# Extended to August 15, 2018

ggn

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

OCT 1, 2016 and ending SEP 30, 2017 A For the 2016 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change The Pacifica Foundation 94-1347046 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 849-2590 1929 Martin Luther King Jr Way (510)termin-ated 10,937,573. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ X Amended return Berkeley, CA 94704 H(a) Is this a group return Applica-F Name and address of principal officer: John Vernile Yes X No for subordinates? pending same as C above H(b) Are all subordinates included? Yes 4947(a)(1) or Tax-exempt status: X = 501(c)(3) 501(c) ( ) ◀ (insert no.) If "No," attach a list. (see instructions) J Website: Www.pacifica.org **H(c)** Group exemption number **K** Form of organization: **X** Corporation Association Other > L Year of formation: 1946 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: See Schedule O Activities & Governance Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 23 Number of voting members of the governing body (Part VI, line 1a) 21 Number of independent voting members of the governing body (Part VI, line 1b) 78 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 1000 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year** Current Year 9,335,258. 9,939,354. Contributions and grants (Part VIII, line 1h) Revenue 698,851. 617,195 Program service revenue (Part VIII, line 2g) 46,235. 99,434. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 388,884. 142,586. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10,880,225. 10,387,572. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 6,569,376. 6,130,024. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 5,848,889 4,836,841. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 12,418,265. 10,966,865. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -2,030,693. -86,640. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 3,288,567. 3,657,465. 20 Total assets (Part X, line 16) 7,814,205. 8,269,743. 21 Total liabilities (Part X, line 26) -4,525,638. 4,612,278. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign John Vernile, Interim Executive Director Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Jie Chen, CPA 08/09/19 P01049760 Paid self-employed Firm's name Rogers & Company PLLC 58-2676261 Preparer Firm's EIN Firm's address 8300 Boone Boulevard, Use Only Suite 600 Phone no. (703) 893-0300 Vienna, VA 22182 X Yes No

May the IRS discuss this return with the preparer shown above? (see instructions)

Pai	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-supported,
	education and community public radio organization operating in various
	markets throughout the country.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	
4	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 5,007,252 • including grants of \$) (Revenue \$ 698,851 • )
Tu	(Code:)(Expenses \$ 5,007,252. including grants of \$) (Revenue \$
	stations, and provides copies of radio programs to other non-commercial
	radio stations, schools, colleges, universities, and other individuals.
	The Foundation provides archived materials from historical events,
	previous Pacifica Foundation radio programs, and events to other
	commercial and non-commercial media companies, schools, colleges,
	universities, and individuals.
4b	(Code:) (Expenses \$
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	· · · · · · · · · · · · · · · · · · ·
4.	
4d	Other program services (Describe in Schedule O.)
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 5,007,252.
76	Total program service expenses ► 5,007,252.  Form <b>990</b> (2016)

# Form 990 (2016) The Pacifica Foundation Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or 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,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ч	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	110		
u	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	Х	
	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	Х	
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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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			37
	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	4-		v
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	$\vdash \vdash \vdash$	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,	10	$\vdash$	
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	··-		<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

# Form 990 (2016) The Pacifica Foundation Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			.,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			Х
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	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			Х
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		Х
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	0.4		Х
0.5	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
26	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?	00		Х
27	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	27		Х
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	
	Note. All Form 990 filers are required to complete Schedule O	38	27	

# Form 990 (2016) The Pacifica Foundation Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
			105		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	185			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				37	
	(gambling) winnings to prize winners?	 I		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		78			
	filed for the calendar year ending with or within the year covered by this return				Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Δ	
0-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction.			0-		Х
	•			3a		Λ
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•	4a		Х
<b>h</b>	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		21
D	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	\ 000UI	ato (EDAD)			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		- 25
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			30		
ou	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					
-	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	rvices p	rovided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	le a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	l	1			
	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:	144				
	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against	11a				
a		111				
120	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		ıza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			ioa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand					
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
					000	(0040

