Heturn of Organization Exempt From Income Iax Department of the Treasury Department of the Treasury Do not enter social security numbers on this form as it may be made public. Do not enter social security numbers on this form as it may be made public. Does the provide the treasury Does						cended t	-							OMB No. 1	545 0047
Denote other social security numbers on this form as it may be made public. Optimize Fundation A For the 2011 calendar year, or tax year beginning OCT 1, 2021 and ending SEP 30, 2022 B concurrent of the fundation D Employer identification number D Employer identification number Index The Pacifica Foundation D Employer identification number Index The Pacifica Foundation D Employer identification number Index The Pacifica Foundation 94-1347046 Index The Pacifica Foundation 94-1347046 Index The Pacifica Foundation G enservoys 1 Index	_	Q	QN	Retu	rn of Oi	rganizat	tion Exe	empt	From	Inc	come	Tax			D 1
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City or town, state or province, country, and ZIP or foreign postal code I.os Angeles, CA 91604 Form and address of principal officer.Stephanie Wells Same as C above I tax exempt status: XJ 501(c)(3) ±501(c) () ◀ (insert no.) 4947(a)(1) or ±527 I website: ▶ www.pacifican cong Ho) exampt status: XJ 501(c)(3) ±501(c) () ◀ (insert no.) 4947(a)(1) or ±527 Ho) exampt status: XJ 501(c)(3) ±501(c) () ◀ (insert no.) 4947(a)(1) or ±527 Ho) exampt status: XJ 501(c)(3) ±501(c) () ◀ (insert no.) 4947(a)(1) or ±527 Ho) exampt status: XJ 501(c)(3) ±501(c) () ◀ (insert no.) ±947(a)(1) or ±527 Ho) Group exemption number ▶ K form of organization: XJ Corporation Trust Association Other ▶ L Year of formation: 1946 M State of legal domicile: CA Part II Summary I Briefly describe the organization's mission or most significant activities: Listener-supported, non-commercial, education and community public radio organization. Check this box ▶ if the organization discontando for othe governing body (Part VI, line 1a) S total number of independent voting members of the governing body (Part VI, line 1a) Total number of votinteers (estimate if necessary) F total number of undependent voting members of the governing body (Part VI, line 1a) to Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 13) for ant sundiar amounts paid (Part X, column (A), lines 5:0) 10 assets of run braves equal Part X, column (A), lines 5:0) 10 assets of run braves equal Part X, column (A), lines 5:0) 11,		returr	Number	r and street (or P			o street addres	s)	Room/sui	ite E					
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17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5, 211, 057. 4, 779, 237. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 11, 538, 444. 10, 717, 425. 19 Revenue less expenses. Subtract line 18 from line 12 -205, 605. -2, 048, 558. 20 Total assets (Part X, line 16) 3, 771, 697. 2, 172, 457. 21 Total liabilities (Part X, line 26) 5, 013, 346. 2, 176, 223. 22 Net assets or fund balances. Subtract line 21 from line 20 -1, 241, 649. -3, 766. 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.	ens	16a	Professional f	undraising fees	(Part IX, colun	nn (A), line 11e	e)1	250 0				0.			0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5, 211, 057. 4, 779, 237. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 11, 538, 444. 10, 717, 425. 19 Revenue less expenses. Subtract line 18 from line 12 -205, 605. -2, 048, 558. 20 Total assets (Part X, line 16) 3, 771, 697. 2, 172, 457. 21 Total liabilities (Part X, line 26) 5, 013, 346. 2, 176, 223. 22 Net assets or fund balances. Subtract line 21 from line 20 -1, 241, 649. -3, 766. 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.	цХ.	b	Total fundrais	ing expenses (P	art IX, column	ı (D), line 25)	\blacktriangleright \bot ,	359,8	529.		- 011	0 - 7		4 770	0.017
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true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			-		a avaminad this	roturn includi	na 0000mnor:	na oobodul	oo ond state	monto	and to the	boot of	w know	ladaa and b	aliaf it ia
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	uue,	corre	i, and complete	. Declaration of pre	eparer (otner th	an unicer) is Da	SEU UN AN INIOL	mation of W	men prepa	iei lias					

