

Maryanov Madsen Gordon & Campbell
CERTIFIED PUBLIC ACCOUNTANTS - A Professional Corporation

Regional Access Project Foundation
41550 Eclectic St
Palm Desert, CA 92260-1967

Dear Leticia:

Enclosed for your review:

Form 990	2019 Return of Organization Exempt from Income Tax
Form 199	2019 California Exempt Organization Return
Form RRF-1	2020 Registration/Renewal Fee Report

Each tax return or form listed above should be filed in accordance with the enclosed filing instructions.

Before your returns can be electronically filed, all signed forms must be returned to our office prior to May 17, 2021.

The returns were prepared from the information furnished by you without verification. Please review before filing to ensure there are no omissions or misstatements of material facts.

Copies of the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

For any documents that are being filed with taxing authorities, we recommend that you use certified mail with postmarked receipts for proof of timely filing.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns.

Sincerely,

Steven T. Erickson, CPA

CLIENT 45815

REGIONAL ACCESS PROJECT FOUNDATION

33-0547453

	2019	2018	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	2,711,623	1,555,404	1,156,219
PROGRAM SERVICE REVENUE.....	166,036	164,714	1,322
INVESTMENT INCOME.....	39,958	31,934	8,024
OTHER REVENUE.....	17,915	54,011	-36,096
TOTAL REVENUE.....	2,935,532	1,806,063	1,129,469
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID.....	710,924	756,815	-45,891
SALARIES, OTHER COMPEN., EMP. BENEFITS...	529,875	483,119	46,756
OTHER EXPENSES.....	551,771	831,719	-279,948
TOTAL EXPENSES.....	1,792,570	2,071,653	-279,083
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	1,142,962	-265,590	1,408,552
TOTAL ASSETS AT END OF YEAR.....	6,743,088	5,301,601	1,441,487
TOTAL LIABILITIES AT END OF YEAR.....	458,393	150,587	307,806
NET ASSETS/FUND BALANCES AT END OF YEAR.	6,284,695	5,151,014	1,133,681

DO NOT MAIL

	2019	2018	DIFF
REVENUE			
GROSS RENTS.....	82,277	79,360	2,917
GROSS AMOUNT FROM SALE OF ASSETS.....	199,871	593,948	-394,077
OTHER INCOME.....	208,504	207,932	572
GROSS CONTRIBUTIONS, GIFTS, & GRANTS.....	2,711,623	1,555,404	1,156,219
COST OR OTHER BASIS OF ASSETS SOLD.....	200,655	598,894	-398,239
TOTAL INCOME.....	3,001,620	1,837,750	1,163,870
EXPENSES AND DISBURSEMENTS			
CONTRIBUTIONS, GIFTS, GRANTS.....	710,924	756,815	-45,891
COMPENSATION OF OFFICERS, ETC.....	125,050	133,546	-8,496
OTHER SALARIES AND WAGES.....	280,342	224,394	55,948
TAXES.....	34,596	32,238	2,358
RENTS.....	93,546	0	93,546
DEPRECIATION AND DEPLETION.....	114,036	102,498	11,538
OTHER DEDUCTIONS.....	500,164	853,849	-353,685
TOTAL DEDUCTIONS.....	1,858,658	2,103,340	-244,682
EXCESS OF RECEIPTS OVER DISBURSEMENTS....	1,142,962	-265,590	1,408,552
FILING FEE			
FILING FEE.....	0	0	0
BALANCE DUE.....	0	0	0

DO NOT MAIL

2019

GENERAL INFORMATION

PAGE 1

CLIENT 45815

REGIONAL ACCESS PROJECT FOUNDATION

33-0547453

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH D, SCH I, SCH O, 8868
CALIFORNIA: 199, SCH B, 3885, 8453-EO, E-FILE INSTRUCTIONS, RRF-1

CARRYOVERS TO 2020

NONE

DO NOT MAIL

2019

FEDERAL FILING INSTRUCTIONS

CLIENT 45815

REGIONAL ACCESS PROJECT FOUNDATION

33-0547453

ELECTRONICALLY FILED:

FORM 990 - 2019 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

THE ABOVE TAX RETURN WILL BE ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE UPON RECEIPT OF A SIGNED FORM 8879-E0 - IRS E-FILE SIGNATURE AUTHORIZATION.

PAYMENT:

NO PAYMENT IS REQUIRED.

DO NOT MAIL

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning 7/01, 2019, and ending 6/30, 2020

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

2019

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

REGIONAL ACCESS PROJECT FOUNDATION

33-0547453

Name and title of officer

LETICIA DE LARA

CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1 a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1 b <u>2,935,532.</u>
2 a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2 b _____
3 a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b _____
4 a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b _____
5 a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5 b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize MARYANOV MADSEN GORDON CAMPBELL to enter my PIN 45815 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 33116253410
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

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

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

Automatic 6-Month Extension of Time.

 Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	REGIONAL ACCESS PROJECT FOUNDATION	33-0547453
	Number, street, and room or suite number. If a P.O. box, see instructions. 41550 ECLECTIC ST	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PALM DESERT, CA 92260-1967	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ MATTHEW GONDA, CPA, CGMA

Telephone No. ▶ (760) 674-9992 Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box ▶

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ▶ . If it is for part of the group, check this box ... ▶ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 5/15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 ____ or
- ▶ tax year beginning 7/01, 2019, and ending 6/30, 2020.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3 a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3 b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3 c	\$	0.

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

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

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 7/01, 2019, and ending 6/30, 2020

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C REGIONAL ACCESS PROJECT FOUNDATION, 41550 ECLECTIC ST, PALM DESERT, CA 92260-1967. D Employer identification number 33-0547453. E Telephone number (760) 674-9992. G Gross receipts \$ 3,202,275.

F Name and address of principal officer: LETICIA DE LARA, SAME AS C ABOVE. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No.

I Tax-exempt status: 501(c)(3), 501(c) () (insert no.), 4947(a)(1) or 527.

J Website: WWW.RAPFOUNDATION.ORG. H(c) Group exemption number.

K Form of organization: Corporation, Trust, Association, Other. L Year of formation: 1992. M State of legal domicile: CA.

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid, 15 Salaries, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer LETICIA DE LARA, CEO. Date.

Paid Preparer Use Only: Print/Type preparer's name STEVEN T. ERICKSON, CPA. Preparer's signature, Date, Check self-employed, PTIN P00404339. Firm's name MARYANOV MADSEN GORDON CAMPBELL, Firm's address, Firm's EIN 95-3178278, Phone no. (760) 320-6642.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 821,785. including grants of \$ 644,924.) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 730,704. including grants of \$ 66,000.) (Revenue \$)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 91,831. including grants of \$) (Revenue \$)

NONPROFIT RENTALS

RAP PROVIDES AFFORDABLE LEASE RATES TO NONPROFITS FOR OFFICES AND CUBICLES. A CLEAR INDICATION OF THE SUCCESS OF THIS PROGRAM IS THAT ALL 25 OF OUR LEASE SPACES ARE CURRENTLY OCCUPIED, MEANING THE NONPROFITS SEE THE DESIRABILITY OF UTILIZING THESE FACILITIES AT GREATLY REDUCED RATES. IN ADDITION TO THE COST REDUCTIONS OF THE OFFICE SPACE, RAP ALSO PROVIDES CONFERENCE ROOM AVAILABILITIES FOR FREE. NOT ONLY DO THESE ORGANIZATIONS UTILIZE FUNDS TOWARDS HELPING THEIR CLIENTS, BUT THEY FIND COLLABORATIONS FACILITATED BY THE PRESENCE OF OTHER NONPROFITS IN THE SAME BUILDING.

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,644,320.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I (see instructions).</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....		
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?.....		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.....		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.....		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.....		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a _____ 9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. 3b		
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		X
b	If 'Yes,' enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d _____		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	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. 10b _____		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders. 11a _____		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b _____		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b _____		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b _____		
c	Enter the amount of reserves on hand 13c _____		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If 'Yes,' see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If 'Yes,' complete Form 4720, Schedule O.			