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

	Check if Schedule O contains a response or note to any line in this Part VI				X		
Sec	tion A. Governing Body and Management						
		_		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	23					
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	I					
b	Enter the number of voting members included in 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		X		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	[	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X		
6	Did the organization have members or stockholders?	[	6	X			
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	X			
b							
	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:	Γ					
а	The governing body?		8a	X			
b	Each committee with authority to act on behalf of the governing body?		8b	X			
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 in Schedule O		9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
		_		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10a	Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	Х			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	orm?	11a	Х			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this was done		12c	X			
13	Did the organization have a written whistleblower policy?		13	X			
14	Did the organization have a written document retention and destruction policy?		14	Х			
15	Did the process for determining compensation of the following persons include a review and approval by independent	I					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official		15a	X			
b	Other officers or key employees of the organization		15b	X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	I					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	- 1					
	taxable entity during the year?		16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	I					
	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, H				, MA		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s	only) a	vailab	le			
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	icy, and	finan	cial			
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	·					
	Tamra Swiderski - 803-978-1582						
	939 South Stadium Road, Columbia, SC 29201						

## Form 990 (2016) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

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

(A)  Name and Title	(B)	1		(C	<b>C)</b>			(D)	(E)	(F) Estimated
мате апо тпе	Average hours per week	box	(do not check more than one box, unless person is both an officer and a director/trustee)				h an	Reportable compensation from	Reportable compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) William Campisi	2.00	X						0.	0.	0
Director (2) T.M. Scruggs	2.00	^	-	-				0.	0.	0.
Director	2.00	Х						0.	0.	0.
(3) Adriana Casenave	2.00	^	$\vdash$	-		$\vdash$		0.	0.	
Director	2.00	Х						0.	0.	0.
(4) Akio Tanaka	2.00		$\vdash$					<u> </u>	<u> </u>	
Secretary		x		х				0.	0.	0.
(5) Alex Steinberg	2.00									
Director		Х						0.	0.	0.
(6) Andrea Turner	2.00									
Director		Х						0.	0.	0.
(7) Benito A.Diaz	2.00									
Director		Х						0.	0.	0.
(8) Bill Crosier	2.00									
Director		Х						0.	0.	0.
(9) Cerene Roberts	2.00							_	_	_
Director		Х						0.	0.	0.
(10) David Beaton	2.00									
Director		Х						0.	0.	0.
(11) Grace Aaron	2.00									•
Director	2 00	Х	Ш					0.	0.	0.
(12) Jan Goodman	2.00	,,						0	0	0
Director	2 00	Х	Ш					0.	0.	0.
(13) Jim Brown	2.00	Х						0.	0.	0.
Director	2.00	Δ	-					0.	0.	0.
(14) Jonathan Alexander Chair/Assistant Engineer	2.00	Х		х				66,083.	0.	9,266.
(15) Kathryn Davis	2.00	Δ	-	Λ				00,003.	0.	9,200.
Director	2.00	X						0.	0.	0.
(16) Kenneth W. Laufer	2.00	<del>  ^ `</del>	$\vdash$	$\vdash$		$\vdash$		•	<u> </u>	<u> </u>
Director		x						0.	0.	0.
(17) Mansoor Sabbagh	2.00	<del> </del>								
Director		Х						0.	0.	0.

