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Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545 0052

2009

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements 4/01 For calendar year 2009, or tax year beginning 2010 , 2009, and ending 3/31 G Check all that apply Initial return Initial Return of a former public charity Final return Amended return Address change Name change Employer identification number Use the REPRODUCTIVE HEALTH ACCESS PROJECT, INC IRS label 13-4079983 Otherwise. PO BOX 21191 В Telephone number (see the instructions) print NEW YORK, NY 10025 917-586-3260 or type See Specific If exemption application is pending, check here Instructions D 1 Foreign organizations, check here Check type of organization X Section 501(c)(3) exempt private foundation 2 Foreign organizations meeting the 85% test, check here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Ε If private foundation status was terminated X Accrual J Accounting method | Cash Fair market value of all assets at end of year under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here Part I Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in expenses per books income income for charitable columns (b), (c), and (d) may not necespurposes sarily equal the amounts in column (a) (cash basis only) (see the instructions)) Contributions, gifts, grants, etc, received (att sch) 269,310 If the foundn is not reg to att Sch B Interest on savings and temporary 2,666 2,666 2,666 cash investments Dividends and interest from securities 5a Gross rents b Net rental income or (loss) REVENUE 6a Net gain/(loss) from sale of assets not on line 10 **b** Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2). Net short-term capital gain 9 Income modifications 10 a Gross sales less returns and allowances. b Less Cost of goods sold c Gross profit/(loss) (att sch) 11 Other income (attach schedule) Total. Add lines 1 through 11 976 2,666 2,666 13 Compensation of officers directors trustees, etc 147,397 14 Other employee salaries and wages **6** 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 3√620... **b** Accounting fees (attach sch) See St 1 c Other prof fees (attach sch) See St 2 2,181 17 Interest 18 Taxes (attach schedule)(see instr.) 19 Depreciation (attach sch) and depletion i V E ئےتی Occupancy Travel, conferences, and meetings 9,242 Printing and publications 5,470 Other expenses (attach schedule) See Statement 3 27,324 24 Total operating and administrative expenses. Add lines 13 through 23 197<u>, 409</u> Contributions, gifts, grants paid 7,000 Total expenses and disbursements. 0 0 0. 204,409 Add lines 24 and 25 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements 67,567 2,666. b Net investment income (if negative, enter 0) C Adjusted net income (if negative, enter -0-) 2,666.

Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

198,959.

6

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

7

Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

Form	990-PF (2009) REPRODUCTIVE HEALTH ACCESS PROJECT, INC 13-407998			² age 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the instru	ctions)	
1 a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of letter if necessary - see instr.)			
Ŀ	Domestic foundations that meet the section 4940(e) requirements in Part V,			53.
	check here ▶ and enter 1% of Part I, line 27b			
c	: All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			
_	foundations only Others enter -0-)			0.
3	Add lines 1 and 2			<u>53.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			53.
6	Credits/Payments Credits/Payments			
a	2009 estimated tax pmts and 2008 overpayment credited to 2009			
Ł	Exempt foreign organizations — tax withheld at source 6b			
C	: Tax paid with application for extension of time to file (Form 8868)			
C	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			<u>0.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			53.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
_11	Enter the amount of line 10 to be Credited to 2010 estimated tax			
Par	t VII-A Statements Regarding Activities		,	
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1 a	Yes	No X
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1 1 1		x
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			
	Did the foundation file Form 1120-POL for this year?	10		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		 	1
	(1) On the foundation $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \Rightarrow \$ 0.	7		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
_	If 'Yes,' attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	4b	<u> </u>	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	1	X
	If 'Yes,' attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 	6	X	ال. ا
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	Х	
8 a	Enter the states to which the foundation reports or with which it is registered (see the instructions) NY			
b	off the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If 'No,' attach explanation	86	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9	Х	
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses.	10		х
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orr	n 990-PF (2009) REPRODUCTIVE HEALTH ACCESS PROJECT, INC	13-40/9	983	<u> </u>	age :
Par	t VII-A Statements Regarding Activities Continued				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)		11		x
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?		12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemple	ion application?	13	Х	
	Website address ► reproductiveaccess.org	• •			·
14		one no			
	Located at PO BOX 21191 NEW YORK NY ZIP + 4	.		-	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check hell		N/A		
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 15	•		N/A
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.	•	Ī	Yes	No
1	a During the year did the foundation (either directly or indirectly)				
•	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X N	,		
			'		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes X N	,		
	(3) Furnish goods, services, or facilities to (or accept them from) a disgualified person?	Yes X N	i i		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X N	L		
		Lies VIII	'		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes XN	,		
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	Yes XN)		
١	b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instru-	in ctions)?	1b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here	▶ 🗌			
•	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted act that were not corrected before the first day of the tax year beginning in 2009?	ts,	1 c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))				
;	a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	Yes X N	,		
	If 'Yes,' list the years ▶ 20, 20, 20, 20				
		404 3403			
	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 49 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 494)				
	all years listed, answer 'No' and attach statement — see the instructions)	12(a)(2) 10	2b	N	/A
,	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the year	s here			
	► 20, 20, 20				
_					
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes X N)		
- 1	b If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation	on ad			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period appro by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, o	vea r			
	(3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to			3.7	/ 3
	determine if the foundation had excess business holdings in 2009)		3b	N.	/A
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its				
	charitable purposes?		4a		X
1	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could				
	jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4b		X

