Extended to August 16, 2021

Form 990 (Rev. January 2020) Department of the Treasury

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.

Open to Public

OMB No. 1545-0047

 Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2019 calendar year, or tax year beginning OCT 1, 2019 and ending SEP 30, B Check if applicable C Name of organization D Employer identification number Address The Pacifica Foundation Name 94-1347046 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 3729 Cahuenga Blvd. West 818-985-2711 termin 11,932,057. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended Los Angeles, CA 91604 H(a) Is this a group return Applica-F Name and address of principal officer:Lydia Brazon for subordinates? Yes X No same as C above H(b) Are all subordinates included? Yes No I 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 Trust 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, Governance non-commercial, education and community public radio organization. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 22 3 Number of voting members of the governing body (Part VI, line 1a) 22 4 Number of independent voting members of the governing body (Part VI, line 1b) 167 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 1000 6 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 39 ... **Prior Year Current Year** 10,892,914. 8 Contributions and grants (Part VIII, line 1h) 10,746,721. Revenue 551,244. 539,668. 9 Program service revenue (Part VIII, line 2g) 36,298. 26,290. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -111,567. 613,628. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11,926,307. 11,368,889. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 6,692,393. 6,475,947. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 5,247,066. 4,760,269. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 11,236,216. 11,939,459. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -570,570. 690,091. 19 Revenue less expenses. Subtract line 18 from line 12 . **Beginning of Current Year** End of Year 3,735,742. 3,689,886. 20 Total assets (Part X, line 16) 5,705,191. 4,916,323. 21 Total liabilities (Part X, line 26) -1,226,437.-1,969,449. 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. Byan Bury 8/5/21 Signature of officer Date Sign Lydia Brazon, Interim Executive Director Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature 08/05/21 Paid Jie Chen, CPA P01049760 Rogers & Company PLLC Firm's EIN > 58-2676261 Preparer Firm's name Firm's address 8300 Boone Boulevard, Use Only Suite 600 Vienna, VA 22182 Phone no. (703) 893-0300 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Diesche the supervision smission: The Pacifica Foundation is a non-commercial, listener-supported, education and community public radio organization operating in various markets throughout the country.	Par	Statement of Program Service Accomplishments	_
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 980 or 990-627		Check if Schedule O contains a response or note to any line in this Part III	ᆜ
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 isted on the prior Form 950 or 950-CE?	1	Briefly describe the organization's mission:	
Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 990-E27		The Pacifica Foundation is a non-commercial, listener-supported,	
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E2? If 'Yes,' describe these new services on Schedule 0. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If 'Yes,' describe these new year described in the prior form 990 or 990 E2? Vers X No III 'Yes,' describe these new year described in the prior of the program service second prior the anomal of grants and allocations to others, the total expenses, and revenue, If any, for each program service second to report the amount of grants and allocations to others, the total expenses, and revenue, If any, for each program service second or the mount of grants and allocations to others, the total expenses, and revenue, If any, for each program service second or over any of the program services and provides copies of radio programs to other non-commercial radio stations, and provides archived materials from historical events, previous Pacifica Foundation radio programs, and events to other commercial and non-commercial media companies, schools, colleges, universities, and individuals. 4b (Code) (Superces 1			
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1 Most, describe these news envices on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2		
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?			40
## Ves.* describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(s) and 501(c)(d) 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. 4 (Code:	_		
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(o)(3) and 501(o)(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. 4	3	J J J J J J J J J J J J J J J J J J J	40
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 programs service reported 40 (Code			
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radio stations, schools, colleges, universities, and other individuals. The Foundation provides archived materials from historical events, previous Pacifica Foundation radio programs, and events to other commercial and non-commercial media companies, schools, colleges, universities, and individuals. 4b (Code:)(Expenses \$		stations and provides copies of radio programs to other non-commercial	1
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	40)19)