			02/15/25							
Sign	Signature of officer		Date							
Here										
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN						
Paid										
Preparer	Firm's name 🕒 Rogers & Compan	y PLLC	Firm's EIN 🕨							
Use Only	Firm's address 8300 Boone Boul	evard, Suite 600								
	Vienna, VA 22182 Phone no.									
May the I	May the IRS discuss this return with the preparer shown above? See instructions									
132001 12-0	32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)									

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Se	e Sched	lule C) for	Organization	Mission	Statement	Continuation

	1 990 (2021) The Pacifica Foundation	94-1347046	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	The Pacifica Foundation is a non-commercial, listener-su	ipported,	
	education and community public radio organization operat	ing in vari	ous
	markets throughout the country.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
Ū	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	-
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
	revenue, if any, for each program service reported.	rs, the total expenses,	anu
40	(Code:) (Expenses \$ 4,908,273 · including grants of \$) (Revenu	<u> </u>	908.)
48	The Pacifica Foundation owns and operates five non-comme		
	stations, and provides copies of radio programs to other	non-commer	cial
	radio stations, schools, colleges, universities, and oth		
	The Foundation provides archived materials from historic		ais.
	previous Pacifica Foundation radio programs, and events		
	commercial and non-commercial media companies, schools,	colleges,	
	universities, and individuals.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	e\$)
		·	
			<u> </u>
4c	(Code:) (Expenses \$ including grants of \$) (Revenu	2)
10		· · ·)
			<u></u>
			<u> </u>
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 4,908,273.		
		Form 9	90 (2021)

Form 990 (2021) The Pacifica Foundation
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	Х	v
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
5	during the tax year? If "Yes," complete Schedule C, Part II	4		- 23
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
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,		v	
	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	446		x
~	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
C	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			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
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	115		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
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. See instructions	17		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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			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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		X
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		X
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 the 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			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c	37	X
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			37
	contributions? If "Yes," complete Schedule M	30		X
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			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	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			v
	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
~7	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	~ 7		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	1
Pa	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	17	L
1 0	Check if Schedule O contains a response or note to any line in this Part V			
	טוופטת זו סטוופטעוב ט טטווגמוזא מ ופאטטואב טו זוטנב נט מוזץ וווופ ווז נוווא דמוג ע		Vaa	
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 79		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 12 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	х	
	(gamening) mininge to prize mininer.			<u> </u>

Form 990 (2021)	The	Pacifica	Foundation
Part V Statements	Regard	ing Other IRS	Filings and Tax Compliance (continued)

га									
			1		Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		147						
b	filed for the calendar year ending with or within the year covered by this return	2a		04	х				
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returned in the sum of lines 1a and 2a is greater than 250, you may be required to a file. See instruction			2b	Λ				
30	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		х			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other		ority over a	55					
ти	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	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 Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х			
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t								
	any contributions that were not tax deductible as charitable contributions?			6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions	or gifts						
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervices	provided to the payor?	7a		X			
				7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	vas re	quired						
	to file Form 8282?	1		7c		X			
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		v			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e 7f		X X			
f									
g b									
8	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
0	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?								
9	Sponsoring organizations maintaining donor advised funds.			8					
				9a 9b					
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note: See the instructions for additional information the organization must report on Schedule O.								
D	Enter the amount of reserves the organization is required to maintain by the states in which the	406	I						
~	organization is licensed to issue qualified health plans	13b 13c							
	Enter the amount of reserves on hand	L		14a		х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14a 14b		<u> </u>			
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun		n or						
	excess parachute payment(s) during the year?			15		х			
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inc	ome?	16		х			
	If "Yes," complete Form 4720, Schedule O.	-							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	n any							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	-		17					
	If "Yes." complete Form 6069								

The Pacifica Foundation

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			Χ
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21			
	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 21			
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		Х
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	X	
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
	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		v	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40	х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	х	
10	on Schedule O how this was done	12c 13	X	
13 14	Did the organization have a written whistleblower policy?		X	
14 15	Did the organization have a written document retention and destruction policy?	14	- 22	
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?			
•	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15a 15b	X	
5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
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		х
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			
	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, ar	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			
132006	See Schedule O for full list of states	Form	990	(2021)

Part VII	Compensation of Officers,	Directors, Tru	ustees, Key	/ Employees,	Highest	Compensate	ed
	Employees, and Independe	ent Contractor	ors				

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

т

• 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.