David VIII												_
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)	(C)					(D)	(E)	(1	F)		
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estin	nated				
	hours per	box	, unle	iless person is both an and a director/trustee)			h an	compensation	compensation	amoı	unt of	
	week	<del>                                     </del>	cer an	ia a a	irector/trustee)			from	from related		her	
	(list any	recto						the	organizations	compe		nc
	hours for related	or di	# 왕			ated		organization	(W-2/1099-MISC)		n the	_
	organizations	ustee	trustee		9	nbens		(W-2/1099-MISC)		organ	elatec	
	below	ual tr	ional		ploye	t con	_			organi		
	line)	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	orme			organi	Zatioi	3
(18) Maskeelah-Myrtle Washington	2.00	=	=	0	포	王 ==	<u></u>					
Director		Х						0.	0.			0.
(19) Nancy Sorden	2.00											
Director		Х						0.	0.			0.
(20) Rhonda R. Garner	2.00											
Director		Х						0.	0.			0.
(21) Robert L. Mark	2.00											
Director		Х						0.	0.			0.
(22) Sabrina Jacobs	2.00											
Director		Х						1,923.	0.			0.
(23) Themba Tshibanda	2.00											
Director		Х						0.	0.			0.
(24) Sam Agarwal	40.00								_	_		
Chief Financial Officer				Х				95,414.	0.	8	, 28	0.
(25) Bill Crosier	40.00											_
Interim ED	ļ			Х				0.	0.			0.
		-										
1b Sub-total							<u> </u>	163,420.	0.	17	,54	6.
c Total from continuation sheets to Part V	II. Section A						-	0.	0.			0.
d Total (add lines 1b and 1c)								163,420.	0.	17	,54	6.
2 Total number of individuals (including but n							no re	eceived more than \$100	0.000 of reportable		<u>-</u>	
compensation from the organization						,			, 1			0
										Y	es I	No
3 Did the organization list any <b>former</b> officer,	director, or tru	uste	e, ke	ev er	nplo	yee	, or h	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s										3		X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$15	•							•	•	4		X
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com	plete Schedul	e <u>J</u> f	or si	uch	pers	son .	<u></u>			5		X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	acto	ors tl	hat received more than	\$100,000 of compens	ation fro	m	

the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	<del>.                                      </del>	
(A) Name and business address	(B) Description of services	(C) Compensation
Regalia & Associates, 103 Town & Country Dr., Suite K, Danville, CA 94526	Accounting	117,583.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	

\$100,000 of compensation from the organization

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) (**D**) Revenue excluded from tax under (C) Related or Unrelated Total revenue exempt function husiness revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues ..... 1b 137,130. c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above ..... 9,802,224. 184,267, g Noncash contributions included in lines 1a-1f: \$ 9,939,354. h Total. Add lines 1a-1f .... Business Code 2 a Sub-channel income Program Service Revenue 515100 276,215 276,215 b Donor incentive sales 900099 228,619 228,619 c Affiliate income 515100 194,017 194,017 f All other program service revenue g Total. Add lines 2a-2f. 698,851. Investment income (including dividends, interest, and 99,434 99,434. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ...... c Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ 137,130. of contributions reported on line 1c). See Part IV, line 18 a 67,545. Other b Less: direct expenses \_\_\_\_\_ b 57,348, c Net income or (loss) from fundraising events 10,197 10,197. 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances \_\_\_\_\_a **b** Less: cost of goods sold ..... **c** Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a Other income 900099 132,389 132,389. b d All other revenue e Total. Add lines 11a-11d 132,389 10,880,225. Total revenue. See instructions. 698,851. 242,020.

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A)
Total expenses Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 150,686. 47,311. 14,957. 88,418. trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,444,318. 2,754,528. 1,215,738. 474,052. Other salaries and wages ..... 7 Pension plan accruals and contributions (include 975,112. 306,718. 637,189. 31,205. section 401(k) and 403(b) employer contributions) 49,554. 87,378. 145,778. 8,846. 9 Other employee benefits 414,130. 103,742. 264,970. 45,418. 10 Payroll taxes Fees for services (non-employees): 11 a Management 230,777. 230,777. Legal 143,989. 143,989. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other, (If line 11g amount exceeds 10% of line 25, 606,055. 75,959. 393,214. 136,882. column (A) amount, list line 11g expenses on Sch O.) 27,193. 25,427. 300. 1,466. Advertising and promotion 12 1,245,252. 823,102. 118,109. 304,041. 13 Office expenses 171,364. 48,078. 116,677. 6,609. Information technology 14 Royalties 15 183,247. 411,213. 594,460. 16 Occupancy 17,989. 25,182. 4,900. 2,293. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 106,912. 9,047. 96,829. 1,036. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 200,279. 78,845. 121,270. 164. Depreciation, depletion, and amortization ..... 22 267,882. 267,882. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 713,894. 671,399. 42,495. Tower rent/ utilities Programming costs 298,273. 156,936. 109,135. 32,202. 39,202. 144,318. 188,958. 5,438. Direct mail 10,822. 10,211. 611. d Permits, fines and fili 5,549. 797. 4,263. 489. e All other expenses 1,042,315. 10,966,865. 5,007,252. 4,917,298. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