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Part VII-B Statements Regarding Activit	ies for Which Forn	n 4720 May Be Req	uired (continued)		
5a During the year did the foundation pay or incu	•				
(1) Carry on propaganda, or otherwise attemp	J	` ' ' ' '	Yes X	No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ation drive?		-	No	
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes X	No	1
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	han a charitable, etc, o i 4940(d)(2)? (see instr	rganization described uctions)	Yes X	No	
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific in of cruelty to children	c, literary, or or animals?	Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regar	qualify under the excep ding disaster assistance	tions	5b	N/A
Organizations relying on a current notice rega	rding disaster assistan	ce check here	▶ [{	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	sibility for the grant?	·	N/A Yes	No	
If 'Yes,' attach the statement required by Regi		• •			
 6a Did the foundation, during the year, receive at on a personal benefit contract? b Did the foundation, during the year, pay prem 		J. 1 J.	∐Yes X	No 6b	X
If 'Yes' to 6b, file Form 8870	idins, directly of indirec	city, off a personal bene	in contract.	9.0	 -
7a At any time during the tax year, was the found				No	
b If yes, did the foundation receive any proceed	s or have any net incor	me attributable to the tra	ansaction?	7b	N/A
Part VIII Information About Officers, D and Contractors	irectors, Trustees,	roundation Manag	gers, nignly Pald E	.mpioyees	,
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions).		
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	
See Statement 5					
		0.	0.		0.
2 Compensation of five highest-paid employee	es (other than those in	luded on line 1 — see ir	estructions) If none, or	ntor 'NONE '	
(a) Name and address of each employee	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense	account
paid more than \$50,000	hours per week devoted to position	(c) compensation	employee benefit plans and deferred compensation	other allo	
Lisa Maldonado	Dimantan				
295 St. John's Place, Apt 1-B Brooklyn, NY 11238	Director 40	63,882.	0.		0.
Total number of other employees paid over \$50,000)		>		0
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Part X Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	oreign foundatior	ıs,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes		
a Average monthly fair market value of securities	1 a	
b Average of monthly cash balances	1 b	
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b, and c)	1 d	0.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation) 1 e	_	
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6 Minimum investment return. Enter 5% of line 5	6	0.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper and certain foreign organizations check here ► X and do not complete this part XI		5
1 Minimum investment return from Part X, line 6 N/A	1	
2a Tax on investment income for 2009 from Part VI, line 5		
b Income tax for 2009 (This does not include the tax from Part VI)	7	
c Add lines 2a and 2b	2 c	
3 Distributable amount before adjustments Subtract line 2c from line 1	3	
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	
Part XII Qualifying Distributions (see instructions)		
 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes Expenses, contributions, gifts, etc — total from Part I, column (d), line 26 	1a	
b Program-related investments — total from Part IX-B	1 b	·············
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whe qualifies for the section 4940(e) reduction of tax in those years	ether the foundation	
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Pa	<u>rt XIII]</u> Unaistributed	income (see instru	.ctions) 	N/A		
			(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1	Distributable amount fo	or 2009 from Part XI,	1			
2	Undistributed income, if any,	as of the end of 2009.				
	a Enter amount for 2008	only				
1	b Total for prior years 20	, 20, 20				
3	Excess distributions carryover	r, if any, to 2009				
	a From 2004					
1	b From 2005					
•	c From 2006					
(d From 2007			^ 5		
•	e From 2008					
	Total of lines 3a throug	· -				
4	Qualifying distributions	for 2009 from Part				
	XII, line 4 ► \$					
	Applied to 2008, but no	ot more than line 2a		, Ž,		
1	Applied to undistributed (Election required — se	d income of prior years e instructions)				
•	Treated as distributions (Election required – se	s out of corpus e instructions)				
•	d Applied to 2009 distribu	utable amount		\$,	
•	Remaining amount dist	ributed out of corpus			_	
5	Excess distributions carryover					
	(If an amount appears same amount must be	in column (d), the				
	Same amount most be	snown in column (a))		,		
6	Enter the net total of ea	ach column as				
	a Corpus Add lines 3f, 4c, and	4e Subtract line 5				
ı	b Prior years' undistribute	ed income Subtract				
•	c Enter the amount of pr ed income for which a has been issued, or on 4942(a) tax has been p	notice of deficiency which the section				
(d Subtract line 6c from lii amount – see instructi					
•	e Undistributed income for 2008 line 2a Taxable amount — se					
1	Undistributed income for 4d and 5 from line 1 T distributed in 2010					
7	Amounts treated as discorpus to satisfy requirby section 170(b)(1)(F) (see instructions)	ements imposed				
8	Excess distributions ca applied on line 5 or line	rryover from 2004 not e 7 (see instructions).				
9	Excess distributions consumptions of Subtract lines 7 and 8	· · · · · · · · · · · · · · · · · · ·				
	Analysis of line 9	_				
	Excess from 2005					
ı	Excess from 2006					
•	Excess from 2007					
•	d Excess from 2008			-		
	Excess from 2009			1		

