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Form **990**

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 black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public Inspection

| \ Fo | r the 2 | 2008 ca | lendar yea | r, or tax year beginning 07-01-2008 | and ending 06-30-200 | 9 | | |
|--------------------------------|-----------|-------------------------|---------------------------|---|---|-----------------|-----------------------|----------------------------|
| | | pplicable | - | C Name of organization | | | D Employer id | entification number |
| _ | Iress cha | • | Please use IRS | Regional Access Project Foundation | | | 33-054745 | 53 |
| _ | ne char | | label or print or | Doing Business As | | | E Telephone n | |
| _ | | | type. See | | | | (760)674- | 9992 |
| Init — | ıal retur | rn | Specific Instruc- | Number and street (or P O box if mail is r 75-105 Merle Dr | not delivered to street addre | ss) Room/suit | G Gross receip | |
| Ter | mınatıoı | n | tions. | 73-103 Methe Di | | | | |
| - Am | ended r | return | | City or town, state or country, and ZIP + 4 Palm Desert, CA 92211 | 4 | • | | |
| – App | lication | pending | | Paini Desert, CA 92211 | | | | |
| | | | F Nar | ne and address of Principal Officer | | H(a) Ic ti | nıs a group returr | o for |
| | | | Judith (| Cox | | | ates? | ⊤Yes ▼No |
| | | | | Crestview Terrace nta, CA 92253 | | | | |
| Ta | x-exem | pt status | - | (3) ◄ (insert no) | 527 | | all affiliates includ | • |
| | | | | (3) 4 (iliselt lib) 4947(a)(1) 61 | 321 | | | t See instructions) |
| W | eb site | e:► N/A | | | | H(c) Gro | up Exemption Ni | imber 🟲 |
| , - | | | <u> </u> | | | 1 | | |
| Стур | e or org | anization | ♥ Corporat | on trust association other ► | | L Year of F | ormation 1992 M | State of legal domicile CA |
| | | | | | | | | |
| Pa | rt I | Sumn | nary | | | | | |
| | 1 | Briefly d | escribe th | e organization's mission or most sign | ificant activities | | | |
| 2 | 1 | | _ | , oversight, technical assistance, and | | - | _ | |
| aoyemanoe | | interven | | which serve the populations of easter | n Riverside County in t | ne areas of r | ieaith, mentai ne | aith, and juvenile |
| b | | | | ıf the organizatıon discontinued its op | perations or disposed o | f more than | 25% of its asset | :S |
| Ś | | | , | nembers of the governing body (Part | | | | 10 |
| | | | | dent voting members of the governin | | | | 0 |
| ß | | | | nployees (Part V, line 2a) | | , | - | 4 |
| ļ | | | | lunteers (estimate if necessary) | | | | <u> </u> |
| ACUMUES & | | | | ted business revenue from Part VIII, | | | • | 0 |
| 4 | | _ | | ness taxable income from Form 990- | | • | 7a ₋ 7b | <u> </u> |
| | , b | Wet unite | inted Dusi | mess taxable income noni i omi 550- | T, IIIIe 54 | Dr | ior Year | Current Year |
| | | C + | | | | PI | + | |
| 9 | 8 | | | d grants (Part VIII, line 1h) | | | 1,163,109 | 1,075,326 |
| ĕ | 9 | | | revenue (Part VIII, line 2g) | | | 64.050 | 0 |
| Reven | 10 | | | ne (Part VIII, column (A), lines 3, 4, | | | 64,059 | 38,554 |
| | 11 | | • | art VIII, column (A), lines 5, 6d, 8c, | | | 5,888 | 0 |
| | 12 | 10taire | evenue—a | dd lines 8 through 11 (must equal Pa | rt VIII, column (A), lin | e | 1,233,056 | 1,113,880 |
| | 13 | | and simila | ar amounts paid (Part IX, column (A), | lines 1-3) | | 997,650 | 944,891 |
| | 14 | | | r for members (Part IX, column (A), l | · | | , | 0 |
| | 15 | | | ompensation, employee benefits (Part | | 5- | | |
| Expenses | | 10) | , | | , | | 233,306 | 262,086 |
| Ŧ | 16a | Profess | sional fund | raising fees (Part IX, column (A), line | e 11e) | | | 0 |
| ŝ | ь | (Total fu | ındraısıng ex | penses, Part IX, column (D), line 25 0 |) | | | |
| | 17 | Other | expenses (| Part IX, column (A), lines 11a-11d, | 11f-24f) | | 369,969 | 346,088 |
| | 18 | Totale | xpenses— | add lines 13–17 (must equal Part IX | , line 25, column (A)) | | 1,600,925 | 1,553,065 |
| | 19 | | | penses Subtract line 18 from line 12 | | | -367,869 | -439,185 |
| 5 % | | | ., | | | Beain | ning of Year | End of Year |
| ner Assers or Fund Balances | 20 | Totala | ssets (Da | t X, line 16) | | | 1,433,786 | 1,050,884 |
| 7 те 3 ш | | | | | | | · · · | · · · |
| Z. | 21 | | · | Part X, line 26) | | | 133,059 | 247,404 |
| | 22 | | | d balances Subtract line 21 from line | e 20 | | 1,300,727 | 803,480 |
| Pai | t II | _ | ature Blo | | | | | |
| | | | | rjury, I declare that I have examined this reti correct, and complete Declaration of prepare | | | | |
| Plea | se | **** | | | . , said. dian officery is base | 1 | | any knomeuge |
| Sign | | 1 Bi | iture of office | er | | Date | 0-02-16 e | |
| lere | • | h 1udat | h Cov CEO | | | | | |
| | | | n Cox CEO or print nam | e and title | | | | |
| | |] F | | T | Date | Check If | Prenarer's DTIM | (See Gen Inst) |
| اء: ۵ | | Preparer's signature | | G Armijo CPA | | self- | _ ' | (See Sell Hist) |
| Paid | ,,,,, | | | | | empolyed 🕨 🔽 | <u>'</u> | |
| repa Jse (| arer's | Firm's na if self-em | me (or yours iployed), | Oscar G Armijo CPA | | | EIN Þ | |
| , 3E (| וווכ | | and ZIP + 4 | 41-990 Cook St Suite 501 | | | - | |
| | | | | Palm Desert, CA 92211 | | | Phone no 🕨 (1 | 760) 773-4078 |
| lav t | he IR | S discus | e this retu | rn with the preparer shown above? (S | ae instructions) | · · · · · · | | Tyes TNo |

Part III Statement of Program Service Accomplishments (See the instructions.)