			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	Х	
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			
	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		Х
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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	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			
	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		X
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		X
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			3,7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	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		х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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	טדו		
13	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			
	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Form 990 (2019) The Pacifica Foundation Part IV Checklist of Required Schedules (continued)

			Yes	No
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		X
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		X
24 a	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	١.,		X
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
А	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		 -
·	"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		X
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	24		Х
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JJA		
b	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?	002		
	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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
D	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	L L
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		162	No
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	

The Pacifica Foundation Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2019) Part V

					Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	167						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	autho	rity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account	accou	nt)?	4a		X			
b	If "Yes," enter the name of the foreign country ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Articles (1997).	ccour	nts (FBAR).						
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.		· · · · · · · · · · · · · · · · · · ·	5b		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne org	anization solicit						
	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		-						
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).					Х			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?									
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?								
	If "Yes," indicate the number of Forms 8282 filed during the year		•			77			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		ľ	7e 7f		X			
f	3 , 3 , , , , , , , , , , , , , , , , ,								
g									
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
^	sponsoring organization have excess business holdings at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds.			00					
a	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					
10	Section 501(c)(7) organizations. Enter:			an					
	Initiation fees and capital contributions included on Part VIII, line 12	10a	ı						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
	Section 501(c)(12) organizations. Enter:	100							
		11a	l						
	Gross income from other sources (Do not net amounts due or paid to other sources against	114							
~	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					
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12b							
	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	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								
organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand	13c							
				14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O		14b					
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?			15		X			
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		X			
	If "Yes," complete Form 4720, Schedule O.								

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 on 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			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 22			
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 direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			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 chapters, affiliates,			
	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 before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	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	Х	
	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 arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►AK, AL, AR, CA, CT, FL, GA, HI, II	,KS	, KY	, MA
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			_
	Tamra Swiderski - 803-978-1582			
	939 South Stadium Road, Columbia, SC 29201			

Form 990 (2019) 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 (D), (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.

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

See instructions for the order in which to list the persons above.

(A)	(B)	Ĭ		((C)			(D)	(E)	(F)
Name and title	Average hours per	box	not c , unle	ss pe	more rson i	than is bot	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	nstitutional trustee	Officer Officer		Highest compensated highest compensated employee		from the organization (W-2/1099-MISC)	the organizations organization (W-2/1099-MISC)	
(1) Alex Steinberg	2.00	트	트	0	호	工员	굔			
Chair		Х		х				0.	0.	0.
(2) Dewayne Lark	2.00									
Vice Chair		Х		Х				0.	0.	0.
(3) Grace Aaron	2.00									
Secretary		Х		Х				0.	0.	0.
(4) James Sagurton	2.00									
Treasurer		Х		Х				0.	0.	0.
(5) Robin Collier	2.00									
Board Member		Х						0.	0.	0.
(6) Chris Cory	2.00									
Board Member		Х						0.	0.	0.
(7) Vanessa Dixon-Briggs	2.00									_
Board Member		Х						0.	0.	0.
(8) Lynden Foley	2.00									
Board Member		Х						0.	0.	0.
(9) Jan Goodman	2.00									
Board Member		Х						0.	0.	0.
(10) Heather Gray	2.00									
Board Member		Х						0.	0.	0.
(11) Sabrina Jacobs	14.00								_	_
Board Member		Х						2,505.	0.	0.
(12) Wally James	2.00									
Board Member		Х						0.	0.	0.
(13) Ron Pinchback	2.00	l								
Board Member		Х						0.	0.	0.
(14) Ralph Poynter	2.00	١							0	•
Board Member	0.00	Х						0.	0.	0.
(15) Sandra rawline	2.00	,,							0	0
Board Member	2 00	Х	_			_	<u> </u>	0.	0.	0.
(16) Lawrence Reyes	2.00	X						0.	0.	0
Board Member	2.00	^				_		0.	0.	0.
(17) Shawn Rhodes	4.00	X						0.	0.	0
Board Member		Λ						0.	0.	0.