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

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

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. 1 a 20 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1 b	Enter the number of voting members included on line 1a, above, who are independent. 1 b 20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
10 b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11 b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15 a	The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O.	X	
15 b	Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
 MATTHEW GONDA, CPA, CGMA 41-550 ECLECTIC ST PALM DESERT CA 92260 (760) 674-9992

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

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

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LETICIA DE LARA CEO	40 0			X			136,773.	0.	0.	
(2) MARK MORAN DIRECTOR	2 0	X					0.	0.	0.	
(3) DR. CRAIG BORBA ED.D CHAIRMAN	2 0	X		X			0.	0.	0.	
(4) JOSEPH HAYES DIRECTOR	2 0	X					0.	0.	0.	
(5) JAN PYE VICE CHAIR	2 0	X		X			0.	0.	0.	
(6) DR. WILLIAM KROONEN ED.D DIRECTOR	2 0	X					0.	0.	0.	
(7) MARIA BLUE DIRECTOR	2 0	X					0.	0.	0.	
(8) ROSEMARY ORTEGA DIRECTOR	2 0	X					0.	0.	0.	
(9) V. MANUEL PEREZ DIRECTOR	2 0	X					0.	0.	0.	
(10) DR. ANN DEW D.O. EX OFFICIO	2 0	X					0.	0.	0.	
(11) CLAUDIA GALVEZ DIRECTOR	2 0	X					0.	0.	0.	
(12) RUDY GUTIERREZ DIRECTOR	2 0	X					0.	0.	0.	
(13) RICARDO LORETTA DIRECTOR	2 0	X					0.	0.	0.	
(14) ELIZABETH ROMERO DIRECTOR	2 0	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee				Former
(15) VALERIE HUDSON DIRECTOR	2 0	X					0.	0.	0.
(16) MIKE GIALDINI SECRETARY	2 0	X		X			0.	0.	0.
(17) BEATRIZ GONZALEZ DIRECTOR	2 0	X					0.	0.	0.
(18) TORI ST. JOHNS DIRECTOR	2 0	X					0.	0.	0.
(19) VAN TANNER DIRECTOR	2 0	X					0.	0.	0.
(20) ANNA MARTINEZ DIRECTOR	2 0	X					0.	0.	0.
(21) AURORA WILSON DIRECTOR	2 0	X					0.	0.	0.
(22) MATTHEW GONDA, CPA, CGMA TREASURER	2 0	X		X			0.	0.	0.
(23)									
(24)									
(25)									
1 b Subtotal							136,773.	0.	0.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							136,773.	0.	0.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	1								

DO NOT MAIL

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

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

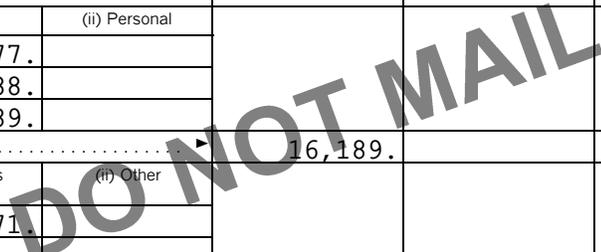
(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b 5,457.				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 2,139,825.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 566,341.				
	g Noncash contributions included in lines 1a-1f	1 g				
	h Total. Add lines 1a-1f	▶ 2,711,623.				
Program Service Revenue	Business Code					
	2 a CNA RENTAL INCOME		157,694.	157,694.		
	b FEES FOR SERVICES		8,342.	8,342.		
	c -----					
	d -----					
	e -----					
	f All other program service revenue					
g Total. Add lines 2a-2f	▶	166,036.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	40,742.	40,742.		
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	6 a	(i) Real	(ii) Personal		
			82,277.			
		b Less: rental expenses	6 b 66,088.			
	c Rental income or (loss)	6 c 16,189.				
	d Net rental income or (loss)	▶	16,189.			16,189.
	7 a Gross amount from sales of assets other than inventory	7 a	(i) Securities	(ii) Other		
			199,871.			
		b Less: cost or other basis and sales expenses	7 b 198,455.	2,200.		
	c Gain or (loss)	7 c 1,416.	-2,200.			
d Net gain or (loss)	▶	-784.	-784.			
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8 a					
	b Less: direct expenses	8 b				
	c Net income or (loss) from fundraising events	▶				
9 a Gross income from gaming activities. See Part IV, line 19	9 a					
	b Less: direct expenses	9 b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	10 a					
	b Less: cost of goods sold	10 b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue	Business Code					
	11 a OTHER		1,726.		1,726.	
	b -----					
	c -----					
	d All other revenue					
e Total. Add lines 11a-11d	▶	1,726.				
12 Total revenue. See instructions	▶	2,935,532.	205,994.	0.	17,915.	

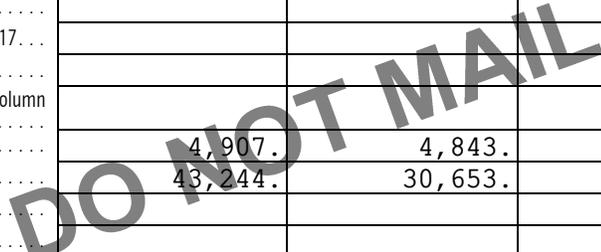


Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 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 domestic organizations and domestic governments. See Part IV, line 21	710,924.	710,924.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	125,050.	106,293.	15,006.	3,751.
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.	0.	0.	0.
7 Other salaries and wages	280,342.	236,993.	33,682.	9,667.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,467.	16,484.	2,339.	644.
9 Other employee benefits	70,420.	59,632.	8,457.	2,331.
10 Payroll taxes	34,596.	29,296.	4,155.	1,145.
11 Fees for services (nonemployees):				
a Management	31,944.	27,051.	3,836.	1,057.
b Legal	2,631.	522.	2,109.	
c Accounting	15,550.	12,401.	3,046.	103.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	4,907.	4,843.	64.	
12 Advertising and promotion	43,244.	30,653.	12,433.	158.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	93,546.	81,451.	12,095.	
17 Travel	3,184.	1,195.	1,989.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	36,027.	35,118.	909.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	91,115.	79,335.	11,780.	
23 Insurance	18,712.	15,687.	3,008.	17.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>TECHNICAL ASSIST TO OTHER ORGS</u>	88,445.	88,445.		
b <u>OTHER PROGRAM EXPENSES</u>	67,871.	67,402.	469.	
c <u>COMPUTER SERVICES</u>	18,515.	15,678.	2,224.	613.
d <u>COMMUNICATIONS</u>	13,915.	11,783.	1,671.	461.
e All other expenses	22,165.	13,134.	8,765.	266.
25 Total functional expenses. Add lines 1 through 24e	1,792,570.	1,644,320.	128,037.	20,213.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				



Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1	Cash – non-interest-bearing	486,202.	1	621,542.	
	2	Savings and temporary cash investments	282,280.	2	760,375.	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	803,738.	4	1,525,728.	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	27,359.	9	24,357.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3,288,735.		
	b	Less: accumulated depreciation	10b	337,262.	10c	2,951,473.
	11	Investments – publicly traded securities	727,328.	11	682,743.	
	12	Investments – other securities. See Part IV, line 11		12		
	13	Investments – program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	16,320.	15	176,870.	
16	Total assets. Add lines 1 through 15 (must equal line 33)	5,301,601.	16	6,743,088.		
Liabilities	17	Accounts payable and accrued expenses	49,748.	17	218,622.	
	18	Grants payable	78,165.	18	145,178.	
	19	Deferred revenue	2,168.	19	4,136.	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	4,156.	21	4,156.	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24	69,101.	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	16,350.	25	17,200.	
	26	Total liabilities. Add lines 17 through 25	150,587.	26	458,393.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions	5,048,701.	27	5,758,100.	
	28	Net assets with donor restrictions	102,313.	28	526,595.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
	32	Total net assets or fund balances.	5,151,014.	32	6,284,695.	
33	Total liabilities and net assets/fund balances.	5,301,601.	33	6,743,088.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,935,532.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,792,570.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,142,962.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,151,014.
5	Net unrealized gains (losses) on investments	5	-9,281.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,284,695.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If 'Yes' to line 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization REGIONAL ACCESS PROJECT FOUNDATION	Employer identification number 33-0547453
---	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	1,507,970.	1,597,311.	1,880,630.	1,720,118.	2,877,659.	9,583,688.
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 lines 1 through 3.	1,507,970.	1,597,311.	1,880,630.	1,720,118.	2,877,659.	9,583,688.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						9,583,688.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	1,507,970.	1,597,311.	1,880,630.	1,720,118.	2,877,659.	9,583,688.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	97,041.	29,003.	56,920.	36,880.	40,742.	260,586.
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 VI.) SEE PART VI		96,954.	173,188.	85,698.	84,003.	439,843.
11 Total support. Add lines 7 through 10.						10,284,117.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)).	14	93.19 %
15 Public support percentage from 2018 Schedule A, Part II, line 14.	15	93.35 %

16a **33-1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b **33-1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services 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 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2019. 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. ▶

b 33-1/3% support tests—2018. 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. ▶

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

DO NOT MAIL

BAA

Schedule A (Form 990 or 990-EZ) 2019

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

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>
RENTAL INCOME	\$ 82,277.	\$ 79,360.	\$ 172,308.	\$ 87,147.	
MISC INCOME	1,726.	6,338.	880.	9,807.	
TOTAL	<u>\$ 84,003.</u>	<u>\$ 85,698.</u>	<u>\$ 173,188.</u>	<u>\$ 96,954.</u>	<u>\$ 0.</u>

DO NOT MAIL

Schedule B

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

Department of the Treasury Internal Revenue Service

PUBLIC DISCLOSURE COPY Schedule of Contributors

OMB No. 1545-0047

2019

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

REGIONAL ACCESS PROJECT FOUNDATION

Employer identification number

33-0547453

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

Form 990-PF

[] 527 political organization

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization REGIONAL ACCESS PROJECT FOUNDATION	Employer identification number 33-0547453
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- ----- -----	\$ 2,139,825.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DO NOT MAIL

Name of organization

Employer identification number

REGIONAL ACCESS PROJECT FOUNDATION

33-0547453

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

DO NOT MAIL

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

REGIONAL ACCESS PROJECT FOUNDATION

33-0547453

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, aggregate value of grants, and aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, 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' on Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, 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:
2 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 FASB ASC 958 relating to these items:

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f 0.