| | D (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | , | | | | | |
|-----|--|---------------------|--------------------|---------------------------|---|-----------------------------|--|
| 1 | Briefly describe the organization | | ad guidance to man | inrofit community based a | organizations and other tax exem | ot agancias which some the | |
| | populations of eastern Riverside | | | | | or agencies which serve the | |
| 2 | Did the organization unde | ertake any signific | ant program se | rvices during the yea | r which were not listed on | | |
| | the prior Form 990 or 99 | 0-EZ? | | | | ┌ Yes ┌ No | |
| | If "Yes," describe these r | new services on So | chedule O | | | | |
| 3 | Did the organization cease services? | | nake sıgnıfıcant | changes in how it co | nducts any program | ┌ Yes ┌ No | |
| | If "Yes," describe these o | hanges on Sched | ule O | | | | |
| 4 | |) organizations ar | ıd 4947(a)(1) t | rusts are required to | e largest program services t report the amount of grants ed | | |
| 4a | (Code |) (Expenses \$ | 1,215,161 | ıncludıng grants of \$ |) (Revenue \$ | 38,554) | |
| | • | | | = = : | ces in Eastern Riverside County, C | • • | |
| | , | , | , - | • | ,, | | |
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| 4b | (Code |) (Expenses \$ | | ıncludıng grants of \$ |) (Revenue \$ |) | |
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| | | | | | | | |
| 4c | (Code |) (Expenses \$ | | including grants of \$ |) (Revenue \$ |) | |
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| | | | | | | | |
| 4d | Other program services | (Describe in Cab | adula O) | | | | |
| -tu | | | uding grants of | : c |) (Revenue \$ | , | |
| | (Expenses \$ | | | <u> </u> | |) | |
| 4e | Total program service e | xpenses \$ | 1,215,16 | 1 Must equal Part IX | (, Line 25, column (B). | | |

| Part IV | Checklist of | Required | Schedules |
|---------|---------------|--------------|------------|
| | CIICCINIISCOI | ive quii e u | Julicadios |

| | | | 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 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | Νο |
| 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 | | Νο |
| 4 | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | No |
| 5 | Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | Νο |
| 6 | Did the organization maintain any donor advised funds or any accounts where 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 | | No |
| 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 | | Νο |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | Νο |
| 9 | Did the organization report an amount in Part X, line 21, 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 | Yes | |
| 10 | Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Νo |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 11 | Yes | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII . | 12 | Yes | |
| 13 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Νο |
| 14a | Did the organization maintain an office, employees, or agents outside of the U S ? | 14a | | Νο |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> | 16 | | No |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> | 17 | | No |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | No |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | Νο |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | Νο |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J | 23 | | No |
| 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 questions 24b-24d and complete Schedule K. If "No," go to question 25 | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | Νο |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | Νο |
| 25a | Section 501(c)(3) and 501(c)(4) 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 | | No |
| b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | Yes | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | No |

Part IV Checklist of Required Schedules (Continued)

| | | | Yes | No |
|----|---|-----|-----|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee | | | |
| а | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV | 30 | | |
| | | 28a | | Νo |
| Ь | Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV | 28b | | Νo |
| С | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV. | 28c | | Νo |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Νo |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | Νο |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Νo |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | Νo |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I | 33 | | Νο |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | Νο |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | | Νο |
| 36 | 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Νο |
| 37 | Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Νο |

| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | |
|------------|---|-----|-----|------------|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal | | | |
| | of U.S. Information Returns. Enter -0- if not applicable | | | |
| | 1a 1 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | | |
| _ | gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements filed for the calendar year ending with or within the year covered by this return | | | |
| ь | If at least one is reported in 2a, did the organization file all required federal employment tax returns? | | | |
| _ | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. | 2b | Yes | |
| 3 a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this | _ | | N. |
| | return? | 3a | | No_ |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | <u> No</u> |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No |
| b | If "Yes," enter the name of the foreign country | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Νo |
| c | If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited | | | Νο |
| | Tax Shelter Transaction? | 5c | | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | 6a | | No_ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | No |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? | 7a | | N o |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | N o |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to | 7c | | N.o. |
| d | file Form 8282? | 70 | | No_ |
| u | The s, indicate the number of forms 5252 filed during the year | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Νο |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Νo |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | Νo |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as | _ | | |
| | required? | 7h | | <u> No</u> |
| 8 | Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the | • | | N - |
| | year? | 8 | | N o |
| 9 | Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | N o |
| Ь | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | N o |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations Enter | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | No |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |

2

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Yes

2

3

4

5

6

7a

7b

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| | For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions. | ı, desc | ribe the circumstances, |
|----|---|---------|-------------------------|
| 1a | Enter the number of voting members of the governing body | 1a | 1(|
| b | Enter the number of voting members that are independent | 1b | (|
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a bu | siness | relationship with any |

| other officer, director, trustee, or key employ | ee? | | | | | - | | | | | |
|---|--------------|----------|----------|-------|--------|-------|-------|------|------|----|---|
| Did the organization delegate control over ma | • | | | , , | | | | | | | |
| supervision of officers, directors or trustees, | , or key emp | loyees t | to a man | ageme | nt con | npany | or ot | nerp | erso | n? | • |

| Did the organization make any significant changes to its organizational documents since the prior Form 990 was |
|--|
| filed? |
| Did the comment of th |

| Did the organization become aware during the year of a | material diversion of the organization's assets? | [|
|--|--|---|
| Does the organization have members or stockholders? | | [|
| | | [|

| Does the organiza | tior | า ha | ve i | men | nbe | rs, s | stoc | kho | lder | s, o | r oth | ner | per | sons | wh | o m | nay | elec | tor | ie d | or m | ore | me | mbe | rs o | of the |
|-------------------|------|------|------|-----|-----|-------|------|-----|------|------|-------|-----|-----|------|----|-----|-----|------|---------|------|------|-----|----|-----|------|--------|
| governing body? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | | LI | | | | | | | | | | 1 | I | | I | | | | | | | | | | | |

| _ | Are any decisions of the governing body subject to approval by members, stockholders, or other persons. |
|---|--|
| | Did the organization contemporaneously document the meetings held or written actions undertaken during the |
| | vear by the following |

| | year by the following | | | , | | . | _ |
|---|-----------------------|--|------|---|------|------|------|------|------|------|------|------|------|----------|---|
| 3 | the governing body? | | | | | | | | | | | | | | |

| b | each committee with authority to act on behalf of the governing body? | • | • | • | • | • | • | • | • | • | • | • | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| | Does the organization have local chapters, branches, or affiliates? . | | | | | | | | | | | | |

| b | If "Yes," does the organization have written policies and procedures governing the activities of such | ıch | apt | ters | ٠, |
|---|---|-----|-----|------|----|
| | affiliates, and branches to ensure their operations are consistent with those of the organization? . | • | | • | • |

| Was a copy of the Form 990 provided to the organization's governing body before it was filed? A | ll or | gan | ızat | ion | s |
|---|-------|-----|------|-----|---|
| must describe in Schedule O the process, if any, the organization uses to review the Form 990 | | | | | |

| 11 | Is there any officer, director or 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 0 $\cdot\cdot\cdot\cdot$ |

| 8a | Yes | |
|----|-----|----|
| 8b | Yes | |
| 9a | | Νo |
| 9b | | No |
| 10 | Yes | |
| 11 | | No |
| | | |

Section B. Policies

| | | | Yes | No |
|-----|--|-----|-----|-------|
| 12a | Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot . | 12a | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | Yes | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision | | | |
| а | The organization's CEO, Executive Director, or top management official? | 15a | Yes | |
| b | Other officers or key employees of the organization? | 15b | Yes | |
| | Describe the process in Schedule O | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | Νο |
| Ь | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | N o |
| | | TOD | | 1 110 |

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization Judith Cox 75-105 Merle Dr Suite 800 Palm Desert, CA 92211 (760) 674-9992

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, or 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