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

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

Name and title Average hours par week Owners par hours par before and a director water week Deportable compensation from before and a director water part of a director part director part of a director part director part of a	(A)	(B)			(0	C)			(D)	(E)	(F)
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(6) Heather Gray Board Member2.00 XX0.0.(7) Burt Cohen Board Member2.00 XX0.0.0.Board MemberX0.0.0.0.(8) Darlene Pagano Board MemberX0.0.0.0.(9) Donna Grimes Board Member2.00 XX0.0.0.0.(10) All Lexa Al-Hilali (11) James Dingeman2.00 XX0.0.0.0.Board MemberX0.0.0.0.0.0.(11) James McFadden Board Member2.000 XX0.0.0.0.(12) James McFadden Board Member2.000 X0.0.0.0.0.(13) Marianne Martinez Board Member2.000 X0.0.0.0.0.0.(14) Mark Van Landuyt Board Member2.000 X0.0.0.0.0.0.(15) Vanessa Dixon-Briggs Board Member2.000 X0.0.0.0.0.0.Board MemberX0.0.0.0.0.0.0.0.Board MemberX0.0.0.0.0.0.0.Board MemberX0.0.0.0.0.0.0.Board MemberX0.0.0.0.0.0.0.Board MemberX0.0.0.0.0.0. <td>· · · •</td> <td>2.00</td> <td></td> <td></td> <td> </td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td>	· · · •	2.00									•
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(13) Marianne Martinez 2.00 X 0.		2.00									•
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(16) Sue Goodwin 2.00 X 0.		2.00									•
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Board Member X 0.			X						0.	0.	0.
		2.00									•
	Board Member		Х						0.	0.	

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Form 990 (2021)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)	(C)						(D)	(E)		(F)	
Name and title	Average	(do		Posi		than o	ane	Reportable	Reportable		Estimate	ed
	hours per	box	, unle	ss per	rson i	is botł	n an	compensation	compensation		amount	of
	week		cer an	id a di	irecto	or/trus	tee)	from	from related		other	
	(list any	rector						the	organizations		compensa	
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC	5/	from th	
	organizations	ustee	trust		e	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organizat and relat	
	below	lual tr	tional) yoldr	st con yee	_	1099-1120)			organizati	
	line)	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				or gain and	
(18) Lawrence Reyes	2.00	_	_	_	-							
Board Member		x						0.		0.		Ο.
(19) Shawn Rhodes	2.00											
Board Member		X						0.		0.		0.
(20) Sharonne Salaam	2.00											
Board Member		X						0.		0.		0.
(21) Evelia Jones	2.00											
Board Member		X						0.		0.		0.
(22) Susan Young	2.00											
Board Member		Х						0.		0.		0.
(23) Teresa Allen	2.00											
Board Member		Х						0.		0.		0.
(24) Stephanie Wells	40.00											
Executive Director				Х				0.		0.		0.
(25) Julia Kennard	20.00											
Interim CFO				Х				0.		0.		0.
								= 1 . = 2				
1b Subtotal								71,970.		0.		0.
c Total from continuation sheets to Part VI	I, Section A					I		0.		0.		0.
d Total (add lines 1b and 1c)								71,970.		0.		0.
2 Total number of individuals (including but n	ot limited to th	iose	liste	ed at	oove	e) wh	io r	eceived more than \$100	,000 of reportable			
compensation from the organization												0
											Yes	No
3 Did the organization list any former officer,	director, trust	ee, I	key e	empl	loye	e, or	hig	phest compensated emp	oloyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									🛓	3	X
4 For any individual listed on line 1a, is the su	•		•						v			
and related organizations greater than \$150										🛓	4	X
5 Did any person listed on line 1a receive or a	•				-		elat	ted organization or indivi	dual for services			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch p	pers	son .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	-	-							· · · ·	ensa	ation from	
the organization. Report compensation for	the calendar y	ear	endi	ng w	vith	or w	ithir	n the organization's tax	year.			
(A) Name and business	address							(B) Description of s	ervices	Co	(C) ompensatio	n
NETA												
939 South Stadium Road, (Rogers & Company PLLC	Columbia	a,	SC	2 2	292	201		Accounting/H	R		330,6	60.
8300 Boone Blvd., Ste 600), Vienr	na	, ۱	7A	22	218	32	CPA/Audit Fi	rm		144,7	08.
Alpert,Barr & Grant	aa b b c c c c c c c c c c		_					- 1			101 1	• •
6345 Balboa Blvd, Encino	345 Balboa Blvd, Encino, CA 91316 Legal 121,189.											