(A) Section A. Officers, Directors, Trustees, Key E				- 				 			(=\		
(A)	Average			(C Posi	-	1		(D)	(E)			(F)	٨
Name and title	hours per		not c	heck ss pe	more	than		Reportable compensation	Reportable compensatio	n		stimate nount c	
	week			d a d				from	from related			other	
	(list any	ector						the	organizations			pensat	
	hours for related	or dir	æ			ated		organization	(W-2/1099-MIS	SC)		om the	
	organizations	ustee	truste		e e	suadı		(W-2/1099-MISC)			·	anizatio d relate	
	below	lual tr	tional		ploye	st con yee	L					a reiate anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				0.9	ar nearro	
(18) Eileen Rosin	2.00	_					_						
Board Member		Х						0.		0.			0.
(19) Nancy Sorden	2.00									,			
Board Member	0.00	Х						0.		0.			0.
(20) Andrea Turner	2.00	,,								•			^
Board Member	2 00	Х						0.		0.			0.
(21) Polina Vasiliev	2.00	Ι.,								0			^
Board Member	2.00	Х						0.		0.			0.
(22) Tom Voorhees Board Member	2.00	x						0.		0.			0.
(23) Tamra Swiderski	20.00	^						0.		0.			<u> </u>
Interim CFO	20.00			x				17,500.		0.			0.
(24) Maxi Jackson	40.00												
Executive Director				Х				74,336.		0.		5,86	54.
(25) John Vernille	40.00												
Executive Director				Х				35,000.		0.		9,58	<u> </u>
							Ļ	120 241		0.	1	<u> </u>	- 2
1b Subtotal								129,341.		0.		5,45	0.
c Total from continuation sheets to Part VI								129,341.		0.	1	5,45	
d Total (add lines 1b and 1c)) 000 of reportabl	-		J , 1	, , , ,
compensation from the organization	ot innited to ti	1030	liste	o ai	JO V C	<i>5)</i> WI	10 1	cocived more than proc	,,000 or reportable	C			0
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, l	кеу е	empl	loye	e, o	r hig	hest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J i	for such individual			4		X
5 Did any person listed on line 1a receive or a													37
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch _I	pers	son .					5		X
Section B. Independent Contractors 1 Complete this table for your five highest co	mpopostod in	done	ando	nt o	onti	roote	oro i	that received more than	\$100,000 of com	nono	otion	rom	
 Complete this table for your five highest co the organization. Report compensation for 										iperis	alion	TOITI	
(A)	the dateridar y	cui	oriai	ng v	VICII	01 11		(B)	your.		((2)	
Name and business	address	N	INC	3				Description of s	ervices	С		nsatior	1
							\dashv						
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received m	nore than				
\$100,000 of compensation from the organi						0					_	990 (2	046

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 8,657. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 10,738,064. 1f 147,166. g Noncash contributions included in lines 1a-1f 1g |\$ 10,746,721 h Total. Add lines 1a-1f **Business Code** 2 a Affiliate income 515100 213,050. Program Service Revenue 213,050. 515100 200,900 200,900 **b** Sub-channel income Community Events 900099 84,874 84,874 Donor incentive sales 900099 40,844. 40,844 f All other program service revenue g Total. Add lines 2a-2f. 539,668. Investment income (including dividends, interest, and 26,290 26,290. 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 ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 8,657. of contributions reported on line 1c). See Part IV, line 18 5,750 **b** Less: direct expenses _____ 5,750. c Net income or (loss) from fundraising events 0 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a Gain on accrued pension liability 900099 477,918 477,918. **b** Other income 900099 135,710 135,710. С d All other revenue 613,628, e Total. Add lines 11a-11d 11,926,307. Total revenue. See instructions 539,668. 639,918. 12