educational campaign and fundraising solicitation. Check here X if following SOP 98-2 (ASC 958-720)

5,438.

39,202.

188,958.

Ра	πχ	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	570,748.	1	787,893.		
	2	Savings and temporary cash investments		519,369.	2	595,828.	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4,512.	4	269,325.	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensa					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(	c)(3)(B), and contributing			
Assets		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
	7	Notes and loans receivable, net				7	
Ř	8	Inventories for sale or use			18,153.	8	15,771.
	9	Prepaid expenses and deferred charges			44,303.	9	31,806.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	10,955,572.			
	b	Less: accumulated depreciation	10b	9,040,850.	2,094,712.	10c	1,914,722.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	36,770.	15	42,120.		
	16	Total assets. Add lines 1 through 15 (must equa	al line (	34)	3,288,567.	16	3,657,465.
	17	Accounts payable and accrued expenses	5,454,122.	17	5,851,574.		
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to current and former					
≣		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24	). Complete Part X of	2 260 002		2 410 160
		Schedule D			2,360,083. 7,814,205.	25	2,418,169. 8,269,743.
	26	Total liabilities. Add lines 17 through 25			7,014,203.	26	0,409,743.
		Organizations that follow SFAS 117 (ASC 958		ck here 🕨 🔼 and			
ces		complete lines 27 through 29, and lines 33 an			-5,707,493.	07	-5,794,133.
an	27	Unrestricted net assets			65,800.	27	65,800.
Fund Balances	28	Temporarily restricted net assets	Г	1,116,055.	28	1,116,055.	
pur	29			0) -11-1	1,110,000.	29	1,110,033.
ŗ		Organizations that do not follow SFAS 117 (A	SC 95	b), cneck nere			
S S		and complete lines 30 through 34.				00	
set	30	Capital stock or trust principal, or current funds				30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or ed				31	
Net	32	Retained earnings, endowment, accumulated in			-4,525,638.	32	-4,612,278.
_	33	Total liebilities and not seem (fund balances			3,288,567.	33	
	34	Total liabilities and net assets/fund balances			3,400,30/.	34	3,657,465.

10,96	0,225 6,865 6,640 5,638	•
10,96	6,865 6,640	•
10,96	6,865 6,640	•
-8	6,640	•
-4,52	5,638	•
		_
		-
		_
	0	•
		_
-4,61	2,278	
		_
	Х	
	Yes No	,
-		
2a	Х	
2b	Х	
2c	Х	
3a	х	
		_
3h		
	- 2a	-4,612,278    Yes   No