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Asteria

826 Adams Street, Albany, CA 94706

102,232.

Elections Supervisor

arl	t VIII	Statement of Re	even	ue						_
		Check if Schedule O	conta	ains a resp	onse	or note to any lin		/=>		
							(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue exclud
							TotalTevenue	function revenue	business revenue	from tax unde
5				<u> </u>						sections 512 - 5
		Membership dues								
		Fundraising events Related organizations								
		Government grants (cont								
5		All other contributions, gifts,		· · · · · · · · · · · · · · · · · · ·						
	•	similar amounts not included	-		8,	196,076.				
2	g	Noncash contributions included in				177,680.				
	-	Total. Add lines 1a-1f					3,196,076.			
						Business Code				
	2 a	Affiliate inc				515100	212,219.			
2	b	Sub-carrier i				515100	136,000.			
	с	Community Eve				900099	53,580.			
	d	Donor incenti	lve	sales	5	900099	50,109.	50,109.		
	е									
		All other program service					151 000			
+		Total. Add lines 2a-2f					451,908.			
	3	Investment income (inclu other similar amounts)								
	4	Income from investment								
	- 5	Royalties		•						
	5	noyanes		(i) Rea		(ii) Personal				
	6 a	Gross rents	6a	()		(.,				
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss	, <u> </u>							
		Gross amount from sales of		(i) Securi		(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
		and sales expenses	7b							
	с	Gain or (loss)	7c							
		Net gain or (loss)			<u></u>	►				
	8 a	Gross income from fundraisi	ng ev	ents (not						
		including \$		of						
		contributions reported or		-						
		Part IV, line 18								
		Less: direct expenses \dots			8b					
		Net income or (loss) from		-		>				
	9 а	Gross income from gamir								
	ь.	Part IV, line 19			9a	┝────┤				
		Less: direct expenses			9b					
		Net income or (loss) from Gross sales of inventory,			<u> </u>	🕨				
	iv a	and allowances			10a					
	h	Less: cost of goods sold								
		Net income or (loss) from								
T			- 2.00		· ,	Business Code				
, -	11 a	Other income				900099	20,883.			20,88
	b									
	с									
•	d	All other revenue								
		Total. Add lines 11a-11d					20,883.			

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	94							
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 respon not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	102.200	00 100	04 650	0 511
	trustees, and key employees	123,366.	89,196.	24,659.	9,511
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
7	persons described in section 4958(c)(3)(B)	4,257,907.	3,078,553.	851,089.	328,265
7 8	Other salaries and wages Pension plan accruals and contributions (include		5,0,0,555.		520,205
0	section 401(k) and 403(b) employer contributions)	89,814.	77,297.	6,556.	5,961
9	Other employee benefits	1,081,455.	388,419.	673,856.	19,180
10	Payroll taxes	385,646.	280,464.	76,280.	28,902
11	Fees for services (nonemployees):				
а	Management				
b	Legal	358,177.	1,811.	356,366.	
с	Accounting	499,685.		499,685.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	409,240.	236,080.	90,722.	82,438
12	Advertising and promotion	112,912.	2,169.	2,147.	108,596
13	Office expenses	550,051. 174,846.	16,049. 123,578.	360,884.	173,118
14	Information technology	1/4,040.	123,570.	34,658.	16,610
15	Royalties	641,574.	116,367.	490,133.	35,074
16 17		26,809.	12,482.	14,327.	55,074
17 18	Travel	20,005.	12,402.	14,527•	
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	55,577.	20,746.	33,846.	985
19 20	Interest	188,446.		188,446.	
21	Payments to affiliates	,		,	
22	Depreciation, depletion, and amortization	88.	88.		
23	Insurance	223,175.		223,175.	
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	Tower rent/ utilities	629,172.	302,907.	326,265.	
b	Premiums	306,041.			306,041
с	Direct mail	245,148.			245,148
d	Programming costs	227,927.	161,347.	66,580.	
е	All other expenses	130,369.	720.	129,649.	
25	Total functional expenses. Add lines 1 through 24e	10,717,425.	4,908,273.	4,449,323.	1,359,829
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)				Form 990 (202