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											
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)							
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses							
1	Grants and other assistance to domestic organizations		САРСПЭСЭ	general expenses	схренаса							
•	and domestic governments. See Part IV, line 21											
2	Grants and other assistance to domestic											
2	individuals. See Part IV, line 22											
3	Grants and other assistance to foreign											
3												
	organizations, foreign governments, and foreign											
	individuals. See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors,	25 702	10 270	E 200	2 212							
	trustees, and key employees	25,792.	18,279.	5,200.	2,313.							
6	Compensation not included above to disqualified											
	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)	4 506 455	2 2 2 2 2 2 2 2	272 262	100 101							
7	Other salaries and wages	4,786,475.	3,378,222.	970,062.	438,191.							
8	Pension plan accruals and contributions (include											
	section 401(k) and 403(b) employer contributions)	57,489.	42,029.	9,921.	5,539. 93,441.							
9	Other employee benefits	1,183,021.	850,518.	239,062.	93,441.							
10	Payroll taxes	423,170.	295,638.	89,080.	38,452.							
11	Fees for services (nonemployees):											
а	Management											
	Legal	371,634.		370,946.	688.							
	Accounting	392,255.		392,255.								
	Lobbying	•										
	Professional fundraising services. See Part IV, line 17											
f	Investment management fees											
a a												
y	column (A) amount, list line 11g expenses on Sch 0.)	694,886.	39,227.	491,860.	163,799.							
40	· F	7,871.	239.	2,233.	5,399.							
12	Advertising and promotion	972,366.	81,035.	783,134.	108,197.							
13	Office expenses	158,903.	59,920.	91,581.	7,402.							
14	Information technology	130,903.	39,920•	91,301.	7,402.							
15	Royalties	485,259.	20,197.	465,062.								
16	Occupancy	•										
17	Travel	31,410.	3,190.	28,220.								
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials	101 014	00.660	121 102	25 150							
19	Conferences, conventions, and meetings	191,014.	22,669.	131,193.	37,152.							
20	Interest	250,196.		250,196.								
21	Payments to affiliates	45	405 455	46 45								
22	Depreciation, depletion, and amortization	154,415.	135,658.	18,653.	104.							
23	Insurance	185,349.		185,349.								
24	Other expenses. Itemize expenses not covered											
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)											
	amount, list line 24e expenses on Schedule 0.)											
а	ma /	520,547.	472,330.	48,217.								
b	Programming costs	181,959.	133,603.	47,596.	760.							
С	Direct mail	146,244.	4,762.	2,266.	139,216.							
d	Dues and subscriptions	8,526.	547.		7,979.							
-	All other expenses	7,435.	3,685.	3,750.	• -							
25	Total functional expenses. Add lines 1 through 24e	11,236,216.	5,561,748.	4,625,836.	1,048,632.							
26	Joint costs. Complete this line only if the organization	, , , , , ,	, , , , ,	, , , , , , , ,	, .,							
_5	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)	146,244.	4,762.	2,266.	139,216.							
	0 01-20-20		-,	=,=000	Form 990 (2019)							