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

SEE PART XIII

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	152,313.	242,358.	230,676.	57,182.	82,528.
b Contributions	473,615.	80,275.	185,094.	266,415.	86,679.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	49,333.	170,320.	173,412.	92,921.	112,025.
f Administrative expenses					
g End of year balance	576,595.	152,313.	242,358.	230,676.	57,182.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 8.67 %
- b Permanent endowment %
- c Term endowment 91.33 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations	3a(i)	X
(ii) Related organizations	3a(ii)	X
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds. SEE PART XIII

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings		2,559,525.	229,701.	2,329,824.
c Leasehold improvements		628,095.	58,320.	569,775.
d Equipment		47,168.	19,850.	27,318.
e Other		53,947.	29,391.	24,556.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,951,473.

BAA

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

N/A

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEPOSITS	17,200.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	17,200.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	2,992,339.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-9,281.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	-9,281.	
3	Subtract line 2e from line 1		3	3,001,620.
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		
	b Other (Describe in Part XIII.) SEE PART XIII	4b	-66,088.	
	c Add lines 4a and 4b	4c	-66,088.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,935,532.

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

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

1	Total expenses and losses per audited financial statements		1	1,858,658.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.) SEE PART XIII	2d	66,088.	
	e Add lines 2a through 2d	2e	66,088.	
3	Subtract line 2e from line 1		3	1,792,570.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,792,570.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B - EXPLANATION OF ESCROW ACCOUNT LIABILITY

AGENCY FUNDS HELD ON BEHALF OF OTHER EXEMPT ENTITIES - \$4,156

THE FOUNDATION HAS AN AGENCY AGREEMENT WITH ANOTHER EXEMPT ENTITY UNDER WHICH THE FOUNDATION RECEIVES, HOLDS, AND DISBURSES FUNDS BASED UPON DIRECTIVES RECEIVED FROM THAT EXEMPT ENTITY. DURING THE CURRENT FISCAL YEAR, THE FOUNDATION RECEIVED AND HELD AGENCY FUNDS ON BEHALF OF THE FOLLOWING ENTITY:

4TH DISTRICT SUPERVISOR YOUTH ACTIVITY COUNCIL SCHOLARSHIP FUNDS - \$4,156

Part XIII Supplemental Information (continued)**PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND**

BOARD-DESIGNATED

BUILDING RESERVE \$50,000

TEMPORARILY RESTRICTED

DESERT LEGAL FOUNDATION \$50,882

JAMES IRVINE FOUNDATION REGRANTING \$397,088

PREVENT CHILD ABUSE RIVERSIDE COUNTY \$6,675

SPECIAL EVENT \$37,925

OTHER PROGRAMS \$34,025

SCHEDULE D, PART XI, LINE 4B**OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

EXPENSE ALLOCABLE TO RENTAL INCOME	\$	-66,088.
TOTAL	\$	<u>-66,088.</u>

SCHEDULE D, PART XII, LINE 2D**OTHER EXPENSES AND LOSSES PER AUDITED F/S**

EXPENSE ALLOCABLE TO RENTAL INCOME	\$	66,088.
TOTAL	\$	<u>66,088.</u>

DO NOT MAIL

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

REGIONAL ACCESS PROJECT FOUNDATION

Employer identification number

33-0547453

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. **SEE PART IV**

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COLORADO RIVER SENIOR CENTER HCR-20, BOX 3408 BLYTHE, CA 92225	33-0143646		44,357.	0.			HEALTH/MENTAL HEALTH SERVICES
(2) COMMUNITY ACTION PARTNERSHIP 2038 IOWA AVE STE B-102 RIVERSIDE, CA 92507	95-6000930		16,450.	0.			HEALTH SERVICES
(3) DESERT BEST FRIEND'S CLOSET 74-040 HIGHWAY 111 STE F PALM DESERT, CA 92260	26-2388221		26,500.	0.			HEALTH SERVICES/DESERT FAST PITCH
(4) DESERT HEALTHCARE FDN 1140 N INDIAN CANYON DR PALM SPRINGS, CA 92262	95-2567237		50,000.	0.			HEALTH SERVICES
(5) JEWISH FAMILY SERVICES 490 S. FARRELL DRIVE STE C2 PALM SPRINGS, CA 92262	33-0613083		10,000.	0.			HEALTH SERVICES
(6) OPERATION SAFE HOUSE 9685 HAYES ST RIVERSIDE, CA 92503	33-0326090		47,500.	0.			MENTAL HEALTH SERVICES
(7) RIVERSIDE CNTY OFFICE ON AGNG 44199 MONROE STREET INDIO, CA 92201	95-6000930		37,500.	0.			MENTAL HEALTH SERVICES
(8) LIFT TO RISE 41550 ECLECTIC ST PALM DESERT, CA 92260	82-5258187		107,550.	0.			HEALTH/MENTAL HEALTH SERVICES

DO NOT MAIL

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 27
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

THE FOUNDATION REQUIRES A FINAL REPORT BY ALL GRANTEEES THAT REPORTS THE USE OF GRANT FUNDS PROVIDED.

DO NOT MAIL

Continuation Sheet for Schedule I (Form 990)

2019

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 2

Name of the organization REGIONAL ACCESS PROJECT FOUNDATION	Employer identification number 33-0547453
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COMMUNITY PARTNERS 1000 N ALAMEDA ST LOS ANGELES, CA 90012	95-4302067		25,000.				HEALTH/MENTAL HEALTH SERVICES
COVE COMMUNITY SENIOR ASSOC 73750 CATALINA WAY PALM DESERT, CA 92260	95-3622332		20,000.				MENTAL HEALTH SERVICES
FAMILY SERVICE ASSOCIATION 21250 BOX SPRINGS RD STE 212 MORENO VALLEY, CA 92557	95-1803694		6,000.				MENTAL HEALTH SERVICES
PUEBLO UNIDO CDC 78150 CALLE TAMPICO STE 214 LA QUINTA, CA 92253	26-3547211		10,000.				HEALTH SERVICES
SPIRIT MOUNTAIN RETREAT 25661 OAKWOOD ST IDYLLWILD, CA 92549	39-1199283		8,500.				MENTAL HEALTH SERVICES
THE LGBT SANCTUARY 555 S SUNRISE WAY STE 203B PALM SPRINGS, CA 92264	46-2867323		13,750.				MENTAL HEALTH SERVICES
YOUTH LEADERSHIP INSTITUTE 209 9TH ST STE 200 SAN FRANCISCO, CA 94103	68-0184712		10,500.				MENTAL HEALTH SERVICES
BOOBULLYING 1775 PALM CANYON DR STE 320 PALM SPRINGS, CA 92264	45-5473347		17,000.				DESERT FAST PITCH
CV COMM RESEARCH INITIATIVE 1775 E PALM CANYON DR 110-215 PALM SPRINGS, CA 92264	47-3892886		20,000.				MENTAL HEALTH SERVICES
ANGEL VIEW, INC 67625 E PALM CANYON DR STE 7A CATHEDRAL CITY, CA 92234	95-1861861		10,000.				HEALTH SERVICES

DO NOT MAIL

Continuation Sheet for Schedule I (Form 990)

2019

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 2 of 2

Name of the organization REGIONAL ACCESS PROJECT FOUNDATION	Employer identification number 33-0547453
---	---