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 16

Open to Public Inspection

Name of the organization

Employer identification number The Pacifica Foundation 94-1347046

			racilica i					4 134/040				
Pa	ırt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) S	ee instructions.					
The	organ	ization is not a private found	lation because it is:	(For lines 1 through 12, o	check only	one box.)						
1		A church, convention of ch										
2		A school described in <b>sect</b> i					, , , ,					
3		A hospital or a cooperative					ii).					
4	一							the hospital's name				
7		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . 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										
3				niege of university owne	u or opera	ted by a g	overninental unit descri	Jed III				
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6	X	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
7	Δ			antial part of its support	rrom a gov	ernmentai	unit or from the general	public described in				
_		section 170(b)(1)(A)(vi). (C										
8	$\square$	A community trust describe										
9		An agricultural research org	-			-	-	-				
		or university or a non-land-o	grant college of agric	culture (see instructions)	. Enter the	name, city	y, and state of the collec	ge or				
		university:										
10		An organization that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from				
		activities related to its exen	npt functions - subje	ect to certain exceptions,	, and (2) no	o more tha	n 33 1/3% of its suppor	t from gross investment				
		income and unrelated busin	ness taxable income	e (less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclus	sively to test for public sa	afety. See	section 50	)9(a)(4).					
12		An organization organized a	and operated exclus	sively for the benefit of, to	o perform	the functio	ons of, or to carry out the	e purposes of one or				
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in				
		lines 12a through 12d that	describes the type of	of supporting organization	n and con	nplete line:	s 12e, 12f, and 12g.					
а		Type I. A supporting orga						/ giving				
		the supported organization	· ·	·		•						
		organization. You must o			, ,			0				
b		Type II. A supporting org			tion with it	ts support	ed organization(s), by ha	avina				
		control or management o	•				-	-				
		organization(s). You mus			our por or		or an arrange are ear	5,50.100				
c		☐ Type III functionally inte			in connec	tion with	and functionally integrat	ed with				
•		its supported organization						oa witii,				
c		Type III non-functionally						ization(s)				
		that is not functionally int					• • • • •	* *				
		•		•	•		•	iveriess				
		requirement (see instruct	•	- ·								
e		☐ Check this box if the orga					a Type I, Type II, Type III					
		functionally integrated, or	* *	nally integrated support	ing organi	zation.						
f		er the number of supported o										
		vide the following informatior (i) Name of supported	ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other				
	,	organization	(11) 2.114	(described on lines 1-10	in your governi	ing document?	support (see instructions)	support (see instructions)				
		<u> </u>		above (see instructions))	Yes	No	/	,				
					1							
					1							
			I	1	1	I	I	I				

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	12,225,758.	11,778,667.	11,527,239.	9,335,258.	9,939,354.	54,806,276.
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	12,225,758.	11,778,667.	11,527,239.	9,335,258.	9,939,354.	54,806,276.
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.						54,806,276.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	12,225,758.	11,778,667.	11,527,239.	9,335,258.	9,939,354.	54,806,276.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	11,702.	10,593.	8,953.	46,235.	99,434.	176,917.
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.)	78,761.	106,603.	120,659.	301,760.	132,389.	740,172.
11	<b>Total support.</b> Add lines 7 through 10						55,723,365.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 2	,944,588.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here					<b>&gt;</b>
	ction C. Computation of Publ						
14	Public support percentage for 2016 (					14	98.35 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	98.78 %
16a	33 1/3% support test - 2016. If the						
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2015. If the						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the		•				
	organization meets the "facts-and-circ						
18	<b>Private foundation.</b> If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17k	o, check this box a	and see instruction	s

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	•						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
K	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.)						
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization's	s first second thir	d fourth or fifth ta	ax vear as a sectio	n 501(c)(3) organiz	ration
					•		<b>•</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2016 (			column (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Inve					1.0	70
	Investment income percentage for 20			ne 13 column (f))		17	%
	Investment income percentage from					18	
	33 1/3% support tests - 2016. If the						
136							
L	more than 33 1/3%, check this box a						
r	33 1/3% support tests - 2015. If the						
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in dia not check a	DOX OF TIME 14, 19	a, or 190, check th	nis box and see in:	structions	

# Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
2-		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
- Su		
5b		
5c		
6		
7		
7		
8		
9a		
9b		
9с		
10a		
104		
10b		
m 990 or 99	0-EZ	2016