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

| , | · | Posit | (C | :) chec | :k al | | | | (E) | (F) |
|-------------------------------|--|-----------------------------------|-----------------------|------------|--------------|------------------------------|--------|---|---|--|
| (A) Name and Title | (B) Average hours per week | Individual Trustee or Chrector | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | Reportable compensation from related organizations (W- 2/1099- MISC) | Estimated amount of other compensation from the organization and related organizations |
| Roy Wilson , Director | 2 00 | Х | | | | | | 0 | 0 | 0 |
| Mary Roche , Vice Chair | 2 00 | Х | | Х | | | | 0 | 0 | 0 |
| Mark Moran , Director | 2 00 | X | | | | | | 0 | 0 | 0 |
| Judith Cox , CEO | 50 00 | | | | Х | | | 87,652 | 0 | 0 |
| Joe Hayes , Director | 2 00 | X | | | | | | 0 | 0 | 0 |
| Jean Benson , Director | 2 00 | Х | | | | | | 0 | 0 | 0 |
| Jan Pye , Treasurer | 2 00 | X | | Х | | | | 0 | 0 | 0 |
| JM Evosevich , Director | 4 00 | Х | | | | | | 0 | 0 | 0 |
| Dr William Kroonen , Chairman | 2 00 | X | | Х | | | | 0 | 0 | 0 |
| Dr Ann Dew , Director | 2 00 | Х | | | | | | 0 | 0 | 0 |
| Craig Borba , Secretary | 2 00 | Х | | Х | | | | 0 | 0 | 0 |
| | | | | | | | | | | |
| | | | | | | | | | | _ |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Part VIII Continued

| | | | (i tion that a | | | all | | | (E) | (F) |
|-----------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| (A) Name and Title | (B) A verage hours per week | Individual Trustee or Director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | Reportable compensation from related organizations (W- 2/1099- MISC) | Estimated amount of other compensation from the organization and related organizations |
| | | | - | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Total | | | | | | | • | 87,652 | | |

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►0

| | | | Yes | No |
|---|---|---|-----|----|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | | No |
| 4 | For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | | No |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person | 5 | | No |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| , (A) | (B) | (c) |
|---|-------------------------|--------------|
| Name and business address | Description of services | Compensation |
| | | |
| | | _ |
| | | |
| | | |
| 7. Total number of independent contractors (including these in 1) who recoved more than the | 100.000 | |

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

0

| Statement of Revenue |
|----------------------|
|----------------------|

| | | | | | (A) Total Revenue | (B) Related or Exempt Function Revenue | (C) Unrelated Business Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 514 |
|---------------------------------|---------|---|------------------------------|---------------|----------------------|--|---|--|
| \$ \$ | 1a | Federated camp | paigns 1a | | | | | |
| 죨 | ь | Membership du | es | | | | | |
| gifts, grants illar amounts | c | Fundraising eve | nts 1c | | | | | |
| ž i | d | Related organiz | ations 1 d | | | | | |
| % E | e | Government grants | (contributions) 1e | 1,055,414 | | | | |
| <u>후</u> . | f | | ns, gifts, grants, and 1f | 19,912 | İ | | | İ |
| 돌 | _ | similar amounts no | | | | | | |
| | g | lines 1a-1f \$ _ | butions included in | | | | | |
| Contributions, gand other simil | h | | s 1a-1f) | 🕨 | 1,075,326 | | | |
| | | | | Business Code | | | | |
| Ele | 2a | | | | | | | |
| , Ker | ь | | | | | | | |
| 2 <u>4</u> | c | | | | | | | |
| Š နှ | d | | | | | | | |
| Ì | l e | | | | | | | |
| Program Serwce Revenue | f | All other progra | m service revenue | | | | | |
| Š | g | Total. Add lines | 2a-2f | \$ | | | | |
| | 3 | | ome (including dividen | ds, interest | | | | |
| | | | nounts) | | 38,554 | 38,554 | | |
| | 4 | Income from invest | tment of tax-exempt bond | proceeds 🕨 | 0 | | | |
| | 5 | Royalties | | • | 0 | | | |
| | | | (ı) Real | (11) Personal | | | | |
| | 6a | Gross Rents | | | | | | |
| | b | Less rental expenses | | | | | | |
| | c | Rental income or (loss) | | | | | | |
| | d | · ' | me or (loss) | | 0 | | | |
| | | | (ı) Securities | (II) O ther | | | | |
| | 7a | Gross amount from sales of | | | | | | |
| | | assets other | | | | | | |
| | ь | than inventory Less cost or | | | | | | |
| | | other basis and sales expenses | | | | | | |
| | c | Gain or (loss) | | | | | | |
| | d | Net gain or (los | s) | | 0 | | | |
| | 8a | Gross income fi events (not incl | udıng | | | | | |
| Other Revenue | | See Part IV , lın <i>Attach Schedule</i> | reported on line 1c) | | | | | |
| her | ь | - | penses b | | 0 | | | |
| ŏ | c 9a | | loss) from fundraising | events F | - " | | | |
| | | See part IV, line | | | | | | |
| | Ь | | penses b | | 0 | | | |
| | 10a | Gross sales of i | loss) from gaming acti | vicies | <u> </u> | | | |
| | | returns and allo | wances . a | | | | | |
| | Ь | Less cost of go | | | _ | | | |
| | С | | loss) from sales of inve | ı | 0 | | | |
| | 44 | Miscellaneous | Kevenue | Business Code | | | | |
| | 11a | | | | | | | |
| | Ь | | | | | | | |
| | C | | | | | | | |
| | d | All other revenu | ıe | | | | | |
| | е | | 11a-11d | | | | | |
| | 12 | | Add lines 1h, 2g, 3, 4, e | | 1,113,880 | 38,554 | | |

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) but are not required to complete columns (B), (C), and (D). | | | | | | | | | |
|--|--|-----------------------|--|---|---------------------------------------|--|--|--|--|
| Do ı | not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | |
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 944,891 | 944,891 | | | | | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 0 | | | | | | | |
| 3 | Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16 | 0 | | | | | | | |
| 4 | Benefits paid to or for members | 0 | | | | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 87,652 | | 87,652 | | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | 0 | | | | | | | |
| 7 | Other salaries and wages | 119,713 | 55,472 | | | | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 0 | | | | | | | |
| 9 | Other employee benefits | 37,018 | 5,707 | 31,311 | | | | | |
| 10 | Payroll taxes | 17,703 | 3,596 | 14,107 | | | | | |
| 11 | Fees for services (non-employees) | | | | | | | | |
| а | Management | 0 | | | | | | | |
| b | Legal | 0 | | | | | | | |
| c | Accounting | 0 | | | | | | | |
| d | Lobbying | 0 | | | | | | | |
| e | Professional fundraising See Part IV, line 17 | 0 | | | | | | | |
| f | Investment management fees | 0 | | | | | | | |
| g | Other | 0 | | | | | | | |
| 12 | Advertising and promotion | 1,347 | | 1,347 | | | | | |
| L3 | Office expenses | 3,581 | 1,384 | 2,197 | | | | | |
| L4 | Information technology | 0 | | | | | | | |
| L 5 | Royalties | 0 | | | | | | | |
| L6 | Occupancy | 111,446 | 99,399 | 12,047 | | | | | |
| L7 | Travel | 5,713 | 25 | 5,688 | | | | | |
| 18 | Payments of travel or entertainment expenses for any Federal, state or local public officials | 0 | | | | | | | |
| 19 | Conferences, conventions and meetings | 0 | | | | | | | |
| 20 | Interest | 0 | | | | | | | |
| 21 | Payments to affiliates | 0 | | | | | | | |
| 22 | Depreciation, depletion, and amortization | 18,010 | | 18,010 | | | | | |
| 23 | Insurance | 0 | | | | | | | |
| 24 | Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | | | | | |
| а | Volunteer Appreciation | 5,512 | 5,512 | | | | | | |
| | Insurance | 11,119 | | 11,119 | | | | | |
| c | Equip Lease | 8,474 | 7,697 | 777 | | | | | |
| d | Donated Services to Other Org | 75,106 | 75,106 | | | | | | |
| e | Consultants\Contractual | 84,455 | 7,129 | 77,326 | | | | | |
| | All other expenses | 21,325 | 9,243 | 12,082 | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 1,553,065 | 1,215,161 | 337,904 | | | | | |
| 26 | Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | . , - | , | | | | | |