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>FRIENDS OF THE DSRT MOUNTAINS</u> <u>51500 CA-74</u> PALM DESERT, CA 92260	95-3868737		12,500.				DESERT FAST PITCH
<u>HIDDEN HARVEST</u> <u>85711 PETER RABBIT LN</u> COACHELLA, CA 92236	33-0821743		15,000.				HEALTH SERVICES
<u>HOPE THROUGH HOUSING FNDTN</u> <u>921 HAVEN AVE</u> RNCHO CUCAMONGA, CA 91730	33-0802554		12,500.				MENTAL HEALTH SERVICES
<u>OPHELIA PROJECT, JFK FNDTN</u> <u>73555 SAN GORGONIO WAY</u> PALM DESERT, CA 92260	33-0071613		10,000.				HEALTH SERVICES
<u>LIFE STREAM BLOOD BANK</u> <u>384 W ORANGE SHOW RD</u> SAN BERNARDINO, CA 92408	95-1708743		10,000.				HEALTH SERVICES
<u>MISSION VETERANS</u> <u>41154 MANCHESTER ST</u> INDIO, CA 92203	82-2862282		15,000.				MENTAL HEALTH SERVICES
<u>NEURO VITALITY CENTER</u> <u>2800 E ALEJO RD</u> PALM SPRINGS, CA 92262	95-3402464		95,737.				HEALTH SERVICES
<u>THE DESERT CANCER FOUNDATION</u> <u>74091 LARREA ST</u> PALM DESERT, CA 92260	33-0648823		8,225.				HEALTH SERVICES
<u>LGBT COMM CNTR OF THE DESERT</u> <u>1301 N PALM CANYON DR STE 301</u> PALM SPRINGS, CA 92262	33-0937301		10,000.				MENTAL HEALTH SERVICES

DO NOT MAIL

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

REGIONAL ACCESS PROJECT FOUNDATION

Employer identification number

33-0547453

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

THE REGIONAL ACCESS PROJECT FOUNDATION PROVIDES FUNDING, OVERSIGHT, TECHNICAL ASSISTANCE, AND GUIDANCE TO VOLUNTEERS, COMMUNITY BASED ORGANIZATIONS AND AGENCIES, AND COLLABORATIVE GROUPS, WHICH SERVE THE RESIDENTS OF EASTERN RIVERSIDE COUNTY IN THE AREAS OF HEALTH, MENTAL HEALTH, AND JUVENILE INTERVENTIONS. THE REGIONAL ACCESS PROJECT FOUNDATION'S VISION IS TO BE A RESOURCE FOR THESE ORGANIZATIONS AND INDIVIDUALS IN THE DESERT COMMUNITIES PREPARING FOR AND PROVIDING SERVICES IN ORDER TO ENABLE AN ENHANCED QUALITY OF LIFE FOR ALL INHABITANTS OF EASTERN RIVERSIDE COUNTY.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE REGIONAL ACCESS PROJECT FOUNDATION PROVIDES FUNDING, OVERSIGHT, TECHNICAL ASSISTANCE, AND GUIDANCE TO VOLUNTEERS, COMMUNITY BASED ORGANIZATIONS AND AGENCIES, AND COLLABORATIVE GROUPS, WHICH SERVE THE RESIDENTS OF EASTERN RIVERSIDE COUNTY IN THE AREAS OF HEALTH, MENTAL HEALTH, AND JUVENILE INTERVENTIONS. THE REGIONAL ACCESS PROJECT FOUNDATION'S VISION IS TO BE A RESOURCE FOR THESE ORGANIZATIONS AND INDIVIDUALS IN THE DESERT COMMUNITIES PREPARING FOR AND PROVIDING SERVICES IN ORDER TO ENABLE AN ENHANCED QUALITY OF LIFE FOR ALL INHABITANTS OF EASTERN RIVERSIDE COUNTY.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

GRANT ALLOCATIONS TO OTHER EXEMPT ENTITIES

RAP PROVIDES FUNDING TO NONPROFITS ADDRESSING HEALTH, MENTAL HEALTH AND JUVENILE INTERVENTION UNMET NEEDS. THE FOLLOWING ARE EXAMPLES OF SERVICES AND PROGRAMS FUNDED:

•PROGRAMS FOR SENIORS, YOUTH AND DISADVANTAGED POPULATIONS WITH AN EMPHASIS ON REMOTE COMMUNITIES; THE COLORADO RIVER SENIOR CENTER, THE THERMAL SENIOR CENTER AND SEVERAL COOLING CENTERS; PALM SPRINGS, THERMAL, MECCA, AND BLYTHE.

Name of the organization

Employer identification number

REGIONAL ACCESS PROJECT FOUNDATION

33-0547453

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

- FOOD INSECURITY AND BASIC NEEDS PROGRAMS IN REMOTE COMMUNITIES AND HARD TO REACH POPULATIONS.
- THE MENTAL HEALTH INITIATIVE WAS APPROVED IN MAY 2014 THROUGH 2019. REQUEST FOR PROPOSALS (RFP) WERE RELEASED TO PROACTIVELY FOCUS ON SPECIFIC AREAS IDENTIFIED BY THE COMMUNITY AS HIGH PRIORITIES. IN THE FALL OF 2019, THE RAP BOARD EXPANDED THE RFPs TO INCLUDE HEALTH-MENTAL HEALTH PROGRAMS/PROJECTS AND ADDRESSING JUVENILE INTERVENTION SERVICES THROUGH OUR SMALL GRANTS.
- THE FAST-PITCH ANNUAL COMPETITION IS AN INNOVATIVE AND CREATIVE WAY FOR PRE-QUALIFIED NONPROFITS TO LEARN HOW TO IMPROVE THEIR COMMUNICATION AND PRESENTATION SKILLS.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

CENTER FOR NONPROFIT ADVANCEMENT (CNA)

RAP'S CNA PROGRAM IS THE ONLY PROGRAM OF ITS KIND IN EASTERN RIVERSIDE COUNTY. CNA PROVIDES PROFESSIONAL SERVICES AND SUPPORT TO NONPROFIT ORGANIZATIONS IN ORDER TO ASSIST THEM WITH THEIR CAPACITY BUILDING EFFORTS AND TO HELP THEM ACHIEVE FINANCIAL SUSTAINABILITY. THE FOLLOWING ARE EXAMPLES OF CNA SERVICES:

- PROVIDING NONPROFIT CONSULTANTS WITH EXPERTISE IN THE FOLLOWING AREAS:
BOARD DEVELOPMENT, STRATEGIC PLANNING, BUDGETING, MARKETING, FINANCIAL PLANNING, ETC.
- OFFERING WORKSHOPS IN NONPROFIT CAPACITY BUILDING TOPICS INCLUDING BUT NOT LIMITED TO: HUMAN RESOURCES, GRANT WRITING, GRANT RESEARCH, BUDGETING, AND FINANCIAL MANAGEMENT.
- HOSTING THE ANNUAL CONFERENCE FEATURING NONPROFIT PROFESSIONALS AS SPEAKERS TO PRESENT EDUCATIONAL INFORMATION AND NETWORKING OPPORTUNITIES.
- A "NON-PROFIT MANAGEMENT CERTIFICATE PROGRAM" OFFERED IN PARTNERSHIP WITH THE UNIVERSITY OF CALIFORNIA, RIVERSIDE.

Name of the organization

Employer identification number

REGIONAL ACCESS PROJECT FOUNDATION

33-0547453

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

•PROVIDE AFFORDABLE OFFICE SPACE AND FREE MEETING SPACE AND COPYING SERVICES TO NONPROFITS.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

COLLABORATIVE FUNDING AND FISCAL AGENT PARTNERSHIPS

IN 2017, RAP WAS SELECTED BY THE JAMES IRVINE FOUNDATION (TJIF) TO ADMINISTER A \$200,000 IMMIGRATION RIGHTS FUNDS TO NONPROFITS IN THE COACHELLA VALLEY. A SECOND GRANT OF \$400,000 WAS GRANTED BY TJIF TO CONTINUE THE WORK AND TO EXPAND THE SCOPE TO ADDRESS MENTAL HEALTH ISSUES EXPERIENCED BY THE IMMIGRANT POPULATION AND THE SERVICE PROVIDERS. IN THE LAST THREE YEARS, WE HAVE ALSO RECEIVED GRANTS FROM THE WEINGART FOUNDATION, UNION BANK, WELLS FARGO, BANK OF AMERICA, AND SEVERAL OTHER FINANCIAL CONTRIBUTIONS IN THE FORM OF SPONSORSHIPS FOR EVENTS. WE ANTICIPATE FUTURE COLLABORATIONS AND PARTNERSHIPS WITH OTHER FUNDERS TO ADDRESS MUTUAL INTERESTS AND INCREASE OUR ABILITY TO MAKE A POSITIVE IMPACT ON THE COMMUNITY.