Pa	rt X	Balance Sheet								
		Check if Schedule O contains a response or no	te to an	y line in this Part X						
					(A) Beginning of year		(B) End of year			
	1	Cash - non-interest-bearing			299,676.	1	670,401.			
	2	Savings and temporary cash investments			1,458,888.	2	1,237,980.			
	3	Pledges and grants receivable, net			297,251.	3	218,023.			
	4		Accounts receivable, net							
	5	Loans and other receivables from any current of								
		trustee, key employee, creator or founder, subs	contributor, or 35%							
		controlled entity or family member of any of the	se pers	ons		5				
	6	Loans and other receivables from other disqua	lified pe	rsons (as defined						
		under section 4958(f)(1)), and persons describe	ed in sec	ction 4958(c)(3)(B)		6				
ţ	7	Notes and loans receivable, net				7				
Assets	8	Inventories for sale or use			21,371.	8	44,639.			
⋖	9	Prepaid expenses and deferred charges			17,164.	9	12,421.			
	10a	Land, buildings, and equipment: cost or other								
		basis. Complete Part VI of Schedule D		10,270,797.						
	b	Less: accumulated depreciation	10b	8,816,457.	1,579,904.	10c	1,454,340.			
	11	Investments - publicly traded securities				11				
	12	Investments - other securities. See Part IV, line		12						
	13	Investments - program-related. See Part IV, line			13					
	14	Intangible assets			14					
	15	Other assets. See Part IV, line 11	61,488.	15	52,082.					
	16	Total assets. Add lines 1 through 15 (must equ	ual line 3	33)	3,735,742.	16	3,689,886.			
	17	Accounts payable and accrued expenses			2,422,006.	17	1,642,989.			
	18	Grants payable			18					
	19	Deferred revenue		19						
	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 any current or for								
Liabilities		trustee, key employee, creator or founder, subs								
<u> </u>		controlled entity or family member of any of the			2 165 000	22	2 165 000			
_	23	Secured mortgages and notes payable to unre			3,165,000.	23	3,165,000.			
	24	Unsecured notes and loans payable to unrelate			118,185.	24	108,334.			
	25	Other liabilities (including federal income tax, pa								
		parties, and other liabilities not included on line	s 17-24)). Complete Part X						
		of Schedule D			5,705,191.	25	4,916,323.			
	26	Total liabilities. Add lines 17 through 25			5,705,191.	26	4,910,323.			
S		Organizations that follow FASB ASC 958, ch	eck ner	e 🕨 🛕						
ğ		and complete lines 27, 28, 32, and 33.			-2,868,397.	07	-2,049,014.			
3ala	27				898,948.	27 28	822,577.			
βE	28	Net assets with donor restrictions			0,00,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	28	022,511.			
Ξ̈		Organizations that do not follow FASB ASC	958, CN	eck nere						
ō		and complete lines 29 through 33.				00				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29				
\SS.	30	Paid-in or capital surplus, or land, building, or e				30				
et/	31	Retained earnings, endowment, accumulated in			-1,969,449.	31	-1,226,437.			
Z	32	Total liabilities and not assets (fund balances			3,735,742.	32	3,689,886.			
	33	Total liabilities and net assets/fund balances			J, 1JJ, 144.	33	3,003,000.			

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses	1	11,92 11,23 69 -1,96	6,3 6,2 0,0	16. 91. 49.		
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10							
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
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	O.		Yes	No		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:						
С	X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit.					
	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 on Sch						
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Act and OMB Circular A-133?	ngle Audit	3a		х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2019)

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 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9,335,258.	9,939,354.	9,954,338.	11,424,189.	10,746,721.	51,399,860.
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						
4	Total. Add lines 1 through 3	9,335,258.	9,939,354.	9,954,338.	11,424,189.	10,746,721.	51,399,860.
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.						51,399,860.
	ction B. Total Support	1					
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	9,335,258.	9,939,354.	9,954,338.	11,424,189.	10,746,721.	51,399,860.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	46 005	00 404	444 000	00 500	0.5.000	245 225
	and income from similar sources	46,235.	99,434.	114,370.	28,768.	26,290.	315,097.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		120 200	04 451		125 510	
	assets (Explain in Part VI.)		132,389.	84,451.	2,395,500.	135,710.	2,748,050.
11	Total support. Add lines 7 through 10						54,463,007.
12	Gross receipts from related activities,						,077,096.
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3)	
500	organization, check this box and storection C. Computation of Publ						P
				l (f)		44	94.38 %
	Public support percentage for 2019 (15	94.38 %
15	Public support percentage from 2018 33 1/3% support test - 2019. If the o					L .	
10a	stop here. The organization qualifies	U		,		,	x and ► X
h	33 1/3% support test - 2018. If the o						······································
	and stop here. The organization qual						
170							
11 a	10% -facts-and-circumstances tes and if the organization meets the "fac	ū					•
	meets the "facts-and-circumstances"			-	-	_	
h	10% -facts-and-circumstances tes						
N	more, and if the organization meets the	_					
	organization meets the "facts-and-cire		•				·
12	Private foundation. If the organization						
<u></u>	i intato iouniuutioni ii tile organizatio	and not one on a	DON OF THE TO, TO	u, 100, 17a, 01 17k	, or look tries box a	and see manucillin	·