| Part X | Balance | Sheet |
|--------|----------|-------|
| | Dalalice | SHEEL |

| | | | | | (A) | | (B | |
|-------------|----------------|--|-------------|-----------|-------------------|-----|---------|-----------|
| | ۱. | | | | Beginning of year | _ | End of | |
| | 1 | Cash—non-interest-bearing | | | -10,868 | | | 0 |
| | 2 | Savings and temporary cash investments | | | 522,533 | | | 362,167 |
| | 3 | Pledges and grants receivable, net | | | 45.000 | 3 | | 0 |
| | 4 | Accounts receivable, net | | | 45,888 | 4 | | 39,000 |
| | 5 | Receivables from current and former officers, directors, trustees, lother related parties <i>Complete Part II of Schedule L</i> | | ees or | | 5 | | 0 |
| | 6 | Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of Sc | | | | 6 | | 0 |
| | 7 | Notes and loans receivable, net | | | | 7 | | 0 |
| | 8 | Inventories for sale or use | | | | 8 | | 0 |
| 2 | 9 | Prepaid expenses and deferred charges | | | 4,382 | 9 | | 4,871 |
| Assets | 10a | Land, buildings, and equipment cost basis | 149,662 | | | | | |
| 4 | | Land Day Wallated day was stated Committee Part VII of | 10a | 143,002 | | | | |
| | Ь | Less accumulated depreciation <i>Complete Part VI of Schedule D</i> | 10ь | 95,439 | 68,491 | 10c | | 54,223 |
| | 11 | Investments—publicly traded securities | | | 803,360 | 11 | | 590,623 |
| | 12 | Investments—other securities See Part IV, line 11 $\it Complete Part Schedule D$ | VII of | | | 12 | | 0 |
| | 13 | Investments—program-related See Part IV, line 11 $\it Complete Part of Schedule D$. | VIII | | | 13 | | 0 |
| | 14 | Intangible assets | | | | 14 | | 0 |
| | 15 | Other assets See Part IV, line 11 Complete Part IX of Schedule D | | | 15 | | 0 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 1,433,786 | 16 | | 1,050,884 |
| | 17 | Accounts payable and accrued expenses | | | 6,162 | 17 | | 13,337 |
| | 18 | Grants payable | | | 126,897 | 18 | | 168,879 |
| | 19 | Deferred revenue | | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | | 20 | | | |
| e S | 21 | Escrow account liability Complete Part IV of Schedule D | | | 21 | | 65,188 | |
| Liabilities | 22 | Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | | | | |
| <u>.</u> E | | persons Complete Part II of Schedule L | | | | 22 | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | | 23 | | |
| | 24 | Unsecured notes and loans payable | | | | 24 | | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | | 25 | | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 133,059 | 26 | | 247,404 |
| | | Organizations that follow SFAS 117, check here ► ✓ and complete through 29, and lines 33 and 34. | te lines 27 | | | | | |
| 3DC | 27 | Unrestricted net assets | | | 1,300,727 | 27 | | 803,480 |
| Balance | 28 | Temporarily restricted net assets | | | .,555,127 | 28 | | |
| 교 | 29 | Permanently restricted net assets | | | | 29 | | |
| Fund | | Organizations that do not follow SFAS 117, check here 🕨 🦵 and | complet e | | | | | |
| ō | | lines 30 through 34. | | | _ | | | |
| Sts. | 30 | Capital stock or trust principal, or current funds | | | 30 | | | |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund | | • | | 31 | | |
| | 32 | Retained earnings, endowment, accumulated income, or other fund | | 4 000 707 | 32 | | 902 122 | |
| Ř | 33 | Total net assets or fund balances | | | 1,300,727 | 33 | | 803,480 |
| | 34 | Total liabilities and net assets/fund balances | | | 1,433,786 | 34 | | 1,050,884 |
| Рa | rt XI | Financial Statements and Reporting | | | | | | |
| | - - | andiar otatomonto ana noporting | | | | | | . |
| _ | A | Supting method used to prepare the Form 990 Cash Kas | . – | | | | Yes | No |

| Dart VI | Einancial | Statements | and D | oporting |
|----------------|-----------|------------|-------|-------------|
| 7. 1 4 2 . 1 2 | FINANCIAL | Statements | ann R | emmetiliki. |

| 1 | Accounting method used to prepare the Form 990 | | | |
|----|---|----|-----|----|
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | Νo |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| С | If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | Yes | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? | 3b | | Νο |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493047014160

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

| Regiona | al Acce | ess Project Four | ndation | | | | | | | | | |
|---------|----------|---|--------------------------|---|--------------------|-------------------|------------------|-----------------------|--------------------|----------------------|------------|--------|
| | _ | | | | | | | | -054745 | | | |
| Par | | | | harity Status (to be co | | | | | Instruct | ions) | | |
| | ganı | | | ation because it is (Please | | | | | / a \ / · \ | | | |
| 1 | <u> </u> | • | | urches, or association of ch | | | Section 1 | L/U(B)(1)(| (A)(I). | | | |
| 2 | <u> </u> | | | ion 170(b)(1)(A)(ii). (Attac | | | | | | | | |
| 3 | <u> </u> | • | • | e hospital service organizati | | | - | | • • | | | |
| 4 | ļ | | - | zation operated in conjuncti | on with a l | hospital de | escribed ii | n Section | 170(Ь)(1) | (A)(iii). E | nter the | |
| | _ | • | name, city, and | | | | | | | | | |
| 5 | J | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in | | | | | | | | | | |
| | _ | Section 170 |)(b)(1)(A)(iv). | (Complete Part II) | | | | | | | | |
| 6 | <u></u> | A federal, s | tate, or local go | overnment or governmental | unıt descr | ıbed ın Se | ction 170 | (b)(1)(A) | (v). | | | |
| 7 | ~ | An organiza | ation that norma | ally receives a substantial p | art of its s | support fro | m a govei | rnmental u | ınıt or fron | n the gene | ral public | : |
| | | described i | n Sect ion 170(E | o)(1)(A)(vi) (Complete Par | tII) | | | | | | | |
| 8 | | A communi | ty trust describ | ed in Section 170(b)(1)(A) | (vi) (Com | iplete Par | tII) | | | | | |
| 9 | Γ | An organiza | ation that norma | ally receives (1) more than | 331/3% o | fits supp | ort from co | ontribution | ıs, membe | rship fees | , and gro | ss |
| | | receipts fro | m activities rel | ated to its exempt functions | —subject | to certair | exceptio | ns, and (2 |) no more | than 331/ | 3% of | |
| | | ıts support | from gross inve | estment income and unrelate | ed busines | s taxable | ıncome (l | ess sectio | on 511 tax | k) from bu | sınesses | |
| | | acquired by | the organization | on after June 30, 1975 See | Section 5 | 09(a)(2). | (Complete | e Part III |) | | | |
| 10 | | An organiza | atıon organızed | and operated exclusively to | test for p | ublic safe | ty See Se | ct ion 509(| (a)(4). (Se | ee instruc | tions) | |
| 11 | Γ | - | - | and operated exclusively fo | | , , | | | , | • | | |
| | | | | orted organizations describe type of supporting organiza | | | | | | Section 5 | 09(a)(3). | Check |
| | | a FT | | | | - Function | | | '' d | Гтуре | III - Oth | ner |
| e | Г | | | rtify that the organization is | | | | | one or mor | | | |
| | • | • | - | agers and other than one or | | | • | | | | | |
| _ | | section 50 | | | | | | | | | | |
| f | | If the organ | | d a written determination fro | m the IRS | that it is | a Type I, | Type II o | r Type III | supportir | ig organiz | ation, |
| g | | | | as the organization accepted | d any gift | or contribi | ition from | any of the | . | | | , |
| 9 | | following pe | | as the organization accepto | a a.i., g.i.c. | | | u., o | • | | | |
| | | (i) a perso | n who directly o | r indirectly controls, either a | alone or to | gether wi | th persons | describe | d ın (ıı) | | Yes | No |
| | | and (III) bel | ow, the governı | ng body of the the supported | d organiza | tion? | | | | 11g | (i) | |
| | | (ii) a famıly | / member of a p | erson described in (i) above | ? | | | | | 11g(| ii) | |
| | | (iii) a 35% | controlled enti | ty of a person described in (| i) or (ii) al | bove? | | | | 11g(| iii) | |
| h | | Provide the | following inforr | nation about the organizatio | ns the org | janızatıon | supports | | | | | |
| | | | | | ı | | ı | | ı | | 1 | |
| | | ame of | (ii) EIN | (iii) Type of organization | (iv) I | s the | (v) Did y | ou notify | (vi) I | s the | (vii) Am | |
| | | orted IIzation | | (described on lines 1-9 above or IRC section | organiz col (i) | ation in | _ | nızatıon) of your | | ation in rganized | supp | ort / |
| C | riyan | iizatioii | | (See Instructions)) | | verning | | ort? | | US? | | |
| | | | | (,, | | ment? | | | | | | |
| | | Yes No Yes No | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Total