The Pacifica	Foundation
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Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	793,179.		344,925.
	2	Savings and temporary cash investments	665,380.	2	46,018.
	3	Pledges and grants receivable, net	104,573.	3	172,903.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	30,901.	8	30,460. -51,424.
A	9	Prepaid expenses and deferred charges	14,570.	9	-51,424.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 10,090,296			
	b	Less: accumulated depreciation 10b 8,656,560	1,422,928.	10c	1,433,736.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	685,164.	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	55,002.		195,839.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,771,697.		2,172,457.
	17	Accounts payable and accrued expenses	1,600,846.	17	2,164,663.
	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	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liat		controlled entity or family member of any of these persons	3,165,000.	22	
_	23	Secured mortgages and notes payable to unrelated third parties	247,500.	23	11,560.
	24	Unsecured notes and loans payable to unrelated third parties	247,500.	24	11,500.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		05	
	00	of Schedule D	5,013,346.	25 26	2,176,223.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X	5,015,540.	20	2,110,223.
es					
anc	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	-2 114 312.	27	-1 119 821.
Bali	28	Net assets without donor restrictions	-2,114,312. 872,663.	28	-1,119,821. 1,116,055.
lpu	20	Organizations that do not follow FASB ASC 958, check here		20	
μ		and complete lines 29 through 33.			
o	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ase	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	-1,241,649.	32	-3,766.
~	33	Total liabilities and net assets/fund balances	3,771,697.	33	2,172,457.

Form **990** (2021)

Form 990 (2021)

Form 990 (2021) The Pacifica Foundation	94-	-1347046	Page 12
Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response or note to any line in this Part XI			
1 Total revenue (must equal Part VIII, column (A), line 12)	1		3,867.
2 Total expenses (must equal Part IX, column (A), line 25)	2	10,71	
3 Revenue less expenses. Subtract line 2 from line 1	3	-2,048	
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		-1,241	L,649.
5 Net unrealized gains (losses) on investments	5		
6 Donated services and use of facilities			
7 Investment expenses			
8 Prior period adjustments		3,280	5,441.
			0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part 2	X, line 32,		
column (B))	10	-3	3,766.
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response or note to any line in this Part XII			X
			Yes No
1 Accounting method used to prepare the Form 990: Cash X Accrual	Other		
If the organization changed its method of accounting from a prior year or checked "Othe	r," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent ac	countant?	2a	X
If "Yes," check a box below to indicate whether the financial statements for the year wer	e compiled or reviewed on a		
separate basis, consolidated basis, or both:			
Separate basis Consolidated basis Both consolidated and se	parate basis		
${\bf b}~$ Were the organization's financial statements audited by an independent accountant? $_{\dots}$		2b	X
If "Yes," check a box below to indicate whether the financial statements for the year wer	e audited on a separate basis	s,	
consolidated basis, or both:			
Separate basis Consolidated basis Both consolidated and se	parate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsil	bility for oversight of the audit	,	
review, or compilation of its financial statements and selection of an independent accourt	ntant?	2c	
If the organization changed either its oversight process or selection process during the t	ax year, explain on Schedule	O.	
3a As a result of a federal award, was the organization required to undergo an audit or audit	ts as set forth in the Single Au	ıdit	
Act and OMB Circular A-133?		За	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did	d not undergo the required au	dit	
or audits, explain why on Schedule O and describe any steps taken to undergo such aud	dits		

Form **990** (2021)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990)

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
2021
Open to Public Inspection