Pa	rt IV   Supporting Organizations (continued)		- 10	igo <b>o</b>
	, o (continueu)		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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
0	supported organizations played in this regard.	3		
-	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization is the parent of each of its supported organizations. Complete line's below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ruotiono	١	
с 2	Activities Test. <i>Answer (a) and (b) below.</i>	uctions	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	INO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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

Schedule A (Form 990 or 990-EZ) 2016

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continued)</sub>	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsiv	е	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a	, ,			
b				
С	From 2013			
d	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

The Pacifica Foundation

Employer identification number 94-1347046

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pa	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a certi	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
_	conservation easements.		
Pa	rt III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical tre		Il gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990 Part Y		© C

	<u> </u>	ifica Found							Page 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, c	or Other	Similar	Asse	<b>ts</b> (continu	ued)
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following tha	t are a sigr	nificant us	e of its	collection	items
	(check all that apply):								
а	Public exhibition	d	Loan or exch	nange progra	ıms				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	ne organizatio	on's exem <sub>l</sub>	pt purpos	e in Part	XIII.	
5	During the year, did the organization solicit or	receive donations of	art, historical treas	sures, or oth	er similar a	ssets			
	to be sold to raise funds rather than to be ma	intained as part of th	e organization's co	llection?			$\square$	Yes	☐ No
Pai	rt IV Escrow and Custodial Arrang							line 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contribution	s or other as	sets not in	cluded			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a								
	, ,	•	•					Amount	
С	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fo							Yes	No
	If "Yes," explain the arrangement in Part XIII.	· ·	•		-				
Par									
	·	(a) Current year	(b) Prior year	(c) Two year		) Three yea	rs back	(e) Four	/ears back
1a	Beginning of year balance	490,820.	476,843.		2,639.	-	2,153.		468,456.
	Contributions	·	,		<i></i>				· ·
С	Net investment earnings, gains, and losses	47,742.	13,977.	-25	796.	20	,486.		67,546.
d			,		<i>'</i>				
	Other expenditures for facilities								
	and programs								53,849.
f	Administrative expenses								
g g	End of year balance	538,562.	490,820.	476	5,843.	502	2,639.		482,153.
2	Provide the estimated percentage of the curr		, ,		7		, , , ,		
a	Board designated or quasi-endowment	0.0	%	iji riola ao.					
	_ 100 00 -	%	.70						
	Temporarily restricted endowment	<del>.</del> 00 %							
·	The percentages on lines 2a, 2b, and 2c shou								
3a	Are there endowment funds not in the posses	•	ion that are held a	nd administe	red for the	organizat	ion		
-	by:	solon or the organizat	ion that are more a	ina aariiinioto	100 101 1110	organiza.		Г	Yes No
	(i) unrelated organizations							3a(i)	X
	reas							3a(ii)	X
h	If "Yes" on line 3a(ii), are the related organization							3b	
4	Describe in Part XIII the intended uses of the							0.0	
_	t VI Land, Buildings, and Equipm		mont fanas.						
	Complete if the organization answered		Part IV line 11a S	see Form 990	Part X lir	ne 10			
	Description of property	(a) Cost or oth				umulated		(d) Book	value
	besomption of property	basis (investme	' '	I	٠,	eciation		(W) DOOK	value
12	Land	<u> </u>	,	2,428.	азрі	3.23.011		632	,428.
	Land			2,327.	2. 31	14,51	2.		,815.
	Buildings Leasehold improvements			9,464.		09,46		001	0.
				5,538.		09,07		586	,462.
	Equipment Other			5,815.		77,79			,017.

Schedule D (Form 990) 2016

1,914,722.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

	a Foundation		94-1347046 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(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"  (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	and of year market value
	(b) Book value	(c) Method of Valuation. Cost of	end-or-year market value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	I		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description	, ,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<b>&gt;</b>
Part X Other Liabilities.			
Complete if the organization answered "Yes"			e 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes		2 410 160	
(2) Deferred leasing costs		2,418,169.	
(3)			
(4)			
(5)			
(6)	[		

(7) (8)

2,418,169.