RAP CONTINUES TO SERVE AS THE FISCAL AGENT TO THE FOURTH SUPERVISORIAL COUNTY SUPERVISOR'S OFFICE FOR THE ANNUAL SENIOR INSPIRATION AWARDS AND THE YOUTH ADVISORY COUNCIL. WE ARE RESPONSIBLE FOR ADMINISTERING THE RESPECTIVE FUNDS (ISSUING CHECKS, PAYING INVOICES, AND RECONCILING BANK ACCOUNTS), AND INCLUDE THE ACCOUNTS IN OUR ANNUAL AUDITS.

RAP PROVIDE FISCAL AGENCY SERVICE TO THE RIVERSIDE COUNTY'S DEPARTMENT OF PUBLIC SOCIAL SERVICES' FIVE FAMILY RESOURCE CENTERS THROUGHOUT RIVERSIDE COUNTY.

LASTLY, WE HAVE PROVIDED FISCAL AGENCY SERVICES TO NONPROFITS SUCH AS LIFT TO RISE, PREVENT CHILD ABUSE RIVERSIDE COUNTY, AND THE INLAND EMPIRE COMMUNITY FOUNDATION TO ASSIST THEM IN CARRYING OUT THEIR MISSIONS.

Name of the organization

REGIONAL ACCESS PROJECT FOUNDATION

Employer identification number

33-0547453

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE AND FULL BOARD FOR REVIEW AND APPROVAL PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY. THE CEO REVIEWS THE BOARD MEMBERSHIP EACH YEAR TO DETERMINE ANY POSSIBLE CONFLICTS. ADDITIONALLY, BOARD MEMBERS COMPLETE AN FPPC FORM 700 - STATEMENT OF ECONOMIC INTEREST ANNUALLY THAT DETAILS ANY CONFLICT OF INTEREST TRANSACTIONS/SITUATIONS. THESE FORMS ARE REVIEWED BY THE CEO AND FILED WITH THE RIVERSIDE COUNTY CLERK OF THE BOARD.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

COMPENSATION OF THE CEO IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

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2019 FEDERAL BOOK DEPRECIATION SCHEDULE

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REGIONAL ACCESS PROJECT FOUNDATION

33-0547453

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
<u>BUILDINGS</u>																
93	BUILDING	1/02/17		2,559,525							2,559,525	164,072	S/L	39		65,629
	TOTAL BUILDINGS			2,559,525		0	0	0	0	0	2,559,525	164,072				65,629
<u>COMPUTER NETWORK AND EQUIPMENT</u>																
57	SONIC WALL/DELL	3/15/17		1,230							1,230	574	S/L	5		246
58	NETWORK CABLING/VECTOR US	4/14/17		8,522							8,522	3,834	S/L	5		1,704
95	NETWORK INSTALLATION	4/14/17		4,723							4,723	2,126	S/L	5		945
97	COMPUTER EQUIPMENT	9/30/17		10,804							10,804	3,782	S/L	5		2,161
98	SERVER UPGRADE	10/31/18		9,809							9,809	1,308	S/L	5		1,962
101	2 DESKTOP WORKSTATIONS	7/01/19		1,182							1,182		S/L	5		236
102	DELL OPTIPLEX 5060 MINITOW	7/18/19		2,587							2,587		S/L	5		474
103	WORKSTATION - CNA	10/01/19		1,646							1,646		S/L	5		247
104	2 DESKTOP WORKSTATIONS	3/16/20		2,457							2,457		S/L	5		123
105	1 DESKTOP WORKSTATION	3/23/20		1,717							1,717		S/L	5		86
106	2 DESKTOP WORKSTATIONS	6/01/20		1,075							1,075		S/L	5		18
107	APPLE COMPUTER - CNA	6/02/20		1,416							1,416		S/L	5		24
	TOTAL COMPUTER NETWORK AND			47,168		0	0	0	0	0	47,168	11,624				8,226
<u>FURNITURE AND EQUIPMENT</u>																
54	LARGE MARBLE MEETING TBL-	3/23/17		1,500							1,500	675	S/L	5		300
55	COMTRON - SECURITY SYSTEM	6/29/17		6,792							6,792	2,716	S/L	5		1,358
56	HVAC UNIT/DESERT LIVING	3/12/17		7,980							7,980	3,724	S/L	5		1,596

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60	HVAC UNIT/DESERT LIVING	6/05/17		7,650							7,650	3,188	S/L	5		1,530
64	CUBICLES	3/15/17		2,635							2,635	1,230	S/L	5		527
65	4 COMPARTMENT DRAWERS	3/15/17		1,142							1,142	532	S/L	5		228
66	3 COMPARTMENT DRAWERS	3/15/17		2,945							2,945	1,374	S/L	5		589
67	2 COMPARTMENT DRAWERS	3/15/17		1,892							1,892	882	S/L	5		378
68	CHAIRS (ROLLING)	3/15/17		1,355							1,355	632	S/L	5		271
77	FIREPROOF FILE CABINETS	3/15/17		1,305							1,305	609	S/L	5		261
96	OFFICE EQUIPMENT	9/30/17		11,825							11,825	4,139	S/L	5		2,365
99	TV - CONFERENCE ROOM	1/27/20		1,407							1,407		S/L	5		117
100	86" TV - CNA	6/29/20		2,969							2,969		S/L	5		0
111	AED FOR BUILDING	2/20/20		2,550							2,550		S/L	5		170
TOTAL FURNITURE AND EQUIPME				53,947			0	0	0	0	53,947	19,701				9,690
FURNITURE AND FIXTURES																
1	DESK - JUDY	8/03/99	6/30/20	2,280							2,280	2,280	S/L	7		0
2	DESK-EVA	8/03/99	6/30/20	2,279							2,279	2,279	S/L	7		0
3	(4) DRAWER FILE	9/16/99	6/30/20	970							970	970	S/L	7		0
4	(4) DRAWER CABINER	4/12/00	6/30/20	2,581							2,581	2,581	S/L	7		0
5	AIR CLEANER	6/30/00	6/30/20	185							185	185	S/L	7		0
6	RECEPTION AREA DESK	7/31/99	6/30/20	2,245							2,245	2,245	S/L	7		0
7	(40) STACK CHAIRS	9/07/99	6/30/20	877							877	877	S/L	7		0
8	(20) STCK CHAIRS	1/03/00	6/30/20	409							409	409	S/L	7		0
9	AIR CLEANER	4/03/00	6/30/20	161							161	161	S/L	7		0
10	CHAIRS MEETING ROOM	10/25/00	6/30/20	218							218	218	S/L	7		0
11	(4) DRAWER FILE	1/08/01	6/30/20	1,114							1,114	1,114	S/L	5		0
12	(4) DRAWER FILE	1/17/01	6/30/20	2,032							2,032	2,032	S/L	7		0

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13	BACK OFFICE DESK	7/04/01	6/30/20	468							468	468	S/L	7		0
14	FIRE PROOF FILES	1/01/02	6/30/20	1,500							1,500	1,500	S/L	7		0
15	(2) FLAGS	1/01/02	6/30/20	403							403	403	S/L	7		0
16	DESK	3/06/03	6/30/20	420							420	420	S/L	7		0
17	DESK	3/20/03	6/30/20	505							505	505	S/L	7		0
18	(6) SARATOGA BOOKCASES	1/01/04	6/30/20	711							711	711	S/L	7		0
19	(3) STORAGE CABINETS	1/01/03	6/30/20	485							485	485	S/L	5		0
20	STORM ADJ TASK CHAIR	1/01/04	6/30/20	162							162	162	S/L	5		0
21	LEGAL FILES (2)	1/01/04	6/30/20	289							289	289	S/L	5		0
22	WALL CALENDAR BOARD	5/07/04	6/30/20	530							530	530	S/L	5		0
23	(2) CREDENZAS	3/30/05	6/30/20	572							572	572	S/L	7		0
24	SHREDDER	4/28/05	6/30/20	700							700	700	S/L	7		0
25	DESK	11/15/05	6/30/20	505							505	505	S/L	7		0
26	OFFICE EQUIPMENT	4/26/07	6/30/20	9,657							9,657	9,657	S/L	5		0
27	PROJECTOR	4/26/07	6/30/20	2,550							2,550	2,550	S/L	5		0
28	FURNITURE	5/08/07	6/30/20	10,800							10,800	10,800	S/L	5		0
29	FURNITURE	6/01/07	6/30/20	2,049							2,049	2,049	S/L	5		0
30	OFFICE DECOR	6/29/07	6/30/20	1,168							1,168	1,168	S/L	5		0
31	OFFICE FURNITURE	10/17/07	6/30/20	3,428							3,428	3,428	S/L	5		0
32	SMALL CARPETS	9/12/08	6/30/20	872							872	872	S/L	5		0
33	SOFTWARE	6/15/10	6/30/20	741							741	741	S/L	5		0
34	COMPUTER & PRINTER	6/22/10	6/30/20	2,168							2,168	2,168	S/L	5		0
35	FURNITURE - HEALNET	6/25/10	6/30/20	705							705	705	S/L	5		0
36	COMPUTER - EVA (RAP)	11/22/10	6/30/20	1,293							1,293	1,293	S/L	5		0
37	TELEPHONE EQ - BHC	11/22/10	6/30/20	550							550	550	S/L	5		0
38	HP TABLET	7/25/11	6/30/20	2,660							2,660	2,660	S/L	5		0
39	EXTERNAL HARD DRIVE	7/25/11	6/30/20	508							508	508	S/L	5		0

