7		
8		
9a		
Oh		
9b		
9с		
10a		
10b		
m 990 or 99	90-E <i>7</i> 1	2017

Pa	rt IV Supporting Organizations (continued)			.gc C
	Carrier of Grant (COUNTINUED)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		169	140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
		11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	110		
360	tion b. Type i supporting organizations		Vac	Na
_	Did the divertors to store as reach such in of one or reached assessment in a least the reached		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions))-		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
_	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

ıaı	Type in item i anotheriany integrated ese	(a)(s) Supporting Orga	anizations (continued)	
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe	<u> </u>		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

The Pacifica Foundation

Employer identification number 94-1347046

Pa	rt I Organizations Maintaining Donor Adviso	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic st	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, han	ndling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	khibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	I gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990 Part Y		

Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Otl	ner Similar	Assets	(continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant use	of its co	llection	items
	(check all that apply):							
а	Public exhibition	d	Loan or excl	hange programs				
b	Scholarly research	е	Other_					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's ex	cempt purpose	in Part X	Ш.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other simi	lar assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes	☐ No
Pai	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Yes" o	on Form 990, P	art IV, lin	e 9, or	
	reported an amount on Form 990, Par				-4 (1, -11			
та	Is the organization an agent, trustee, custodi					,	V	
	on Form 990, Part X?					Ш	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					
						A	mount	
	Beginning balance							
	Additions during the year							
_	Distributions during the year							
f	Ending balance					—,		
	Did the organization include an amount on Fo				•	L	Yes	No
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in					<u></u>	<u> </u>	
Fai	T V Endowment Funds. Complete in					a baali d	.	baalı
	5	(a) Current year	(b) Prior year	(c) Two years back	+ ' '		•	rears back
_	Beginning of year balance	538,562.	490,820.	476,843	. 502	,639.		482,153.
b	Contributions	19.460	47.742	12 007	25	706		20 496
	Net investment earnings, gains, and losses	18,469.	47,742.	13,997	-25	,796.		20,486.
	Grants or scholarships				1			
е	Other expenditures for facilities							
	and programs				-			
	Administrative expenses							
g	End of year balance	557,031.	538,562.	,	. 476	,843.		502,639.
2	Provide the estimated percentage of the curr			a)) held as:				
	Board designated or quasi-endowment	.00	_%					
	Permanent endowment ► 100.00	%						
С	Temporarily restricted endowment	.00%						
	The percentages on lines 2a, 2b, and 2c sho	•						
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organizati	on	_	
	by:					,		res No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization						3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answered							
	Description of property	(a) Cost or ot			Accumulated	(c	d) Book	value
		basis (investm	,	, ,	epreciation		422	400
	Land			2,428.	002 061			,428.
	Buildings				,803,961			,180.
	Leasehold improvements			9,465.	609,465		700	0.
d	Equipment				,848,654			,722.
	Other			4,711.	211,564			,147.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)							<u>,</u> / U 6	,477.

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line	ne 12.
	ie 12.
(a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: (Cost or end-of-year market value
	Cost of end-or-year market value
(1) Financial derivatives	
(3) Other	
(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	
Part VIII Investments - Program Related.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, lin	e 13.
	Cost or end-of-year market value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	
Part IX Other Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, lin	
(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9) Table (Column (b) must a must Farm 2000 Part V. and (D) line 15.)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part	rt Y line 25
1. (a) Description of liability (b) Book value	τι Α, iii ε 20.
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

11,557,555.

e Add lines 2a through 2d

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	11,643,449.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	93,713.		
е	Add lines 2a through 2d			2e	93,713.
3					11,549,736.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	11,549,736.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	11,651,268.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
	Other (Describe in Part XIII.)	2d	93,713.		
e	Add lines 2a through 2d			2e	93,713.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.)

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4:

Endowment funds are permanently restricted investments in perpetuity, the income from which is expendable for programming and operations.