Name of the	organization
-------------	--------------

Nam	e of	the organization							identification number
			Pacifica F						4-1347046
Pa	τI	Reason for Public 0	Charity Status.	(All organizations must c	omplete tl	his part.) S	See instruction	าร.	
The o	orgar	nization is not a private found	lation because it is:	(For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)(1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	ו 990).)				
3		A hospital or a cooperative	hospital service org	anization described in se	ection 170)(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state:							
5	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). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governr	mental unit described in s	section 17	70(b)(1)(A)	(v).		
7	Х	An organization that norma	lly receives a substa	antial part of its support f	rom a gov	ernmenta	l unit or from 1	the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	l in section 170(b)(1)(A)(ix) operate	ed in conji	unction with a	land-grant	college
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	je or
		university:							
10		An organization that norma							
		activities related to its exen							
		income and unrelated busir		e (less section 511 tax) fro	om busine	esses acqu	uired by the o	rganization	after June 30, 1975.
		See section 509(a)(2). (Cor	,						
11		An organization organized a	-	•	•				
12		An organization organized a	-	•	-			-	
		more publicly supported or							Check the box on
		lines 12a through 12d that	• •			-		-	
а		Type I. A supporting orga	-	-	•				
		the supported organization		• • • •	a majority	of the aire	ctors or truste	ees of the s	supporting
h		organization. You must o	-		tion with it		od organizati	nn(n) hu ha	wine
b		Type II. A supporting org	-				-		-
		control or management o organization(s). You mus			ame perso			age the sup	poned
с		Type III functionally inte	-		in connec	tion with	and functions	ully integrat	ed with
U		its supported organization						iny integrat	ed with,
d		Type III non-functionally						rted organ	ization(s)
ŭ		that is not functionally int		• • •				-	
		requirement (see instruct			-		-	a an attorn	
е		Check this box if the orga						e II. Type III	
		functionally integrated, or					, , , , , , , , , , , , , , , , , , ,	, ,,	
f	Ente	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,					
g	Pro	vide the following informatior							
	((i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount o	,	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)

The Pacifica Foundation

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9,954,338.	11,424,189.	10,746,721.	10,569,687.	8,196,076.	50,891,011.
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	9,954,338.	11,424,189.	10,746,721.	10,569,687.	8,196,076.	50,891,011.
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)						
6	Public support. Subtract line 5 from line 4.						50,891,011.
See	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	9,954,338.	11,424,189.	10,746,721.	10,569,687.	8,196,076.	50,891,011.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	114,370.	28,768.	26,290.	3,461.		172,889.
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						
	assets (Explain in Part VI.)	84,451.	2,395,500.	135,710.	315,307.	20,883.	2,951,851.
11	Total support. Add lines 7 through 10						54,015,751.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 2	,657,342.
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						>
See	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2021 (I		•			14	94.22 %
	Public support percentage from 2020					15	94.04 %
16 a	33 1/3% support test - 2021. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the						. —
	organization meets the facts-and-circl		•				
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ind see instruction	s ►

Schedule A (Form 990) 2021

The Pacifica Foundation

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.)

	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	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.)						
	tion B. Total Support			•	•		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regulated corriging on						
	regularly carried on Other income. Do not include gain or loss from the sale of capital exects (Exploin in Dart U)						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	e organization's f	first, second. third.	fourth, or fifth tax	vyear as a section	501(c)(3) oraaniz	ation,
	ale and the last and all all and the second	•			·····		
Sec	tion C. Computation of Publ						
15	Public support percentage for 2021 (I	ine 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
	tion D. Computation of Inves						
	Investment income percentage for 20)	17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box a						
	33 1/3% support tests - 2020. If the						6. and
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio						
	3 01-04-22			, c, oncont			e A (Form 990) 2021

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<u>Schedule A (Form 990) 2021</u>

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b. Part I. complete Sections A and C. If you checked box 12c. Part I. complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A	(Form 990) 2021	The	Pacifica	Foundati
Part IV	Supporting Organi	zations	(continued)	

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Yes	No
1	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	1	Yes	No

.on

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C.	Type I	Supporting	Organizations	

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

Section D. All Type II	I Supporting Organizations	

			res	INO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, 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 reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

Section 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		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 0.015 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 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A	(Form 990)) 2021

Schedule A (Form 990) 2021 The Pacifica Foundation Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (a)

га	i v j rype in Non-i unctionally integrated 505	(a)(J) Supporting Orga	continu	ued)	
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations				
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021			T	

Schedule A (Form 990) 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	line 1: Part IV. Section D. lines 2 and 3: Part IV. Section E. lines 1c. 2a. 2b. 3a. and 3b: Part V. line 1: Part V. Section B. line 1e: Part V.
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

SCHEDULE [)
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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.