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40	WINDOWS 7 PROF UPGRADES	7/25/12	6/30/20	3,726							3,726	3,726	S/L	5		0
41	DELL OPTIPLEX390	4/26/12	6/30/20	892							892	892	S/L	5		0
42	SERVER UPGD SBS 2011	5/04/12	6/30/20	3,200							3,200	3,200	S/L	5		0
43	MACBOOK PRO	5/17/13	6/30/20	2,223							2,223	2,223	S/L	5		0
44	THINKPAD EDGE	5/24/13	6/30/20	1,627							1,627	1,627	S/L	5		0
45	MS OFFICE PRO 2013	5/31/13	6/30/20	2,421							2,421	2,421	S/L	5		0
46	DESKTOP (DELL) - QTY 3	9/26/13	6/30/20	2,218							2,218	2,218	S/L	5		0
47	NAS SERVER/2TB HARD DRIVE	9/26/13	6/30/20	1,343							1,343	1,343	S/L	5		0
48	MIP FUND ACCOUNTING SOFTW	5/09/14	6/30/20	7,932							7,932	7,932	S/L	5		0
49	RACETRACK CONFERENCE TABL	10/21/14	6/30/20	1,088							1,088	1,017	S/L	5		71
50	FUJITSU DUPLEX IMAGE SCAN	7/29/14	6/30/20	979							979	963	S/L	5		16
51	ABILA ACCOUNTING PACKAGE	10/26/14	6/30/20	3,917							3,917	3,917	S/L	4		0
52	ABILA WAC SOFTWARE SETUP	7/31/14	6/30/20	1,950							1,950	1,950	S/L	4		0
53	DELL LATTITUDE LAPTOP 345	7/01/15	6/30/20	1,111							1,111	924	S/L	5		187
59	UPS (NEWEGG)+INSTALL	6/01/17	6/30/20	854							854	356	S/L	5		171
69	CHAIRS (NON ROLLING)	3/15/17	6/30/20	218							218	103	S/L	5		44
70	HANGING FILES (3 SLOT)	3/15/17	6/30/20	203							203	96	S/L	5		41
71	HANGING FILES (1 SLOT)	3/15/17	6/30/20	69							69	33	S/L	5		14
72	PLASTIC RACK (4 COMP)	3/15/17	6/30/20	8							8	5	S/L	5		2
73	SHELVING	3/15/17	6/30/20	162							162	75	S/L	5		32
74	TWO DOOR TALL STORAGE	3/15/17	6/30/20	141							141	65	S/L	5		28
75	BOOKSHELF	3/15/17	6/30/20	82							82	37	S/L	5		16
76	WOODEN STAND	3/15/17	6/30/20	23							23	12	S/L	5		5
78	FILE CABINET	3/15/17	6/30/20	363							363	170	S/L	5		73
79	TV LARGE ROOM 101	3/15/17	6/30/20	495							495	231	S/L	5		99
80	TV OLDER ROOM 102	3/15/17	6/30/20	989							989	462	S/L	5		198
81	TV SMALL ROOM 104	3/15/17	6/30/20	191							191	89	S/L	5		38

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82	TABLE ROOM 104	3/15/17	6/30/20	231							231	107	S/L	5		46	
83	REFRIG WHIRLPOOL BRKROOM	3/15/17	6/30/20	163							163	77	S/L	5		33	
84	REFRIG GE BREAKROOM	3/15/17	6/30/20	178							178	84	S/L	5		36	
85	REFRIG CONF ROOM	3/15/17	6/30/20	130							130	61	S/L	5		26	
86	DISHWASHER	3/15/17	6/30/20	89							89	42	S/L	5		18	
87	MICROWAVES	3/15/17	6/30/20	46							46	21	S/L	5		9	
88	ICE MACHINE	3/15/17	6/30/20	231							231	107	S/L	5		46	
89	TV (2ND FLOOR)	3/15/17	6/30/20	216							216	100	S/L	5		43	
90	COMPUTER DESK	3/15/17	6/30/20	92							92	42	S/L	5		18	
91	PURPLE CHAIRS (CONF RM)	3/15/17	6/30/20	409							409	191	S/L	5		82	
92	SM TABLES W/REMOVABLE LEGS	3/15/17	6/30/20	908							908	425	S/L	5		182	
TOTAL FURNITURE AND FIXTURE				102,868		0	0	0	0	0	102,868	99,094					1,574
IMPROVEMENTS																	
61	BUILDING PAINTING	6/06/17		11,494							11,494	4,790	S/L	5		2,299	
62	WINDOW TINTING	5/22/17		7,205							7,205	3,002	S/L	5		1,441	
63	NEW LOCKS AND KEYS	6/07/17		1,430							1,430	596	S/L	5		286	
94	IMPROVEMENTS	11/30/17		517,637							517,637	21,015	S/L	39		13,273	
108	CARPET - HARC REMODEL	9/09/19		2,427							2,427		S/L	7		289	
109	BUILDOUT - HARC REMODEL	10/01/19		3,427							3,427		S/L	39		66	
110	HVAC IMPROVEMENTS	11/06/19		84,475							84,475		S/L	5		11,263	
TOTAL IMPROVEMENTS				628,095		0	0	0	0	0	628,095	29,403					28,917
TOTAL DEPRECIATION				3,391,603		0	0	0	0	0	3,391,603	323,894					114,036

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	GRAND TOTAL DEPRECIATION			<u>3,391,603</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>3,391,603</u>	<u>323,894</u>				<u>114,036</u>
	DEPRECIATION ASSETS SOLD			102,868		0	0	0	0	0	102,868	99,094				1,574
	DEPR REMAINING ASSETS			<u>3,288,735</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>3,288,735</u>	<u>224,800</u>				<u>112,462</u>

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2019

CALIFORNIA FILING INSTRUCTIONS

CLIENT 45815

REGIONAL ACCESS PROJECT FOUNDATION

33-0547453

ELECTRONICALLY FILED:

FORM 199 - 2019 CALIFORNIA EXEMPT ORGANIZATION ANNUAL INFORMATION RETURN WILL BE ELECTRONICALLY FILED UPON RECEIPT OF A SIGNED FORM 8453-E0.

PAYMENT:

NO PAYMENT IS REQUIRED.

DO NOT MAIL

2019

CALIFORNIA FILING INSTRUCTIONS

CLIENT 45815

REGIONAL ACCESS PROJECT FOUNDATION

33-0547453

FORM TO FILE:

FORM RRF-1 - REGISTRATION/RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

SIGNATURE:

SIGN AND DATE FORM RRF-1.

PAYMENT:

THERE IS A FEE DUE OF \$150 WHICH IS PAYABLE BY MAY 17, 2021. ATTACH A CHECK OR MONEY ORDER FOR THE FULL AMOUNT PAYABLE TO "ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS" AND WRITE THE CALIFORNIA CHARITY REGISTRATION NUMBER ON THE PAYMENT.

WHEN TO FILE:

ON OR BEFORE MAY 17, 2021.

WHERE TO FILE:

REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

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2019

California Exempt Organization Annual Information Return

199

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) 7/01/2019, and ending (mm/dd/yyyy) 6/30/2020. Corporation/Organization name REGIONAL ACCESS PROJECT FOUNDATION. California corporation number 1713781. FEIN 33-0547453. Street address (suite or room) 41550 ECLECTIC ST. City PALM DESERT. State CA. Zip code 92260-1967.

A First Return [X] Yes [] No. B Amended Return [] Yes [X] No. C IRC Section 4947(a)(1) trust [] Yes [X] No. D Final Information Return? [] Dissolved [] Surrendered (Withdrawn) [] Merged/Reorganized. E Check accounting method: 1 [] Cash 2 [X] Accrual 3 [] Other. F Federal return filed? 1 [] 990T 2 [] 990-PF 3 [] Sch H (990) 4 [] Other 990 series. G Is this a group filing? [] Yes [X] No. H Is this organization in a group exemption? [] Yes [X] No. I Did the organization have any changes to its guidelines not reported to the FTB? [] Yes [X] No. J If exempt under R&TC Section 23701d, has the organization engaged in political activities? [] Yes [X] No. K Is the organization exempt under R&TC Section 23701g? [] Yes [X] No. L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required [X]. M Is the organization a Limited Liability Company? [] Yes [X] No. N Did the organization file Form 100 or Form 109 to report taxable income? [] Yes [X] No. O Is the organization under audit by the IRS or has the IRS audited in a prior year? [] Yes [X] No. P Is federal Form 1023/1024 pending? [] Yes [X] No.