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

111 02/

			1347046	Page				
Ра	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audited financial statements	1	10,937,	, 573				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							

•	Total Tovorido, gamo, and other support per addited infaholal 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			
	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d	57,348.		
	Add lines 2a through 2d			2e	57,348.
3	Subtract line 2e from line 1			3	10,880,225.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	10,880,225.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

	Total expenses and losses per audited financial statements				11,024,213			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities	2a						
	Prior year adjustments	2b						
	Other losses	2c						
d	Other (Describe in Part XIII.)	2d	57,348.					
е	Add lines 2a through 2d			2e	57,348.			
3	Subtract line 2e from line 1			3	10,966,865.			
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			4c	0.			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5 Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)					

Part 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:

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

### Part X, Line 2:

The foundation is exempt from payment of taxes on income other than net unrelated business income under IRC Section 501(c)(3). For the years ended September 30, 2017 and 2016, there was no unrelated business income and, accordingly, no federal or state income taxes have been recorded. Contributions to the Foundation are deductible as provided in IRC Section 170(b)(1)(A)(vi). Management has evaluated the Foundation's tax positions and concluded that the Foundation's financial statements do not include

Part XIII | Supplemental Information (continued)

any uncertain tax positions.

Financial statement presentation follows the recommendations of FASB ASC 70, Income Taxes. Under ASC 740, the Foundation is required to report information regarding its exposure to various tax positions taken by the Foundation and requires a two-step process that separates recognition from measurement. The first step is determining whether a tax position has met the recognition threshold; the second step is measuring a tax position that meets the recognition threshold.

Management believes that the Foundation has adequately evaluated its current tax positions and has concluded that as of September 30, 2017 and 2016, the Foundation does not have any uncertain tax positions for which a reserve or an accrual for a tax liability would be necessary. The Foundation may periodically received unrelated business income requiring the organization to file separate tax returns under federal and state statutes.

Part	XI,	Line	2d	_	Other	Adjustments:
------	-----	------	----	---	-------	--------------

Event Expenses 57,348.

## Part XII, Line 2d - Other Adjustments:

Event Expenses 57,348.

### **SCHEDULE G**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

# **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

Schedule G (Form 990 or 990-EZ) 2016

The Pacifica Foundation 94-1347046 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants ☐ Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events Community None (add col. (a) through Events col. (c)) (event type) (event type) (total number) Revenue 204,675. 204,675. 1 Gross receipts 137,130 137,130. 2 Less: Contributions 67,545. 67,545. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages ..... 8 Entertainment 57,348. 57,348. 9 Other direct expenses 57,348 10 Direct expense summary. Add lines 4 through 9 in column (d) 10,197 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_ Yes \_\_\_\_ No b If "Yes," explain: \_\_\_\_

Sch	nedule G (Form 990 or 990-EZ) 2016 The Pacifica Foundation 94-	1347	046	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
a	a The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
C	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ►			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year 🕨 \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9,	9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions			

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

# **SCHEDULE M** (Form 990)

**Noncash Contributions** 

16

OMB No. 1545-0047

**Open To Public** Inspection

94 - 1347046

Department of the Treasury Internal Revenue Service

Name of the organization

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

The Pacifica Foundation

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

Pai	rt I Types of Property				<u>'</u>			
		(a)	(b)	(c)	(d			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of o		0	_
		applicable		Form 990, Part VIII, line	noncash contrib	oution a	mount	S
1	Art - Works of art			,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	X	430	184,26	7.FMV			
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ( )							
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organi	ization durin	g the tax year for o	contributions				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29			0	
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	ported in Part I, lines 1 th	rough 28, that it			
	must hold for at least three years from the dat	e of the initia	al contribution, and	d which isn't required to b	e used for			
	exempt purposes for the entire holding period	?				30a		X
b	<b>b</b> If "Yes," describe the arrangement in Part II.							
31								X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell nonc	ash			
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is	checked,			
	alanavilna in David II							

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

Schedule M (Form 990) (2016)

Schedule M	(Form 990) (2016) The Pacifica Foundation	94-1347046	Page 2
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information.	and whether the organizat pination of both. Also comp	ion

# SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

Name of the organization

The Pacifica Foundation

Employer identification number 94-1347046

Form 990, Part I, Line 1, Description of Organization Mission:

Listener-supported, non-commercial, education and community public radio organization.