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	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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							
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
٠	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
/ 6	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons 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.)						
	·	() 0045	(1) 0040	() 0047	(1) 0040	() 0040	(0 T
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest,						
10	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,
	check this box and stop here						<u></u> ▶∟
	ction C. Computation of Publ						
15	Public support percentage for 2019 (line 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18						18	%
19	a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	▶□
ŀ	33 1/3% support tests - 2018. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

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 (as 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		
	3a		
	3b		
	0.0		
	3с		
	30		
	4-		
	4a		
	4-		
	4b		
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	9a		
	9b		
	9с		
	10a		
	134		
	106		
	10b 90 or 99	00 EZ	2010
ııı 9	an or as	7U-EZ)	ZU 19

Par	t IV	Supporting Organizations (continued)			
		(Grantese)		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in (a) above?	11b		
С	A 35%	6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
		rly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	•	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
		be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sec		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 trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization'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			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	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).			
а		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 inst	ructions	s).	
2	Activit	ties Test. Answer (a) and (b) below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported 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 t	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasor	ns for the organization's position that its supported organization(s) would have engaged in these			
	activit	ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? Provide details in Part VI.	3a		
b		e 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.	3b		

Pai	[↑] 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	Nov. 20, 1970 (explain in	Part VI). See instructions. A	
	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	1b		
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	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Pai	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	S		
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 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	m	rus.	(m)
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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 Advise	ed Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	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	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	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 organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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 str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ıre
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic 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, hand	dling of violations, and enforcing conserva-	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) about	ve 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 conservat	ion easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and I	palance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	nerance of public 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 tree	easures, or other similar assets for financia	I gain, provide
	the following amounts required to be reported under FASB A	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	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or	Other	r Similar	Asse	ts (continu	ued)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	collection items (check all that apply):								
а	a Public exhibition d Loan or exchange program								
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further t	he organization	ı's exem	pt purpose	in Part	XIII.	
5	During the year, did the organization solicit or	receive donations o	f art, historical trea	sures, or other	similar a	assets			
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's co	ollection?			\square	Yes	No_
Pai	rt IV Escrow and Custodial Arrang	gements. Complet	te if the organizatio	n answered "Y	es" on F	orm 990, F	Part IV, I	ine 9, or	
	reported an amount on Form 990, Part	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	s or other asse	ets not ir	ncluded			_
	on Form 990, Part X?						🗀	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a								
								Amount	
С	Beginning balance					1c			
	Additions during the year								
	Distributions during the year								
	Ending balance					1f			
	Did the organization include an amount on Fo					y?	🗀	Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on P	art XIII				
Pai	rt V Endowment Funds. Complete if	the organization and	swered "Yes" on Fo	orm 990, Part IV	/, line 10).			
		(a) Current year	(b) Prior year	(c) Two years	back (d	d) Three yea	rs back	(e) Four y	ears back
1a	Beginning of year balance	536,848.	557,031.	538,	562.	490	,820.		476,843.
b	Contributions								
	Net investment earnings, gains, and losses	37,408.	5,910.	18,	469.	47	7,742.		13,997.
	Grants or scholarships								
	Other expenditures for facilities								
	and programs	27,379.	26,093.						
f	Administrative expenses								
		546,877.	536,848.	557,	031.	538	,562.		490,840.
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a	a)) held as:			'		
а	Board designated or quasi-endowment	•	%						
b	Permanent endowment 100.00	%	_						
	Term endowment > 9								
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.							
За	Are there endowment funds not in the posses	· ·	tion that are held a	nd administere	ed for the	e organizat	ion		
	by:	-				-			Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizat							3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.						
Pai	rt VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, I	Part X, li	ne 10.			
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) Acc	cumulated		(d) Book	value
	,	basis (investm		(other)	depr	eciation		. ,	
1a	Land		43	2,428.				432	,428.
	Buildings			6,141.	1,9	20,428	3.		,713.
	Leasehold improvements		60	9,465.	6	09,465	5.		0.
	Equipment			8,052.		69,082		578	,970.
	Other			4,711.		17,482			,229.
	Add lines 12 through 10 (Column (d) must ed			_			\neg	1 454	