Department of the Treasury Internal Revenue Service

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Schedule D (Form 990) 2021

Name	e of the organization The Pacifica Found		Employer identification num 94-1347046	ber
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.Complete if the	
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
	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 advise	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	dvisors in writing that grant funds can be ι	used only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose c	conferring	
	impermissible private benefit?			No
Par	t II Conservation Easements. Complete if the org	janization answered "Yes" on Form 990, P	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education)	a historically important land area	
	Protection of natural habitat	Preservation of a	a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o		
	day of the tax year.		Held at the End of the Tax Y	rear
	Total number of conservation easements			
	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired a			
•	listed in the National Register			
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	organization during the tax	
4	year ► Number of states where property subject to conservation ea	soment is located		
	Does the organization have a written policy regarding the per			
Ŭ	violations, and enforcement of the conservation easements if		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,			110
•				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the vear	
	► \$	5 , 5	5,	
8	Does each conservation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h	h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·	Yes	No
9	In Part XIII, describe how the organization reports conservati			
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the				
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections or		ther Similar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	i8, not to report in its revenue statement ar	nd balance sheet works	
	of art, historical treasures, or other similar assets held for put		•	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of public service,	
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	If the organization received or held works of art, historical tre		gain, provide	
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	N .	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$	

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b Assets included in Form 990, Part X

		ifica Found						• Page 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or Otl	ner Simi	lar Asse	ets(contin	ued)
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that make	significan	t use of its	5	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's c	ollections and explair	n how they further t	he organization's ex	empt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations of	of art, historical trea	sures, or other simi	ar assets	_	_	
	to be sold to raise funds rather than to be m						Yes	No No
Par	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Yes" o	on Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod						_	
	on Form 990, Part X?					L	Yes	l No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					
							Amount	
	Beginning balance							
	Additions during the year							
е	Distributions during the year							
f	Ending balance							
	Did the organization include an amount on F				• • • • • • •	L	Yes	No
	If "Yes," explain the arrangement in Part XIII							
Par	t V Endowment Funds. Complete	(a) Current year	(b) Prior year	(c) Two years back		veare hack	(a) Four	years back
4.		685,163.				557,031.		
	Beginning of year balance	005,105.	546,877.	536,848	•	557,051.		538,562.
	Contributions	-113,825.	166 062	27 409		E 010		19 160
	Net investment earnings, gains, and losses	-115,025.	166,963.	37,408	•	5,910.		18,469.
	Grants or scholarships							
е	Other expenditures for facilities	30,640.	28,677.	27,379		26,093.		
	and programs	50,040.	20,077.	21,313	7,373. 20			
	Administrative expenses	540,698.	685,163.	546,877	EAC 077			557,031.
g	End of year balance Provide the estimated percentage of the cur	,		,	•	536,848.		557,051.
2	Board designated or guasi-endowment	rent year end baland		a)) Heiu as.				
	Permanent endowment 100.0000	%	_%					
		%						
C	The percentages on lines 2a, 2b, and 2c sho	•						
39	Are there endowment funds not in the posse		ation that are held a	nd administered for	the organi	ization		
ou					the organ	Zation	Г	Yes No
	by: (i) Unrelated organizations 3a(i) X							
								X
b	(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b							
4	Describe in Part XIII the intended uses of the							
_	t VI Land, Buildings, and Equipn	0						
	Complete if the organization answere		, Part IV, line 11a. S	See Form 990, Part	X, line 10.			
	Description of property	(a) Cost or ot			Accumulat	ed	(d) Book	value
		basis (investm			epreciatior		(,	
1 a	Land	· · ·	43	2,428.			432	2,428.
	Buildings				985,8	27.		.,191.
	Leasehold improvements			9,464.	609,4			0.
	Equipment				852,1		664	1,631.
	Other			3,592.	209,1			486.
	Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0c.)			1,433	3,736.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 ${ m The}$	e Pacifica	Ł
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Schedule D (Form 990) 2021 The Pacific	a Foundation	94-1347046 Page 3
Part VII Investments - Other Securities.		9
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(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 end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

(8) (9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	Complete if the organization answered Tes off off 990, Part V, line Tru. See Form 990, Part X, line To.	
	(a) Description	(b) Book value
(1) S	ecurity deposits	12,470.
	ntercompany receivable	183,369.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col	lumn (b) must equal Form 990, Part X, col. (B) line 15.)	195,839.
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 25	
1.	(a) Description of liability	(b) Book value
(1) Fe	deral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 The Pacifica Foundation		94-1347046 Page 4		
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reve			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
С	c Add lines 4a and 4b				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	-	enses per Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	1 Total expenses and losses per audited financial statements				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	_ 2a			
b	Prior year adjustments				
С	Other losses				
d	d Other (Describe in Part XIII.)				
е					
3					
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b				
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)				
Pa	rt XIII Supplemental Information.				