Part II Support Schedule for Organizations Described in IRC 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.)

| | (Complete only if you chec | ked the box of | n line 5, 7, or | 8 of Part 1.) | | | | |
|---------|--|---|---|---|---|---------------------|---------------------------|---------------------|
| | ublic Support | | | | | | | |
| | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) | 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 1,304,738 | 1,362,524 | 1,283,669 | 1,163,109 | | 1,075,326 | 6,189,366 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | 0 |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | 0 |
| 4 | Total. Add line 1-3 | 1,304,738 | 1,362,524 | 1,283,669 | 1,163,109 | | 1,075,326 | 6,189,366 |
| 5 | The portion of total contribution by each | | | | | | | |
| | person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f) | | | | | | | 0 |
| 6 | Public Support subtract line 5 from line | | | | | | | |
| Ü | 4 | | | | | | | 6,189,366 |
| Т | otal Support | | | | | | | |
| | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) | 2008 | (f) Total |
| 7 | A mounts from line 4 | 1,304,738 | 46,390 | 1,283,669 | 1,163,109 | (-) | 1,075,326 | 6,189,366 |
| 8 | Gross income from interest, dividends, | | · | | | | | |
| | payments received on securities loans, rents, royalties and income from similar sources | 26,569 | 46,390 | 63,736 | 64,059 | | 38,554 | 239,308 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | | 0 |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | 7,603 | 7,980 | 5,888 | | | 21,471 |
| 11 | Total Support (Add lines 7 through 10) | | | | | | | 6,450,145 |
| 12 | Gross receipts from related activities, etc | (See instruction | s) | | | 12 | | |
| 13 C | First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc | organization's fir entage | st, second, third | | tax year as a 5 | | 3) | ▶ ┌ |
| 14 | Public Support Percentage for 2008 (line 6 | column (f) dıvıd | ed by line 11 co | olumn (f)) | | 14 | | 95.960 % |
| 15 | Public Support Percentage for 2007 Sched | ule A , Part IV - A | , line 26f | | | 15 | | 96.780 % |
| | 33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did | a publicly supp | orted organizati | on | | | | ▶ ▼ |
| | box and stop here. The organization qualified 10% Facts and Circumstances Test - 2008. more, and if the organization meets the "facts and circumstances and circumstances" meets the "facts and circumstances" meets and circumstances | es as a publicly s If the organization ets and circumst | supported organ on did not check ances" test, che | ization a box on line 1: eck this box and | 3, 16a, or 16b a I stop here. Exp | ınd lıne laın ın | e 14 is 10º Part IV ho | ▶ ¯ % or |
| | 10% Facts and Circumstances Test - 2007. more, and if the organization meets the "fact the organization meets the "facts and circu | ts and circumst mstances" test | ances" test, che The organizatio | eck this box and on qualifies as a | l stop here. Exp publicly suppor | laın ın ted org | Part IV ho ganization | |
| 18 | Private Foundation. If the organization did | not check the bo | ox on line 13, 16 | oa, 160, 1/a or 1 | 1/D, cneck this | DOX a | na see | ▶ □ |

| Pa | Support Schedule for On (Complete only if you ched | | | | (2) | | |
|------|--|--------------------|-------------------|---------------------|------------------|-----------------|------------|
| | ction A. Public Support | | _ | , | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| 2 | include any "unusual grants ") Gross receipts from admissions, | | | | | | |
| 2 | merchandise sold or services performed, | | | | | | |
| | or facilities furnished in any activity that | | | | | | |
| | is related to the organization's tax- | | | | | | |
| | exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are | | | | | | |
| | not an unrelated trade or business under | | | | | | |
| | section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| _ | organization without charge | | | | | | |
| 6 | Total Add lines 1-5 | | | | | | |
| 7a | A mounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons Amounts included on lines 2 and 3 | | | | | | |
| D | received from other than disqualified | | | | | | |
| | persons that exceed the greater of 1% of | | | | | | |
| | the total of lines 9, 10c, 11, and 12 for | | | | | | |
| | the year or \$5,000 | | | | | | |
| С | Total of lines 7a and 7b | | | | | | |
| 8 | Public Support (Substract line 7c from | | | | | | |
| _ | line 6) | | | | | | |
| То | tal Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9 | A mounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar | | | | | | |
| | sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after 30 June, 1975 | | + | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether or not the business is regularly | | | | | | |
| | carried on | | | | | | |
| 12 | Other income Do not include gain or loss | | | | | | |
| | from the sale of capital assets | | | | | | |
| | (Explain in Part IV) | | | | | | |
| 13 | Total Support (Add lines 9, 10c, 11 and | | | | | | |
| | 12) | | | | | | |
| 14 | First Five Years If the Form 990 is for the | organızatıon's fı | rst, second, thir | d, fourth, or fifth | ntax year as a 5 | 01(c)(3) organı | zation, |
| | check this box and stop here | | | | | | ▶ □ |
| | manufaction of Dublic Compact Days | | | | | | |
| 15 | mputation of Public Support Perc Public Support Percentage for 2008 (line | | dod by line 12 o | olumn (fl) | | T 4= T | |
| | | | • | .orumm (1)) | | 15 | |
| 16 | Public Support Percentage for 2007 Sche | dule A , Part IV - | A, line 27g | | | 16 | |
| | | D | | | | | |
| Co | mputation of Investment Income Investment Income Percentage for 2008 (| | | ne 13 column /f | <u> </u> | 17 | |
| | | | | - | " | 17 | |
| ΤQ | Investment Income Percentage from 2007 | ocnequie A , Pa | TLIV-A, IINE 2/ | H | | 18 | |

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

| Part IV | Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions) | | | | | | | |
|---------|---|--|--|--|--|--|--|--|
| | | | | | | | | |
| | Facts and Circumstances Test | | | | | | | |
| | | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury

► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Internal Revenue Service

Employer identification number Name of the organization Regional Access Project Foundation 33-0547453 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

► \$

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Schedule D (Form 990) 2008

Cat No 52283D

| 3 | Using the organization's accession and othe | • | | | • | | | ntinuea) |
|----------|---|----------------------------|----------------|-----------------------------------|-----------------------------------|---------------------|----------------|-----------|
| | items (check all that apply) | | _ | | | | | |
| а | Public exhibition | d | ļ | | ange programs | | | |
| Ь | Scholarly research | e | Г | Other | | | | |
| С | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's co Part XIV | ollections and explain how | w the | y further the or | ganızatıon's ex | empt purpose in | | |
| 5 | During the year, did the organization solicit of assets to be sold to raise funds rather than t | | | | | | Yes | □ No |
| Pai | Trust, Escrow and Custodial A Part IV, line 9, or reported an an | Arrangements. Com | plet | e if the orgar | | ered "Yes" to Fo | rm 9 | 90, |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | lian or other intermediary | for c | ontributions or | other assets n | ot | Yes | √ No |
| b | If "Yes," explain why in Part XIV and comple | ete the following table | | | | | | |
| | | | | | | A mou | nt | |
| С | Beginning balance | | | | 1c | | | |
| d | Additions during the year | | | | 1d | | | |
| e | Distributions during the year | | | | 1e | | | |
| f | Ending balance | | | | 1f | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line 21? | | | | <u>، حا</u> | Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XIV | 1 | | | | | | |
| Pa | rt V Endowment Funds. Complete | | | | | | | |
| | | (a)Current Year (b |) Prior | Year (c)Two | Years Back (d)T | hree Years Back (e) | Four Ye | ears Back |
| 1a | Beginning of year balance | | | | | | | |
| Ь | Contributions | | | | | | | |
| С | Investment earnings or losses | | | | | | | |
| d | Grants or scholarships | | | | | | | |
| е | Other expenditures for facilities and programs | | | | | | | |
| f | Administrative expenses | | | | | | | |
| g | End of year balance | | | | | | | |
| 2 | Provide the estimated percentage of the year | r end balance held as | | | | | | |
| а | Board designated or quasi-endowment 🕨 | | | | | | | |
| Ь | Permanent endowment | | | | | | | |
| c | Term endowment ▶ | | | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organization | thata | are held and ad | lmınıstered for t | :he | | |
| | organization by | | | | | | Yes | No |
| | (i) unrelated organizations | | • | | | 3a(i) | | |
| | (ii) related organizations | | | | | . 3a(ii) | | <u> </u> |
| | If "Yes" to 3a(II), are the related organizatio | • | | | | 3b | | |
| 4 Doc | Describe in Part XIV the intended uses of the type of type of the type of | | | | rt V line 10 | | | |
| Pal | t VI Investments—Land, Buildings | s, and Equipment. 3 | | | | | | |
| | Description of investment | | | a) Cost or other sis (investment) | (b)Cost or other basis (other) | (c) Depreciation | (d) Bo | ook value |
| 1a | Land | | | | | , | | |
| b | Buildings | | | | | | | |
| _ | Leasehold improvements | | | | | | | |
| С | Eaurment | | | | 149,662 | 95,439 | | E4 222 |
| | Equipment | | | | , | 30,.03 | | 34,223 |
| d e | Other | | | | , | , | | 54,223 |

| Part VII | Investments-Other Securities. See | Form 990, Part X, line 1 | 2. | |
|---------------|---|--------------------------|----|--------------------------------------|
| | (a) Description of security or cateory (including name of security) | (b)Book value | | d of valuation ·year market value |
| Financial d | erivatives and other financial products | | | |
| | eld equity interests | | | |
| Other | | | | |
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| Total. (Colu | mn (b) should equal Form 990, Part X, col (B) line 12) 🕨 | | | |
| Down VIII | Investments Duesus Polated Co | a Farm OOO Dart V June | 12 | |
| Part VIII | Investments—Program Related. Se | | | d of valuation |
| | (a) Description of investment type | (b) Book value | | year market value |
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| Total (Colu | mn (b) should equal Form 990, Part X, col (B) line 13) | | | |
| Part IX | | ne 15. | | |
| | (a) Descri | | | (b) Book value |
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| Total. (Colu | ımn (b) should equal Form 990, Part X, col.(B) line . | 15.) | | |
| | Other Liabilities. See Form 990, Part 3 | | | |
| | (a) Description of Liability | (b) A mount | | |
| Federal Inc | come Taxes | | | |
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| Total. (Colum | mn (b) should equal Form 990, Part X, col (B) line 25) 🕨 | | 1 | |
| ,, | · · · · · · · · · · · · · · · · · · · | 1 | | |

| Pai | t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme | nts | |
|-----------|--|------------|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 1,113,880 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 1,553,065 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | -439,185 |
| 4 | Net unrealized gains (losses) on investments | 4 | 58,062 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 58,062 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | -381,123 |
| Par | XII Reconciliation of Revenue per Audited Financial Statements With Revenue | per R | eturn |
| 1 | Total revenue, gains, and other support per audited financial | | 1,113,880 |
| | statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| Ь | Donated services and use of facilities | | |
| с | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) | | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 1,113,880 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| Ь | Other (Describe in Part XIV) | ایا | |
| с - | Add lines 4a and 4b | 4c | 1 11 2 000 |
| 5 Date | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 5 per | 1,113,880 |
| 1 | Total expenses and losses per audited financial statements | 1 | 1,553,065 |
| 2 | A mounts included on line 1 but not on Form 990, Part IX, line 25 | | _, |
| a | Donated services and use of facilities | | |
| ь | Prior year adjustments | 1 | |
| С | Losses reported on Form 990, Part IX, line 25 | 1 | |
| d | Other (Describe in Part XIV) 2d | 1 | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 1,553,065 |
| 4 | A mounts 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 XIV) 4b | 1 | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 1,553,065 |
| Pai | t XIV Supplemental Information | | |
| _ | | | |

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

| Ident if ier | Return Reference | Explanation |
|--|---|---|
| Part XI, Line 8 | Part XI, Line 8 Other Changes in Net Assets or Fund Balances | Unrealized Losses on Investments \$ -0 Loss on Settlement of Prior Year Grant \$ -0 |
| Part IV, Line 2b Explanation of escrow account liability | | Refundable escrow deposits |
| | | |
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Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493047014160

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public **Inspection**

| Name of the organization | | | | | | Employer identi | fication number |
|---|--|--|------------------------------|---|--|-----------------------|---------------------------------------|
| Regional Access Project Found | ation | | | | | 33-0547453 | |
| Part I General Inform | nation on Gra | nts and Assistance | 2 | | | • | |
| Does the organization ma the selection criteria usedDescribe in Part IV the or | d to award the gra rganization's proc | nts or assistance? edures for monitoring th | e use of grant funds in t | he United States | | | |
| Form 990, Part I Part IV and Scho | IV, line 21 for ai edule I-1 if addi | ny recipient that rece tional space is | eived more than \$5,0 | 00. Check this box | tes. Complete if the of the of the office of | ceived more than \$5, | |
| 1(a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | | (h) Purpose of grant or assistance |
| See Additional Data Table | | | | | | | |
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| 2 Enter total number of seconganizations | | | | | • | | 54 |
| 3 Enter total number of other | | | | | | | ▶ 3 |
| For Paperwork Reduction Act Noti | | | | Cat No 50055 | | | hedule I (Form 990) 2008 |