Part XV	Supplementary Information (Complete this part only if the organization had \$5,000 or more in
	assets at any time during the year — see instructions.)

1	Information	Regarding	Foundation	Managers:
---	-------------	-----------	-------------------	-----------

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

None

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest None

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:

Check here | X | if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds of the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

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3 Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Paymen	it	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient	00.10.00011	
a Paid during the year				
-				
				i
Tabel	<u> </u>	l	<u> </u>	
Total		Γ	► 3a	
b Approved for future payment			<u> </u>	
Total	•		► 3b	

Part XVI-A Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated	Unrelated	d business income	Excluded	by section 512, 513, or 514	
	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (see the instruction:
1 Program service revenue a			code		(see the instruction
b					
c				-	
d					
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments				0.666	
Interest on savings and temporary cash investments			3	2,666.	
Dividends and interest from securities			1.238		
Net rental income or (loss) from real estate a Debt-financed property			. 3.%.		· · · · · · · · · · · · · · · · · · ·
b Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income			1		
Gain or (loss) from sales of assets other than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue	18 83 318			MINA : I i	
a					
b					
С					
d			+ -		
de				2 666	
e Subtotal Add columns (b), (d), and (e)	\$ \$ \$ \$ \$ \$			2,666.	2 660
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)	>			2,666.	2,666
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) ee worksheet in the instructions for line 13 to verify	calculations)	hmont of Evone	at Burn	13	2,660
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) be worksheet in the instructions for line 13 to verify art XVI-B Relationship of Activities to the	calculations)			oses	
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) be worksheet in the instructions for line 13 to verify TT XVI-B Relationship of Activities to the	calculations)			oses	
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in the instructions for line 13 to verify TXVI-B Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exem	calculations)			oses	
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in the instructions for line 13 to verify TXVI-B Relationship of Activities to the second below the second below how each activity for which accomplishment of the foundation's exemption.	calculations)			oses	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in the instructions for line 13 to verify TXVI-B Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exem	calculations)			oses	
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d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in the instructions for line 13 to verify TXVI-B Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exem	calculations)			oses	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in the instructions for line 13 to verify TXVI-B Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exem	calculations)			oses	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in the instructions for line 13 to verify TXVI-B Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exem	calculations)			oses	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in the instructions for line 13 to verify TXVI-B Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exem	calculations)			oses	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in the instructions for line 13 to verify TXVI-B Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exem	calculations)			oses	
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in the instructions for line 13 to verify TXVI-B Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exem	calculations)			oses	
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in the instructions for line 13 to verify TXVI-B Relationship of Activities to the second below the second below how each activity for which accomplishment of the foundation's exemption.	calculations)			oses	
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) be worksheet in the instructions for line 13 to verify art XVI-B Relationship of Activities to the	calculations)			oses	
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) be worksheet in the instructions for line 13 to verify art XVI-B Relationship of Activities to the second secon	calculations)			oses	
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 2 eworksheet in the instructions for line 13 to verify 3 Int XVI-B Relationship of Activities to the second se	calculations)			oses	
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) be worksheet in the instructions for line 13 to verify art XVI-B Relationship of Activities to the second secon	calculations)			oses	
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) be worksheet in the instructions for line 13 to verify art XVI-B Relationship of Activities to the second secon	calculations)			oses	