Part X, Line 2:

Management believes that the Foundation has adequately evaluated its current tax positions and has concluded that as of September 30, 2018 and 2017, the Foundation does not have any uncertain tax positions for which a reserve or an accrual for a tax liability would be necessary. The Foundation may periodically received unrelated business income requiring the organization to file separate tax returns under federal and state

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

The Pacifica Foundation

Employer identification number 94-1347046

Part I Fundraising Activities required to complete this par	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	sed funds through any of the following solicitates of Solicitates or oral agreement with any individual cart VII) or entity in connection with providuals or entities (fundraisers) pursuant	ion of ion of fundra (includerofess	non-g gover lising o ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contrib	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			>			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit (contrib	utions	s or has been notified	d it is exempt from re	egistration
						_

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events Community None (add col. (a) through Event col. (c)) (event type) (total number) (event type) Revenue 1 Gross receipts 218,028. 218,028. 118,000. 118,000. 2 Less: Contributions 100,028. 100,028. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 93,713. 93,713. 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 6,315 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2017 The Pacifica Foundation 94-3	1347	046	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		.,	
40	to administer charitable gaming?		Yes	└── No
	Indicate the percentage of gaming activity conducted in:	ا مدا		
	a The organization's facility			<u>%</u>
	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
11 12 13 a b 14 15a b c	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address ▶			
16				
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Director/efficer Employee macpendant contractor			
17	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Ш `	Yes	└── No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year ▶ \$			
Pa		lines 9,	9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule (G (Form 990 or 990-EZ)	The Pacifica	Foundation	94-1347046 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)		•
	•			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

The Pacifica Foundation

Employer identification number 94 - 1347046

Pai	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determin noncash contribution a	_	s
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles	X	119	199,451.	FMV		
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other (
28	Other (
29	Number of Forms 8283 received by the organi	ization durin	g the tax year for c	contributions			
	for which the organization completed Form 82	183, Part IV, I	Donee Acknowled	gement 29		0	
				<u> </u>		Yes	No
30a	During the year, did the organization receive b	y contribution	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it		
	must hold for at least three years from the dat						
	exempt purposes for the entire holding period	?		·	30a		Х
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	utions? 31		Х
	Does the organization hire or use third parties						
	contributions?		•	• • •			Х
	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	cked,		
	describe in Part II.						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2017

Schedule M	(Form 990) 2017 Th	e Pacifica	Foundation		94-1347046	Page 2
Part II	Supplemental Info	Drmation. Provide lumn (b), the number	the information requir	ed by Part I, lines 30b, 32b, and number of items received, or a co	33, and whether the organiza	ation

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

The Pacifica Foundation

Employer identification number 94-1347046

Form 990, Part III, Line 1, The Pacifica Foundation Mission Statement: To establish a Foundation organized and operated exclusively for educational purposes no part of the net earnings of which inures to the benefit of any member of the Foundation.

To establish and operate for educational purposes, in such manner that the facilities involved shall be as nearly self-sustaining as possible, one or more radio broadcasting stations licensed by the Federal Communications Commission ("Commission") and subject in their operation to the regulatory actions of the Commission under the Federal Communications Act of 1934, as amended.

In radio broadcasting operations to encourage and provide outlets for the creative skills and energies of the community; to conduct classes and workshops in the writing and producing of drama; to establish awards and scholarships for creative writing; to offer performance facilities to amateur instrumentalists, choral groups, orchestral groups and music students; and to promote and aid other creative activities which will serve the cultural welfare of the community.

In radio broadcasting operations to engage in any activity that shall contribute to a lasting understanding between nations and between the individuals of all nations, races, creeds and colors; to gather and disseminate information on the causes of conflict between any and all of such groups; and through any and all means compatible with the purposes of this Foundation to promote the study of political and

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

The Pacifica Foundation

Employer identification number 94-1347046

economic problems and of the causes of religious philosophical and

economic problems and of the causes of religious, philosophical and racial antagonisms.

In radio broadcasting operations to promote the full distribution of public information; to obtain access to sources of news not commonly brought together in the same medium; and to employ such varied sources in the public presentation of accurate, objective, comprehensive news on all matters vitally affecting the community.

Form 990, Part VI, Section A, line 6:

There are two classes of members: (A) "Listener-Sponsor Members" and (B)

"Staff Members

For purposes of voting and exercising their rights, Members shall be affiliated with one of the Foundation's five radio stations: KPFA in Berkeley, California, KPFK in North Hollywood, California, WBAI in New York, New York, KPFT in Houston, Texas, or WPFW in Washington, D.C.