Software ID: 08000091 **Software Version:** 2008v2.7

EIN: 33-0547453

Name: Regional Access Project Foundation

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|------------------------------------|------------------------------|---|---|--|---|
| Womens Commission4060 County Circle Dr Riverside, CA 92503 | 95-6000930 | 501 (c) (3) | 3,178 | 0 | | | To provide funding for program services |
| WNA Winter Mini 2008 42600 Cook St Palm Desert, CA 92211 | 95-1641973 | 501 (c)(3) | 1,500 | 0 | | | To provide funding for general health services |
| Well in the DesertPO Box 5312 Palm Springs, CA 92263 | 33-0694580 | 501 (c) (3) | 5,000 | 0 | | | To provide funding for genral mental health services |
| Well in the DesertPO Box 5312 Palm Springs, CA 92263 | 33-0694580 | 501 (c) (3) | 35,968 | 0 | | | To provide funding for general mental health services |
| St Elisabeth66700 Pierson Blvd Desert Hot Springs, CA 92240 | 95-3293901 | 501 (c)(3) | 2,500 | 0 | | | To provide funding for general health services |
| Smile Factory FoundPO Box 2369 Borrego Springs, CA 92004 | 33-0440021 | 501 (c)(3) | 5,000 | 0 | | | To provide funding for general health services |
| Senior Blind Transportation PO Box 66 Palm Springs, CA 92263 | 23-7259517 | 501 (c)(3) | 10,000 | 0 | | | To provide funding for program services |
| Salvation Army Afterschool 30400 Landau Blvd Cathedral City, CA 92234 | 94-1156347 | 501 (c)(3) | 5,000 | 0 | | | To provide funding for juvenile health services |
| Salvation Army30-400 Landau Blvd Cathedral City, CA 92234 | 94-1156347 | 501 (c)(3) | 2,500 | 0 | | | To provide funding for general health services |
| Riverside County Dept4060 County Circle Dr Riverside, CA 92503 | 95-6000930 | | 15,000 | 0 | | | To provide funding for general health services |

| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Pa | art IV, line 22. |
|----------|--|------------------|
| | Use Schedule I-1 (Form 990) if additional space is needed. | |

| (a)Type of grant or assistance | (b) Number of recipients | (c) A mount of cash grant | (d)A mount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|----------------------------------|-------------------------------------|--------------------------------------|---|---------------------------------------|
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

| Ident if ier | Return Reference | Explanation | | | | | |
|---|------------------|---|--|--|--|--|--|
| Grantmaker's Description of How Grants are Used | | Recipient organizations are required to submit financial and programatic reports on a monthly, quarterly and annual basis subsits to the recipient organizations are performed on as needed basis | | | | | |
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| Form 990,Schedule 1, | Part II, Grai | nts and Other As | ssistance to Gove | ernments and Or | ganizations in t | he United States | |
|--|----------------|--|------------------------------|-----------------|---|---|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Riverside County2038 Iowa Ave B102 Riverside, CA 92507 | 95-6000930 | | 16,300 | 0 | | | To provide funding for general health services |
| Palm Springs Police200 South Civic Palm Springs, CA 92262 | 59-3774840 | | 1,500 | 0 | | | To provide funding for general health services |
| Mecca OutreachPO Box 139 Maple Valley, WA 98391 | 34-1980293 | 501 (c)(3) | 2,500 | 0 | | | To provide funding for general health services |
| Marthas Village Clinic 83791 Date Ave Indio, CA 92201 | 33-0777892 | 501 (c)(3) | 50,000 | 0 | | | To provide funding for general health services |
| Marthas Kitchen83791 Date Ave Indio, CA 92201 | 33-0777892 | 501 (c)(3) | 2,500 | o | | | To provide funding for general health services |
| Latino Commission 83844 Hopi Ave Indio, CA 92201 | 33-0572113 | 501 (c)(3) | 50,000 | o | | | To provide funding for general mental health services |
| Jordan Outreach50930 Calhoun St Coachella, CA 92236 | 52-2354091 | 501 (c)(3) | 2,500 | o | | | To provide funding for general health services |
| Indio Youth Task Force 42600 Cook St 125 Palm Desert, CA 92211 | 33-0474262 | 501 (c)(3) | 2,500 | 0 | | | To provide funding for general health services |
| Hopeful Start Foundation 14530 S Commercial Blythe,CA 92225 | 20-1402389 | 501 (c)(3) | 10,000 | 0 | | | To provide funding for general mental health services |
| Hidden Harvest Door to DoorPO Box 266 Coachella, CA 92236 | 33-0821743 | 501 (c)(3) | 141,000 | o | | | To provide funding for general health services |

| Form 990,Schedule I, | Part II, Gra | nts and Other As | sistance to Gov | ernments and Or | rganizations in t | the United States | |
|---|----------------|--|------------------------------|---|---|---|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Hidden HarvestPO Box 266 Coachella, CA 92236 | 33-0821743 | 501 (c)(3) | 5,000 | 0 | | | To provide funding for general health services |
| Health Resource Assess Ct73710 Fred Waring Dr Palm Desert, CA 92260 | 20-5719074 | 501 (c)(3) | 3,868 | 0 | | | To provide funding for general health services |
| Harmony Kitchen219 S Main St Blythe, CA 92225 | 95-3676710 | 501 (c)(3) | 65,244 | 0 | | | To provide funding for general health services |
| HARC73710 Fred Waring Drive Indio,CA 92201 | 20-5719074 | 501 (c)(3) | 3,000 | 0 | | | To provide funding for program services |
| Golden Rainbow700 E Tahquitz Canyon Way Palm Springs, CA 92262 | 33-0937301 | 501 (c)(3) | 25,094 | 0 | | | To provide funding for general mental health services |
| Foundation for CSUSB 37500 Cook St Palm Desert, CA 92211 | 95-6067343 | 501 (c)(3) | 49,439 | 0 | | | To provide funding for general health services |
| Food Now Inc11555 Palm Drive Desert Hot Springs, CA 92240 | 33-0473813 | 501 (c)(3) | 2,500 | 0 | | | To provide funding for general health services |
| Fish CoachellaPO Box 116 Coachella, CA 92236 | 95-3641184 | 501 (c)(3) | 5,000 | 0 | | | To provide funding for general health services |
| FINDPO Box 41 Cathedral City, CA 92235 | 33-0006007 | 501 (c)(3) | 5,000 | 0 | | | To provide funding for general health services |
| Family Services of the Desert81711 Hwy 111 101 Indio,CA 92201 | 95-2549152 | 501 (c)(3) | 41,115 | 0 | | | To provide funding for general mental health services |
| | | | | | | | |