orm	990-6	PF (2009) REPROD	UCTIVE HEA	AT.TH ACC	CESS PI	ROJECT.	TNC		13-40	79983	Pa	ge 13
	t XVII							d Relation	ships With Non			3
ш		Exempt Organ	nizations									
	_										Yes	No
1	Did th	ne organization directly ribed in section 501(c)	or indirectly e	ngage in ar	ny of the f	following wit	h any o	ther organiza	ation			
	descr	ribed in section 501(c) ng to political organiza	of the Code (or itions?	ner than se	ection 501	(c)(3) organ	izations) or in section	on 527,			
я		sfers from the reporting		a noncharif	table exer	mot organiza	ation of					
•	(1) C		,							1 a (1)		X
	٠.	Other assets								1a (2)		Х
ŀ	• •	r transactions										
•		Sales of assets to a nor	ncharitable exe	mpt organiz	zation					1 b (1)		X
	` '	Purchases of assets from				tion				1b (2)		X
		Rental of facilities, equi			.					1b (3)		X
	• •	Reimbursement arrange	•							1b (4)		X
	• •	oans or loan guarantee								1b (5)		X
		Performance of services		p or fundra	using solic	citations				1b (6)		Х
c	: Sharı	ing of facilities, equipm	nent, mailing lis	ts, other as	sets, or p	aid employe	ees			1c		Х
		•										
C	If the	answer to any of the a oods, other assets, or	above is 'Yes,'	complete th	ne followir	ng schedule	Colum	n (b) should	always show the fair	market val	ue of	
	any ti	ransaction or sharing a	services given arrangement, sl	now in colu	mn (d) the	e value of th	e goods	s, other asset	ts, or services recei	red value III		
(a) l	Line no	(b) Amount involved		f noncharitable					transfers, transactions, ar		ngement	s
N/I	Ā											
				•								
				-								
									<u>.</u>			
									·			
							<u> </u>					
	descr	e foundation directly or ribed in section 501(c)	of the Code (o	ated with, o ther than se	r related ection 501	to, one or m (c)(3)) or in	ore tax section	-exempt orga 527?	anizations	Yes	X	No
t	o If 'Ye	es,' complete the follow		4.5	T (() D	. (.)		
NT / 7		(a) Name of organizat	ion	(b)	Type of c	organization			(c) Description of re	elationsnip		
N/I	4	·								·		
												
												
U	nder pen omplete	nalties of perjury, I declare that Declaration of preparer (other	I have examined th than taxpayer or fid	is return, includ uciary) is based	ling accompa d on all inforr	anying schedules mation of which	and state preparer h	ments, and to the las any knowledg	e best of my knowledge and	d belief, it is true	e, correc	t, and
.	- /	Redomas	h				18	6.6.10	► Presiden	t		
3	/s/gn	nature of officer or trustee					Date	- \	Title			
Į p	aid	Preparer's signature			n		Date		Check if (S	eparer's Identify		
	re-	Anth	ony M. Bu	zzeo, C	PA, PL	<u>ль</u> с	17	/21/10	employed X N	/A		