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:

_			_				_	_
Fndowmont	funda	aro	normanontly	rostriated	investments	in	nornotuity	+ho
Endowidenc	Lanas	are	permanencry	TEBLITCLEU	THAESCHEHCS	T T T	perpetuity,	CITE

income from which is expendable for programming and operations.

SCHE	DULE	Μ
(Form	990)	

Noncash Contributions

OMB No. 1545-0047 202

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.

Open to Public Inspection

Name	of the	organization

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

ne of the organization		
	The	Pacific

ica	Foundation	

Employer	identification number
9	4-1347046

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Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu		•	c
		applicable		Form 990, Part VIII, line 1g	Tioricasi contribu	nion ai	nount	3
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	Х		172,503.	Fair value			
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	1	5,177.	Fair value			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14 15	Qualified conservation contribution - Other							
15 16	Real estate - Residential							
16 17	Real estate - Commercial							
17 18	Real estate - Other							
10 19	Collectibles							
19 20	Food inventory Drugs and medical supplies							
20								
22	Taxidermy Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27								
28	Other ▶ () Other ▶ ()							
29	Number of Forms 8283 received by the organiz	ation durin	a the tax vear for c	ontributions				
	for which the organization completed Form 828		• ,					
		-,-,-,-					Yes	No
30a	During the year, did the organization receive by	contributio	on any property rep	oorted in Part I. lines 1 throu	ah 28. that it			
	must hold for at least three years from the date							
				30a		Х		
b	If "Yes," describe the arrangement in Part II.							
31				31		Х		
	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?		0	· • ·		32a		х
b	If "Yes," describe in Part II.							
	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.			· ·				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

94-1347046 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Name of the organization

94-1347046

The Pacifica Foundation

Form 990, Part III, Line 1, The Pacifica Foundation Mission Statement:

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

To establish a Foundation organized and operated exclusively for

educational purposes no part of the net earnings of which inures to the

benefit of any member of the Foundation.

To establish and operate for educational purposes, in such manner that

the facilities involved shall be as nearly self-sustaining as possible,

one or more radio broadcasting stations licensed by the Federal

Communications Commission ("Commission") and subject in their operation

to the regulatory actions of the Commission under the Federal

Communications Act of 1934, as amended.

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

In radio broadcasting operations to engage in any activity that shall contribute to a lasting understanding between nations and between the individuals of all nations, races, creeds and colors; to gather and disseminate information on the causes of conflict between any and all of such groups; and through any and all means compatible with the purposes of this Foundation to promote the study of political and LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021 192211 11-11-21

Schedule O (Form 990) 2021	Page 2
Name of the organization The Pacifica Foundation	Employer identification number $94-1347046$
economic problems and of the causes of religious, philoso	ophical 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.

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

Schedule O (Form 990) 2021	Page 2
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 a	nd 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 substan	tially all of the
Foundation's assets; on the sale, exchange, transfer or d	isposition of any
of the Foundation's broadcast licenses; on any merger, it	s principal terms
and any amendment of its principal terms; on any election	to dissolve the
Foundation; on any amendment to the Bylaws for which Memb	er approval is
required or permitted as set forth in Section 1(B) of Art	icle 17 of the
Bylaws; and on any amendment to the Articles of Incorpora	tion.
and any amendment of its principal terms; on any election Foundation; on any amendment to the Bylaws for which Memb required or permitted as set forth in Section 1(B) of Art	to dissolve the er approval is icle 17 of the

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

Form 990 is prepared by an outside tax professional. The form is then reviewed by the Organization's management, a member of the Board of Directors, and the Executive Director. This group of individuals then discusses the contents of the return with the outside tax professional. After a full review (with modifications where necessary), the final version of the tax return is provided to all members of the Organization's voting body. A representative of management authorizes the final Form 990 which is then electronically filed with the Internal Revenue Service.

Form 990, Part VI, Section B, Line 12c:
Members of the Board of Directors review all potential conflicts of
interest at least annually. All personnel and board members are required to
disclose (in writing) potential conflicts and any related party
affiliations. Loans between the Organization and members of management and
the Board are strictly prohibited. The Organizations seeks full
transparency on all relationships. Any potential conflicts (in fact or
132212 11-11-21 Schedule O (Form 990) 2021

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.

Schedule O (Form 990) 2021	Page 2
Name of the organization The Pacifica Foundation	Employer identification number 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.	