(a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant non-cash assistance organization section grant cash valuation (book, or assistance FMV, appraisal, or government ıf applıcable assistance other) 95-2549152 Family Services of the 501 (c)(3) 20,000 To provide funding for general mental Desert81711 Hwy 111 101 health services Indio, CA 92201 19,999 Esperanza Youth Ctr1536 33-0594902 501 (c)(3) To provide funding 70th for juvenile Coachella, CA 92236 intervention services Esperanza Reorganization 501 (c)(3) 33-0594902 35,000 To provide funding 1536 70th for juvenile Coachella, CA 92236 ınterventıon services Desert Women for Equity 20-2393229 501 (c)(3) 10,000 To provide funding 555 S Sunrise Way 211 for general health Palm Springs, CA 92262 services Desert Sands Unified 95-6000929 5,000 0 To provide funding School District47950 for general health Dune Palms services La Quinta, CA 92253 Desert Samartian 75105 33-0762300 501 (c) (3) 2,500 0 To provide funding Merle Dr 500 for general health Palm Desert, CA 92211 services 0 Desert Samarıtan 33-0762300 501 (c) (3) 15,000 To provide funding Groceries Delivery75105 for general health Merle Dr 500 services Palm Desert, CA 92211 Desert Samarıtan 75105 33-0762300 501 (c)(3) 5,000 To provide funding Merle Dr 500 for general health Palm Desert, CA 92211 services CVUSD 21st CenturyPO 33-0765218 100,000 0 To provide funding Box 847 for juvenile Thermal, CA 92234 ınterventıon services 501 (c)(3) CVAG SOS Jewish Family 95-1644024 50,286 0 To provide funding Services8804 Balboa for general mental health services San Diego, CA 92123

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization section grant cash valuation (book, non-cash assistance or assistance ıfapplıcable FMV, appraisal, or government assistance other) 33-0143646 501 (c)(3) 0 CRSC OutreachHCR 20 34.250 To provide funding Box 3408 for general health Blythe, CA 92225 services Coachella Valley Rescue 95-2684844 501 (c)(3) 5,000 0 To provide funding MissionPO Box 10660 for general health Indio, CA 92201 services 95-2684844 501(c)(3) Coachella Emergency 25,000 To provide funding GrantPO Box 10660 for program Indio, CA 92201 services 34-1980293 501 (c)(3) 0 Christmas Mecca 2,500 To provide funding Festival42600 Cook St for general health 125 services Palm Desert, CA 92211 Catholic Charities 1450 95-3516461 501 (c)(3) 5,000 To provide funding N D St for general health San Bernardino, CA services 92405 Bread for LifePO Box 95-3872269 501 (c)(3) 5,000 0 To provide funding 2251 for general health Palm Springs, CA services 92268 Borrego CommunityPO 33-0110021 15,000 To provide funding 501 (c)(3) Box 2369 for genral health Borrego Springs, CA services 92004 501 (c)(3) 10,000 0 Blythe Senior Home 95-1735687 To provide funding Repair201 S Broadway for general health Blythe, CA 92225 services Blythe Senior Center445 501 (c)(3) 33-0262997 8,200 To provide funding K Broadway for general mental Blythe, CA 92225 health services Blythe Food PantryPO 33-0150212 501 (c)(3) 5,000 0 To provide funding Box 789 for general health Blythe, CA 92226 services

| Form 990,Schedule I, | <u>Part II, Grar</u> | its and Other As | sistance to Gov | ernments and O | <u>rganizations in '</u> | ine United States | , |
|--|----------------------|--|------------------------------|---|--|---|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Blythe Emergency Food Pantry181 S Main PO 789 Blythe,CA 92226 | 33-0150212 | 501 (c) (3) | 5,000 | 0 | | | To provide funding for general health services |
| Big BrotherSister42600 Cook St 110 Palm Desert, CA 92211 | 33-0683335 | 501 (c) (3) | 5,000 | 0 | | | To provide funding for juvenile intervention services |
| Angel View12379 Miracle Hill Desert Hot Springs, CA 92240 | 95-1861861 | 501 (c) (3) | 4,950 | 0 | | | To provide funding for program services |
| ABC Recovery Center 44374 Palm St Indio,CA 92201 | 75-1006381 | 501 (c)(3) | 2,500 | 0 | | | To provide funding for general health services |

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As Filed Data -

DLN: 93493047014160

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Name of the organization **Employer identification number** Regional Access Project Foundation 33-0547453

| | | | | | 33 | 0-054 | /45 3 | | | | |
|--|---|----------|-------------|------------------------------|--------------------|-------|------------------|----------------|---------------------|-------------------------|------|
| Part I | Excess Benefit Transact To be completed by organization | | | | | | | | , Part \ | /, line 4 | 40b |
| _ | (a) Name of disqualifie | d norson | | <i>(</i> 1.) D | | | | | (c |) Corre | cted |
| 1 | (a) Name of disquame | u person | | (b) Desc | cription of transa | ction | | | 7 | res | No |
| | | | | | | | | | | | |
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| sed | ter the amount of tax imposed on ction 4958 | | | | | | > 9 | | | | |
| Part I | , ., | • | <u> </u> | | | | | | | | |
| I dit I | To be completed by organiza | | | | [V, line 26, or Fo | rm 99 | 0-EZ | ر ا, Part ۱ | V , lıne | 38a | |
| (a) Name of interested person and purpose (b) Loan to or from the organization? | | | to or ne | (c)Original principal amount | (d)Balance due | (e) | In | (f Appro |) oved ard or | (g) Wr agreer | |
| | | То | From |] | | Yes | No | Yes | No | Yes | No |
| Judith Co | | | | | | | | | | | |
| Salary ac | dvance | | Х | 8,000 | 4,000 | | Νo | Yes | | Yes | |
| | | | | | | ı | | | | | 1 |

4,000 Total

Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b)Relationship between interested person and the organization | (c)A mount of grant or type of assistance |
|-------------------------------|--|---|
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Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) A mount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|--|-------------------------------|--------------------------------|---|----|
| | | | | Yes | No |
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As Filed Data -

DLN: 93493047014160

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization Regional Access Project Foundation Employer identification number

33-0547453

| Identifier | Return Reference | Explanation |
|----------------------------------|---|--|
| Form 990, Part VI, Line 19 | Form 990, Part VI, Line 19 Other Organization Documents Publicly Available | Because we are required to meet the Brown Act regarding open meetings and providing the public with information we post all agendas and meeting notices in out building, with the County and on our website. Minutes are available as well and an annual report is developed. Information regarding funding is available on our website and we also utilize PSA's to notify the public regarding funding, training, educational seminars, etc. |

| ldentifier | Return Reference | Explanation |
|-----------------------------------|---|---|
| Form 990, Part VI, Line 15b | Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees | As part of the budget and staff review processes, the Board of Directors is provided with current wage and salary studies appropriate to the area, and any cost of living information available Because of our geographic size, there are no studies currently available for the Coachella Valley so we utilize information available for Riverside and San Bernardino Counties. The studies utilized are purchased from GuideStar and obtained from the Council on Foundations. Initially the CEO meets with a budget committee to review options and make recommendations, however, the entire Board of Directors is provided with all materials prior to any decisions regarding salaries. |

| ldentifier | Return Reference | Explanation |
|-----------------------------------|--|---|
| Form 990, Part VI, Line 12c | Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts | Board Members go through an orientation process that makes clear their legal requirements for conflict of interest. In addition, the issue is discussed prior to any vote that impacts the foundation. Each year at the annual corporate meeting, conflict of interest is restated, and Brown Act requirements for open meetings information training is provided. Every vote recorded in the corporate minutes with a statement of any Board Member or CEO (even though the CEO does not vote) that has a conflict. In the case of volunteer grant readers, each group of readers is required to state any possible conflict of interest in order to replace that reader. Each reader format has the conflict statement as a cover document. |

| ldentifier | Return Reference | Explanation |
|----------------------------------|--|--|
| Form 990, Part VI, Line 10 | Form 990, Part VI, Line 10 Form 990 Review Process | Audit committee and CEO meet with CPA firm to review audit management letter and any 990 issues CPA develops 990 from monthly financial statements and information provided by RAP foundation bookkeeper and staff. The 990 is presented to the Board of Directors for review and approval by all Board Members prior to CEO signing the form and submitting it. |