Form 990, Part VI, Section A, line 7a:

Members of the Foundation elect 24 delegates to represent them for their individual station in a combination mail/online election. Then those delegates meet in person to elect four directors from each of the five stations, from among themselves, who serve on the National Board (the governing body). Those directors then elect two additional representatives from Pacifica affiliate stations who then also serve as directors on the National Board.

Name of the organization

The Pacifica Foundation

Employer identification number 94-1347046

All Members shall have all rights granted to them by law or by the Bylaws, including without limit the right to vote, on the terms and in the manner set forth in these Bylaws, on the election and removal of Delegates; on the sale, exchange, transfer or disposition of all or substantially all of the Foundation's assets; on the sale, exchange, transfer or disposition of any of the Foundation's broadcast licenses; on any merger, its principal terms and any amendment of its principal terms; on any election to dissolve the Foundation; on any amendment to the Bylaws for which Member approval is required or permitted as set forth in Section 1(B) of Article 17 of the Bylaws; and on any amendment to the Articles of Incorporation.

Form 990, Part VI, Section B, line 11b:

Form 990 is prepared by an outside tax professional. The form is then reviewed by the Organization's management, a member of the Board of Directors, and the Executive Director. This group of individuals then discusses the contents of the return with the outside tax professional.

After a full review (with modifications where necessary), the final version of the tax return is provided to all members of the Organization's voting body. A representative of management authorizes the final Form 990 which is then electronically filed with the Internal Revenue Service.

Form 990, Part VI, Section B, Line 12c:

Members of the Board of Directors review all potential conflicts of interest at least annually. All personnel and board members are required to disclose (in writing) potential conflicts and any related party affiliations. Loans between the Organization and members of management and the Board are strictly prohibited. The Organizations seeks full

transparency on all relationships. Any potential conflicts (in fact or

Name of the organization

The Pacifica Foundation

Employer identification number 94-1347046

appearance) are discussed openly and resolved in accordance with the Organization's policies and procedures.

Form 990, Part VI, Section B, Line 15:

The compensation of the Executive Director, Chief Financial Officer, and key management employees are set and approved by the Board of Directors.

Members of the Board of Directors review the compensation of all high-level personnel periodically in accordance with IRS rules and regulations.

Efforts are made to secure compensation data from industry sources in order to determine competitiveness and appropriateness of salaries. Every effort is made to ensure that the process is thorough and transparent in accordance with IRS guidelines and the Organization's policies and procedures.

Compensation of other personnel and key employees are reviewed periodically by members of management. Efforts are made to secure compensation data from industry sources in order to determine competitiveness and appropriateness of salaries and all related benefits. All decisions are then documented in personnel files.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

AK,AL,AR,CA,CT,FL,GA,HI,IL,KS,KY,MA,MD,ME,MI,MN,MO,MS,NC,NH,NJ,NM,NY,OH,OK

OR,PA,RI,SC,TN,UT,WA,WI,WV

Form 990, Part VI, Section C, Line 19:

The governing documents, conflict of interest policy, and financial statements are available at www.pacifica.org or upon request.

The Pacifica Foundation	94-1347046
Form 990, Part VI, Section B, lines 10a and 10b:	
Local chapters, branches, or affiliates:	
The Foundation's Form 990 includes the operations of the	following
divisions: Radio Station KPFA-Berkeley, California, Radio	Station
KPFT-Los Angeles, California, Radio Station KPFT-Houston,	Texas, Radio
Station WBAI-New York, New York, Radio Station WPFW-Washi	ngton, DC,
Pacifica Foundation, National Office Pacifica Foundation,	Pacifica
Radio Archives, The Organization's national office has cr	eated policies
and procedures which are followed by all divisions.	
Form 990, Part XII, Line 2c:	
The Organization's Board of Directors is responsible for	oversight of
the audit, including selection of the independent account	ant. The
process has not changed from previous years.	
Form 990, Explanation of Amended Return	
The original tax return was filed prior to the completion	of the annual
audit. This amended tax return has been prepared to refle	ct final
audited (and corrected) financial data.	