EIN N/A

Phone no ► (212) 242-5253

Form **990-PF** (2009)

ANTHONY M. BUZZEO, C.P.A., PLLC

80 FIFTH AVENUE, SUITE 1404 NEW YORK, NY 10011

Firm's name (or yours if self employed), address, and ZIP code

parer's Use Only

BAA

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No 1545-0047

2009

Name of the organization		Employer identification number
REPRODUCTIVE HEALTH ACCESS PR	OJECT, INC	13-4079983
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not tre	eated as a private foundation
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated	d as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the G	eneral Rule or a Special Rule	
Note: Only a section 501(c)(7), (8), or (10) org	anization can check boxes for both the General Ri	ule and a Special Rule See instructions
Compand Budg		
General Rule —	Z, or 990-PF that received, during the year, \$5,000	or more (in money or property) from any one
contributor (Complete Parts I and II)	2, or 330411 that received, during the year, \$5,000	of more (in money of property) normally one
Special Rules —		
509(a)(1)/170(b)(1)(A)(vi) and received from any	form 990 or 990-EZ, that met the 33-1/3% support rone contributor, during the year, a contribution of the c or (ii) Form 990-EZ, line 1 Complete Parts I and II	greater of (1) \$5,000 or (2) 2% of the
	ation filing Form 990 or 990-EZ, that received from 00 for use exclusively for religious, charitable, scie Complete Parts I, II, and III	
contributions for use exclusively for religiou	ration filing Form 990 or 990-EZ, that received from its, charitable, etc. purposes, but these contribution intributions that were received during the year for a unless the General Rule applies to this organization.	ns did not aggregate to more than \$1,000 If an exclusively religious, charitable, etc,
religious, charitable, etc, contributions of \$	5,000 or more during the year	► \$
990-PF) but it must answer 'No' on Part IV, lin	y the General Rule and/or the Special Rules does e 2 of their Form 990, or check the box on line H ig requirements of Schedule B (Form 990, 990-EZ	of its Form 990-EZ, or on line 2 of its Form
BAA For Privacy Act and Paperwork Reducti for Form 990, 990EZ, or 990-PF.	on Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2009

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chedule	B (Form 990, 990-EZ, or 990-PF) (2009)	Page 1	of 1 of Part I	
	OUCTIVE HEALTH ACCESS PROJECT, INC		79983	
Part I	Contributors (see instructions)		-	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
1	The Mary Wohlford Foundation 505 Sansome St, Suite 1701 San Francisco, CA 94111	\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
2	The Compton Foundation, Inc. 235 Shoreline Drive, Suite 540 Redwood City, CA 94065	\$35,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
3	Andersen-rogers foundation 327 West 19th Street New York, NY 10011	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
4	The Morris S Smith Foundation 8457 Colbath Avenue Van Nuys, CA 91402-3703	\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
5	SC Group 830 Third Avenue New York, NY 10016	\$10,000.	Person X Payroll	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	

Westport , CT 06855 (Complete Part II if there is a noncash contribution)

BAA TEEA0702L 06/23/09 Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Person Payroll

Noncash

155,000.

The Educational Foundation of Ameri

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chedule E	3 (Form 990, 990-EZ, or 990-PF) (2009)		Page 1	of 1 of Part I
ame of organ			1	dentification number
REPRODUCTIVE HEALTH ACCESS PROJECT, INC			13-40	79983
Part II	Noncash Property (see instructions)			
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A	 		_
		-		
		\$		
]_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		7		
		1		
		<u></u> \$_		
(2)	(h)	+	(0)	(4)
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		-		
		1		
		\\$		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		+		
		\$_	.	
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		1		
		-		
		 \$_		
		\downarrow		
(a) No. from	(b) Description of noncash property given		(c) FMV (or estimate)	(d) Date received