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 The Pacific	a Foundation	94	4-134/046 Page
Part VII Investments - Other Securities.	Town 000 Boot IV live	Adla Oca Farra 000 Bart V line 40	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market value
(1) Financial derivatives	(a) I sent takes	(2,1	-a or your marries raise
(2) Closely held equity interests			
(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. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-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, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.))	•
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

4c

Sche	edule D ((Form 990) 2019	The P	acifica	Found	lation			<u>94-</u>	<u> 1347</u>	046	Page 4
Pai	rt XI	Reconciliation of	Revenu	ıe per Audi	ted Finan	ncial Stateme	nts With	Revenue per R	etur	ก.		
		Complete if the organiz	zation ansv	wered "Yes" or	n Form 990,	Part IV, line 12a.						
1	Total re	evenue, gains, and othe	er support	per audited fin	ancial state	ments			1	11,	984,	978.
2	Amour	nts included on line 1 bu	ut not on F	orm 990, Part	VIII, line 12:							
а	Net un	realized gains (losses) o	on investm	nents			2a	52,921.				
		ed services and use of f										
		eries of prior year grant										
		(Describe in Part XIII.)						5,750.				
									2e		58,	
3	Subtra	act line 2e from line 1							3	11,	926,	307.
4		nts included on Form 99										
а	Investr	ment expenses not incl	uded on F	orm 990, Part \	VIII, line 7b		4a					
b	Other ((Describe in Part XIII.)					4b			1		
С	Add lin	nes 4a and 4b							4c			0.
5	Total re	evenue. Add lines 3 and	d 4c. (This	must equal Fo	rm 990, Part	t I, line 12.)			5	11,	926,	307.
Pa	rt XII	Reconciliation of	Expens	es per Aud	ited Fina	ncial Stateme	ents Witl	h Expenses per	Retu	ırn.		
		Complete if the organiz	zation ansv	wered "Yes" or	n Form 990,	Part IV, line 12a.						
1	Total e	expenses and losses pe	er audited f	financial staten	nents				1	11,	241,	966.
2	Amour	nts included on line 1 bu	ut not on F	orm 990, Part	IX, line 25:							
а	Donate	ed services and use of f	facilities				2a					
b	Prior y	ear adjustments					2b			1		
С	Other I	losses					2c			1		
d		(Describe in Part XIII.)						5,750.		l		
									2e	<u> </u>		750.
3	Subtra	ct line 2e from line 1							3	11,	236,	216.
4		nts included on Form 99										
а	Investr	ment expenses not incl	uded on F	orm 990. Part \	VIII. line 7b		4a			1		

Part XIII Supplemental Information.

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

b Other (Describe in Part XIII.) c Add lines 4a and 4b

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, 2020 and 2019, 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

statutes.

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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Schedule G (Form 990 or 990-EZ) 2019

The Pac	ifica Foundation					94-1347	046
	Complete if the organization answe	ered "Y	'es" oı	n Form 990, Part IV,	line 1	7. Form 990-E2	I filers are not
Indicate whether the organization rai a	sed funds through any of the following solicitates of Solicitates of Solicitates of Special sp	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
•			.				
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from re	egistration