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 3 columns: Description, Line Number, Amount. Rows include Receipts and Revenues (Total gross receipts: 3,202,275), Expenses (Total expenses: 1,858,658), Filing Fee (Balance due: 0), and Sign Here (Signature of officer: CEO, Date: [blank], Telephone: (760) 674-9992).

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	
	3	Dividends	●	3	
	4	Gross rents	●	4	82,277.
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See Instructions)	●	6	199,871.
	7	Other income. Attach schedule. SEE STATEMENT 1	●	7	208,504.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Page 1, Part I, line 1.	●	8	490,652.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule. SEE STATEMENT 2	●	9	710,924.
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STMT 3	●	11	125,050.
	12	Other salaries and wages	●	12	280,342.
	13	Interest	●	13	
	14	Taxes	●	14	34,596.
	15	Rents	●	15	93,546.
	16	Depreciation and depletion (See instructions)	●	16	114,036.
	17	Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 4	●	17	500,164.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Page 1, Part I, line 9.	●	18	1,858,658.

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		768,482.		1,381,917.
2 Net accounts receivable		803,738.		1,525,728.
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock STMT 5		727,328.		682,743.
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets	3,282,268.		3,288,735.	
b Less accumulated depreciation	323,894.	2,958,374.	337,262.	2,951,473.
11 Land				
12 Other assets. Attach schedule. STM 6		43,679.		201,227.
13 Total assets		5,301,601.		6,743,088.
Liabilities and net worth				
14 Accounts payable		49,748.		218,622.
15 Contributions, gifts, or grants payable		78,165.		145,178.
16 Bonds and notes payable. ST 7				69,101.
17 Mortgages payable				
18 Other liabilities. Attach schedule. STM 8		22,674.		25,492.
19 Capital stock or principal fund		5,151,014.		6,284,695.
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund				
22 Total liabilities and net worth		5,301,601.		6,743,088.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000			
1	Net income per books	●	1,133,681.
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule.	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	Total. Add line 1 through line 5.	●	1,133,681.
7	Income recorded on books this year not included in this return. Attach schedule. SEE ST 9	●	
8	Deductions in this return not charged against book income this year. Attach schedule.	●	
9	Total. Add line 7 and line 8	●	-9,281.
10	Net income per return. Subtract line 9 from line 6.	●	1,142,962.

Schedule B

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

Department of the Treasury Internal Revenue Service

CA PUBLIC DISCLOSURE COPY Schedule of Contributors

OMB No. 1545-0047

2019

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

REGIONAL ACCESS PROJECT FOUNDATION

Employer identification number

33-0547453

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

Form 990-PF

[] 527 political organization

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

REGIONAL ACCESS PROJECT FOUNDATION

33-0547453

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 2,139,825.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DO NOT MAIL

Name of organization REGIONAL ACCESS PROJECT FOUNDATION	Employer identification number 33-0547453
--	--

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

DO NOT MAIL

2019 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name REGIONAL ACCESS PROJECT FOUNDATION	California corporation number 1713781
---	---

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
DESK - JUDY	8/03/1999	2,280.	2,280.	S/L	7		
DESK-EVA	8/03/1999	2,279.	2,279.	S/L	7		
(4) DRAWER FILE	9/16/1999	970.	970.	S/L	7		
(4) DRAWER CABI	4/12/2000	2,581.	2,581.	S/L	7		
AIR CLEANER	6/30/2000	185.	185.	S/L	7		
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	114,036.

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year	
20 Total. Add the amounts in column (g).....						20	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21	
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						22	

2019 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name REGIONAL ACCESS PROJECT FOUNDATION	California corporation number 1713781
---	---

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
RECEPTION AREA	7/31/1999	2,245.	2,245.	S/L	7		
(40) STACK CHAI	9/07/1999	877.	877.	S/L	7		
(20) STCK CHAIR	1/03/2000	409.	409.	S/L	7		
AIR CLEANER	4/03/2000	161.	161.	S/L	7		
CHAIRS MEETING	10/25/2000	218.	218.	S/L	7		
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						22

2019 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name REGIONAL ACCESS PROJECT FOUNDATION	California corporation number 1713781
---	---

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
(4) DRAWER FILE	1/08/2001	1,114.	1,114.	S/L	5		
(4) DRAWER FILE	1/17/2001	2,032.	2,032.	S/L	7		
BACK OFFICE DES	7/04/2001	468.	468.	S/L	7		
FIRE PROOF FILE	1/01/2002	1,500.	1,500.	S/L	7		
(2) FLAGS	1/01/2002	403.	403.	S/L	7		
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....					15		

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						22

2019 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name REGIONAL ACCESS PROJECT FOUNDATION	California corporation number 1713781
---	---

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
DESK	3/06/2003	420.	420.	S/L	7		
DESK	3/20/2003	505.	505.	S/L	7		
(6) SARATOGA BO	1/01/2004	711.	711.	S/L	7		
(3) STORAGE CAB	1/01/2003	485.	485.	S/L	5		
STORM ADJ TASK	1/01/2004	162.	162.	S/L	5		
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						22

2019 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name REGIONAL ACCESS PROJECT FOUNDATION	California corporation number 1713781
---	---

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
LEGAL FILES (2)	1/01/2004	289.	289.	S/L	5		
WALL CALENDAR B	5/07/2004	530.	530.	S/L	5		
(2) CREDENZAS	3/30/2005	572.	572.	S/L	7		
SHREDDER	4/28/2005	700.	700.	S/L	7		
DESK	11/15/2005	505.	505.	S/L	7		
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....	20					
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....	21					
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....	22					

2019 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name REGIONAL ACCESS PROJECT FOUNDATION	California corporation number 1713781
---	---

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
OFFICE EQUIPMEN	4/26/2007	9,657.	9,657.	S/L	5		
PROJECTOR	4/26/2007	2,550.	2,550.	S/L	5		
FURNITURE	5/08/2007	10,800.	10,800.	S/L	5		
FURNITURE	6/01/2007	2,049.	2,049.	S/L	5		
OFFICE DECOR	6/29/2007	1,168.	1,168.	S/L	5		
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year	
20 Total. Add the amounts in column (g).....						20	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21	
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						22	

2019 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name REGIONAL ACCESS PROJECT FOUNDATION	California corporation number 1713781
---	---

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
OFFICE FURNITUR	10/17/2007	3,428.	3,428.	S/L	5		
SMALL CARPETS	9/12/2008	872.	872.	S/L	5		
SOFTWARE	6/15/2010	741.	741.	S/L	5		
COMPUTER & PRIN	6/22/2010	2,168.	2,168.	S/L	5		
FURNITURE - HEA	6/25/2010	705.	705.	S/L	5		
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year	
20 Total. Add the amounts in column (g).....						20	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21	
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						22	

2019 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name REGIONAL ACCESS PROJECT FOUNDATION	California corporation number 1713781
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
COMPUTER - EVA	11/22/2010	1,293.	1,293.	S/L	5		
TELEPHONE EQ -	11/22/2010	550.	550.	S/L	5		
HP TABLET	7/25/2011	2,660.	2,660.	S/L	5		
EXTERNAL HARD D	7/25/2011	508.	508.	S/L	5		
WINDOWS 7 PROF	7/25/2012	3,726.	3,726.	S/L	5		
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						22

2019 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name REGIONAL ACCESS PROJECT FOUNDATION	California corporation number 1713781
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000															
2 Total cost of IRC Section 179 property placed in service.....	2																
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000															
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4																
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:45%;">6 (a) Description of property</th> <th style="width:20%;">(b) Cost (business use only)</th> <th style="width:35%;">(c) Elected cost</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>			6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost												
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7 Listed property (elected IRC Section 179 cost).....	7																
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8																
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9																
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13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12.....	13																

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
DELL OPTIPLEX39	4/26/2012	892.	892.	S/L	5		
SERVER UPGD SBS	5/04/2012	3,200.	3,200.	S/L	5		
MACBOOK PRO	5/17/2013	2,223.	2,223.	S/L	5		
THINKPAD EDGE	5/24/2013	1,627.	1,627.	S/L	5		
MS OFFICE PRO 2	5/31/2013	2,421.	2,421.	S/L	5		
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						22