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2009)

lame of organ	nization			Employer identifica			
REPRODU	UCTIVE HEALTH ACCESS PROJECT	, INC		13-4079983	3		
Part III	Exclusively religious, charitable, e organizations aggregating more the	etc, individual contributio nan \$1,000 for the year.(C	ns to section omplete cols (a	n 501(c)(7), (8), or (10)) through (e) and the follow	ng line entry)		
	For organizations completing Part III, enter contributions of \$1,000 or less for the year	total of exclusively religious, cl (Enter this information once —	haritable, etc, see instruction	ns) > \$	N/A		
(a)	(b)	(c)		(d)			
No. from	1	Use of gift		Description of how git	it is held		
Part I	<u> </u>						
	N/A						
					-		
		(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relationsh		onship of transferor to tran	sferee			
(a)	(b)	(c)	I	(d)			
No. from	Purpose of gift	Use of gift		Description of how gift is h			
Part I							
	(e) Transfer of gift						
			onship of transferor to tran	sferee			
			-				
(a)	(b)	(c)		(d)			
No. from Part I	Purpose of gift	Use of gift		Description of how git	t is held		
		(e)					
	Transfer of gift Transferee's name, address, and ZIP + 4 Relationsh		onship of transferor to tran	sferee			
							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how git	t is held		
				-			
	(e) Transfer of gift			· · · · · · · ·			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
				-	-		
					<u> </u>		
							

Page 1

of 1

of Part III

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2009)

709 Federal Statements			
REF	REPRODUCTIVE HEALTH ACCESS PROJECT, INC		
Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees			
Accounting	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income \$ 3,620. \$ 0. \$		
Statement 2 Form 990-PF, Part I, Line 16c Other Professional Fees			
Consulting	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income \$ 2,181. \$ 0. \$		
Statement 3 Form 990-PF, Part I, Line 23 Other Expenses			
	(a) (b) Net (c) Expenses Investment Adjuste <u>per Books Income Net Incom</u>		
ADMINISTRATIVE INSURANCE MEMBERSHIP MISCELLANEOUS Office Equipment OFFICE SUPPLIES POSTAGE	\$ 1,276. 1,001. 1,945. 2,960. 1,645. 727. 2,215.		
TRAINING AND WORKSHOPS TRAVEL, MEALS WEB DEVELOPMENT	1,942. 410. 13,203.	0. \$ 0.	
Statement 4 Form 990-PF, Part II, Line 14 Land, Buildings, and Equipment	t		
Category	Accum. Book Basis Deprec. Value	Fair Market Value	
Machinery and Equipment	\$ 12,100. \$ 7,257. \$ 4,843 otal \$ 12,100. \$ 7,257. \$ 4,843	. \$ 0.	

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Federal Statements

Page 2

REPRODUCTIVE HEALTH ACCESS PROJECT, INC

13-4079983

Statement 5
Form 990-PF, Part VIII, Line 1
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	Account/
LINDA ROSENTHAL, JD PO BOX 21191 NEW YORK, NY 10025	Director 0	\$ 0.	\$ 0.	\$ 0.
SANDY MERRILL, MPH PO BOX 21191 NEW YORK, NY 10025	Vice President 0	0.	0.	0.
REBECCA HART, JD PO BOX 21191 NEW YORK, NY 10025	Director 0	0.	0.	0.
DANIELLE PAGANO, MA PO BOX 21191 NEW YORK, NY 10025	Director 0	0.	0.	0.
BARBARA KANCELBAUM, MS PO BOX 21191 NEW YORK, NY 10025	President O	0.	0.	0.
ANA MARIN PO BOX 21191 NEW YORK, NY 10025	Secretary 0	0.	0.	0.
VIRNA LITTLE, PsyD PO BOX 21191 NEW YORK, NY 10025	Treasurer 0	0.	0.	0.
DAVID TANIER, PhD PO BOX 21191 NEW YORK, NY 10025	Director 0	0.	0.	0.
ELYSSA TOOMEY, MA PO BOX 21191 NEW YORK, NY 10025	Director 0	0.	0.	0.
	Total	\$ 0.	<u>\$ 0.</u>	<u>\$ 0.</u>

Statement 6
Form 990-PF, Part IX-A, Line 1
Summary of Direct Charitable Activities

Direct Charitable Activities

Expenses

The Foundation's purpose is to expand women's reproductive choices into primary care; providing for instruction for students, residents, and practicing clinicians; developing a national network of women's reproductive choice providers and trainers; and disseminating information to educate people and sponsor programs to promote understanding about women's reproductive choices.