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

To establish a Foundation organized and operated exclusively for

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

benefit of any member of the Foundation.

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

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

In radio broadcasting operations to engage in any activity that shall

contribute to a lasting understanding between nations and between the

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

The Pacifica Foundation

The Pacifica Foundation and colors; to gather and

The Pacifica Foundation

The Pacifica Foundation and colors; to gather and

The Pacifica Foundation

The Pacifica Fo

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

Name of the organization

The Pacifica Foundation

Employer identification number 94-1347046

from Pacifica affiliate stations who then also serve as directors on the National Board.

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

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

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

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

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

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

Members of the Board of Directors review all potential conflicts of

interest at least annually. All personnel and board members are required to

Name of the organization
The Pacifica Foundation

Employer identification number 94-1347046

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

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

Name of the organization **Employer identification number** The Pacifica Foundation 94-1347046 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. 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-Washington, DC, Pacifica Foundation, National Office Pacifica Foundation, Pacifica Radio Archives, The Organization's national office has created 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 accountant. The process has not changed from previous years. Form 990, Explanation of Amended Return The original tax return was filed prior to the completion of the annual audit. This amended tax return has been prepared to reflect final audited (and corrected) financial data.

# Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

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

# filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Auto	matic 6-Month Extension of Time. Only subr	nit origin	al (no copies needed).				
All cor	porations required to file an income tax return other than F	orm 990-T	(including 1120-C filers), partnership	s, REMIC	s, and trus	ts	
must เ	se Form 7004 to request an extension of time to file incor	ne tax retui	ns.				
				Enter file	r's identify	ing number	
Туре	e or Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) of		
print							
File by t	The Pacifica Foundation			94-1347046		347046	
due date	te for Number, street, and room or suite no. If a P.O. box, see instructions.			Social security number (SSN)			
filing you return. S	e 1929 Marchi Bacher Kring or						
instructi	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  Berkeley, CA 94704						
Enter t	he Return Code for the return that this application is for (f	le a separa	te application for each return)			0 1	
Applic	ation	Return	Application			Return	
Is For		Code	Is For	Code			
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 9	90-BL	02	Form 1041-A	08			
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227			10	
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	90-T (trust other than above)	06	Form 8870				
	Tamra Swidersk		oolumbia gg	2020	1		
	books are in the care of $\triangleright$ 939 South Stad	Tulli R		2920			
	ephone No. ► 803-978-1582	a ta Alaa I Ia	Fax No.			<b>.</b> —	
	e organization does not have an office or place of busines is is for a Group Return, enter the organization's four digit						
box		7	ch a list with the names and EINs of			group, check this	
	request an automatic 6-month extension of time until		. 45 0040			ation return	
-	or the organization named above. The extension is for the			tile exem	pt organiza	ttorreturi	
	of the organization named above. The extension is for the	Organizati	on stetum for.				
	calendar year or						
ľ	► X tax year beginning OCT 1, 2016	. an	d ending SEP 30, 2017				
	f the tax year entered in line 1 is for less than 12 months,		Ĭ <del>-</del>	inal returi	<u> </u>		
	Change in accounting period						
3a	<u> </u>						
	nonrefundable credits. See instructions.					0.	
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
	estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.	
С	<b>Balance due.</b> Subtract line 3b from line 3a. Include your p	ayment wit	h this form, if required,			_	
	by using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3с	\$	0.	

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2017)