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

1 6	11 L	of fundraising event contributions and gr	•	·		·
		· · ·	(a) Event #1 KPFT 50th	(b) Event #2 Daniel Sheehan Even	(c) Other events None	(d) Total events (add col. (a) through col. (c))
Ō			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	7,057.	7,350.		14,407.
	2	Less: Contributions	4,307.	4,350.		8,657.
	3	Gross income (line 1 minus line 2)	2,750.	3,000.		5,750.
	4	Cash prizes				
es	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages	2,750.			2,750.
	8	***************************************		3,000.		3,000.
	9 10	Other direct expenses	0: 1 (1)		•	5,750.
		Net income summary. Subtract line 10 from li	. ,			0.
Pa						
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Green revenue				
	<u> </u>	Gross revenue				
nses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direc.	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes%	
	6	Volunteer labor	No No	No No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
9	En	iter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming a 'No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re 'Yes," explain:	evoked, suspended, or to	erminated during the tax	year?	Yes No

Sch	nedule G (Form 990 or 990-EZ) 2019 The Pacifica Foundation 94-1	L347	046	Page 3
11	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 to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		103	110
	a The organization's facility	13a	l	%
	o An outside facility			
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	I	
	Name ▶			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$\bigs\\$			
(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			
17	Mandatory distributions:			
á	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			
D	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, lii	nes 9,	9b, 10b,

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

19

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Department of the Treasury Internal Revenue Service

► 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 instructions and the latest information.

Name of the organization The Pacifica Foundation Employer identification number 94-1347046

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported o			•	c
		арріісаріе		Form 990, Part VIII, line		ulion ai	nount	5
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	97	147,16	6.Fair value			
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								
22	Taxidermy							
	Historical artifacts Scientific and single-series							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()			4 . 11 41	1			
29	Number of Forms 8283 received by the organiz						1	
	for which the organization completed Form 828	33, Part IV, I	Jonee Acknowled	gement 29		- 1	$\overline{}$	
	B :						Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date							v
	exempt purposes for the entire holding period?	'				30a		Х
	o If "Yes," describe the arrangement in Part II.							
31								
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell non	cash			7.7
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is	s checked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

Schedule M	(Form 990) 2019 Th	ne Pacifica	Foundation		94-1347046	Page 2
Part II	Supplemental Int	formation. Provide olumn (b), the number	the information requir	red 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. OMB No. 1545-0047

Open to Public 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.

Name of the organization

The Pacifica Foundation

Employer identification number 94-1347046

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

Name of the organization

The Pacifica Foundation

Solution

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 **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

filing of	this form, visit www.irs.gov/e-file-providers/e-file-for-chari	ities-and-r	non-profits.				
Auton	natic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).				
All corp	orations required to file an income tax return other than Fore Form 7004 to request an extension of time to file incom	orm 990-T	(including 1120-C filers), partnership	os, REMIC	s, and trusts		
Type or	e or Name of exempt organization or other filer, see instructions. Taxpayer identification				identification numb	ımber (TIN)	
print	The Pacifica Foundation			94-1347046			
File by the due date f filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 3729 Cahuenga Blvd. West						
instruction	Los Angeles, CA 91604						
Enter th	e Return Code for the return that this application is for (file	e a separa	ate application for each return)			0 1	
Applica	tion	Return	Application			Return	
Is For		Code	Is For			Code	
	90 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99		02	Form 1041-A			08	
	720 (individual)	03	Form 4720 (other than individual)			09	
Form 99		04	Form 5227			10	
	90-T (sec. 401(a) or 408(a) trust) 90-T (trust other than above)	05 06	Form 6069 Form 8870			11	
Telep	Tamra Swidersk: books are in the care of ▶ 939 South Stad: bhone No. ▶ 803-978-1582 e organization does not have an office or place of business is for a Group Return, enter the organization's four digit	s in the Ur	Fax No. ▶	f this is fo	r the whole group, c		
th	the organization named above. The extension is for the organization's return for: calendar year or tax year beginning OCT 1, 2019 , and ending SEP 30, 2020 .						
	3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.					0.	
	any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				\$		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.				\$	0.	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by					•		
using EFTPS (Electronic Federal Tax Payment System). See				3с	\$	0.	
	n: If you are going to make an electronic funds withdrawal			453-EO ar	nd Form 8879-EO fo	r payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)