2019 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name REGIONAL ACCESS PROJECT FOUNDATION	California corporation number 1713781
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
DESKTOP (DELL)	9/26/2013	2,218.	2,218.	S/L	5		
NAS SERVER/2TB	9/26/2013	1,343.	1,343.	S/L	5		
MIP FUND ACCOUN	5/09/2014	7,932.	7,932.	S/L	5		
RACETRACK CONFE	10/21/2014	1,088.	1,017.	S/L	5	71.	
FUJITSU DUPLEX	7/29/2014	979.	963.	S/L	5	16.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						22

2019 Corporation Depreciation and Amortization

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Attach to Form 100 or Form 100W. **FORM 199**

Corporation name REGIONAL ACCESS PROJECT FOUNDATION	California corporation number 1713781
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
ABILA ACCOUNTIN	10/26/2014	3,917.	3,917.	S/L	4		
ABILA WAC SOFTW	7/31/2014	1,950.	1,950.	S/L	4		
DELL LATTITUDE	7/01/2015	1,111.	924.	S/L	5	187.	
LARGE MARBLE ME	3/23/2017	1,500.	675.	S/L	5	300.	
COMTRON - SECUR	6/29/2017	6,792.	2,716.	S/L	5	1,358.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....	20					
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....	21					
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....	22					

2019 Corporation Depreciation and Amortization

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Attach to Form 100 or Form 100W. **FORM 199**

Corporation name REGIONAL ACCESS PROJECT FOUNDATION	California corporation number 1713781
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
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6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
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12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
HVAC UNIT/DESER	3/12/2017	7,980.	3,724.	S/L	5	1,596.	
SONIC WALL/DELL	3/15/2017	1,230.	574.	S/L	5	246.	
NETWORK CABLING	4/14/2017	8,522.	3,834.	S/L	5	1,704.	
UPS (NEWEGG)+IN	6/01/2017	854.	356.	S/L	5	171.	
HVAC UNIT/DESER	6/05/2017	7,650.	3,188.	S/L	5	1,530.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
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Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
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2019 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name REGIONAL ACCESS PROJECT FOUNDATION	California corporation number 1713781
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
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6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
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9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
BUILDING PAINTI	6/06/2017	11,494.	4,790.	S/L	5	2,299.	
WINDOW TINTING	5/22/2017	7,205.	3,002.	S/L	5	1,441.	
NEW LOCKS AND K	6/07/2017	1,430.	596.	S/L	5	286.	
CUBICLES	3/15/2017	2,635.	1,230.	S/L	5	527.	
4 COMPARTMENT D	3/15/2017	1,142.	532.	S/L	5	228.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						22

2019 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name REGIONAL ACCESS PROJECT FOUNDATION	California corporation number 1713781
---	---

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
3 COMPARTMENT D	3/15/2017	2,945.	1,374.	S/L	5	589.	
2 COMPARTMENT D	3/15/2017	1,892.	882.	S/L	5	378.	
CHAIRS (ROLLING	3/15/2017	1,355.	632.	S/L	5	271.	
CHAIRS (NON ROL	3/15/2017	218.	103.	S/L	5	44.	
HANGING FILES (	3/15/2017	203.	96.	S/L	5	41.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....					15		

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						22

2019 Corporation Depreciation and Amortization

3885

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Corporation name REGIONAL ACCESS PROJECT FOUNDATION	California corporation number 1713781
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
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4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
HANGING FILES (	3/15/2017	69.	33.	S/L	5	14.	
PLASTIC RACK (4	3/15/2017	8.	5.	S/L	5	2.	
SHELVING	3/15/2017	162.	75.	S/L	5	32.	
TWO DOOR TALL S	3/15/2017	141.	65.	S/L	5	28.	
BOOKSHELF	3/15/2017	82.	37.	S/L	5	16.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....	20					
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....	21					
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....	22					

2019 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name REGIONAL ACCESS PROJECT FOUNDATION	California corporation number 1713781
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
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3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
WOODEN STAND	3/15/2017	23.	12.	S/L	5	5.	
FIREPROOF FILE	3/15/2017	1,305.	609.	S/L	5	261.	
FILE CABINET	3/15/2017	363.	170.	S/L	5	73.	
TV LARGE ROOM 1	3/15/2017	495.	231.	S/L	5	99.	
TV OLDER ROOM 1	3/15/2017	989.	462.	S/L	5	198.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
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21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....	21					
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....	22					

2019 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name REGIONAL ACCESS PROJECT FOUNDATION	California corporation number 1713781
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
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5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
TV SMALL ROOM 1	3/15/2017	191.	89.	S/L	5	38.	
TABLE ROOM 104	3/15/2017	231.	107.	S/L	5	46.	
REFRIG WHIRLPOO	3/15/2017	163.	77.	S/L	5	33.	
REFRIG GE BREAK	3/15/2017	178.	84.	S/L	5	36.	
REFRIG CONF ROO	3/15/2017	130.	61.	S/L	5	26.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						22

2019 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name REGIONAL ACCESS PROJECT FOUNDATION	California corporation number 1713781
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
DISHWASHER	3/15/2017	89.	42.	S/L	5	18.	
MICROWAVES	3/15/2017	46.	21.	S/L	5	9.	
ICE MACHINE	3/15/2017	231.	107.	S/L	5	46.	
TV (2ND FLOOR)	3/15/2017	216.	100.	S/L	5	43.	
COMPUTER DESK	3/15/2017	92.	42.	S/L	5	18.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year	
20 Total. Add the amounts in column (g).....						20	
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2019 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name REGIONAL ACCESS PROJECT FOUNDATION	California corporation number 1713781
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
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6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
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12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
PURPLE CHAIRS (	3/15/2017	409.	191.	S/L	5	82.	
SM TABLES W/REM	3/15/2017	908.	425.	S/L	5	182.	
BUILDING	1/02/2017	2,559,525.	164,072.	S/L	39	65,629.	
IMPROVEMENTS	11/30/2017	517,637.	21,015.	S/L	39	13,273.	
NETWORK INSTALL	4/14/2017	4,723.	2,126.	S/L	5	945.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
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18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
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2019 Corporation Depreciation and Amortization

3885

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Part I Election To Expense Certain Property Under IRC Section 179

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(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
OFFICE EQUIPMEN	9/30/2017	11,825.	4,139.	S/L	5	2,365.	
COMPUTER EQUIPM	9/30/2017	10,804.	3,782.	S/L	5	2,161.	
SERVER UPGRADE	10/31/2018	9,809.	1,308.	S/L	5	1,962.	
TV - CONFERENCE	1/27/2020	1,407.		S/L	5	117.	
86" TV - CNA	6/29/2020	2,969.		S/L	5		
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
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19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						22

2019 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name REGIONAL ACCESS PROJECT FOUNDATION	California corporation number 1713781
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
2 DESKTOP WORKS	7/01/2019	1,182.		S/L	5	236.	
DELL OPTIPLEX 5	7/18/2019	2,587.		S/L	5	474.	
WORKSTATION - C	10/01/2019	1,646.		S/L	5	247.	
2 DESKTOP WORKS	3/16/2020	2,457.		S/L	5	123.	
1 DESKTOP WORKS	3/23/2020	1,717.		S/L	5	86.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....					15		

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....					20	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....					21	
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....					22	

2019 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name REGIONAL ACCESS PROJECT FOUNDATION	California corporation number 1713781
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
2 DESKTOP WORKS	6/01/2020	1,075.		S/L	5	18.	
APPLE COMPUTER	6/02/2020	1,416.		S/L	5	24.	
CARPET - HARC R	9/09/2019	2,427.		S/L	7	289.	
BUILDOUT - HARC	10/01/2019	3,427.		S/L	39	66.	
HVAC IMPROVEMEN	11/06/2019	84,475.		S/L	5	11,263.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....	20					
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....	21					
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....	22					

2019 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name REGIONAL ACCESS PROJECT FOUNDATION	California corporation number 1713781
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
AED FOR BUILDIN	2/20/2020	2,550.		S/L	5	170.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.).....	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						22

CLIENT 45815

REGIONAL ACCESS PROJECT FOUNDATION

33-0547453

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

OTHER.....	\$	1,726.
OTHER INVESTMENT INCOME.....		40,742.
PROGRAM SERVICE REVENUE.....		166,036.
	TOTAL \$	<u>208,504.</u>

STATEMENT 2
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME:	COLORADO RIVER SENIOR CENTER	
DONEE'S STREET ADDRESS:	HCR-20, BOX 3408	
DONEE'S CITY, STATE, ZIP:	BLYTHE, CA 92225	
AMOUNT GIVEN:		44,357.
DONEE'S NAME:	COMMUNITY ACTION PARTNERSHIP	
DONEE'S STREET ADDRESS:	2038 IOWA AVE STE B-102	
DONEE'S CITY, STATE, ZIP:	RIVERSIDE, CA 92507	
AMOUNT GIVEN:		16,450.
DONEE'S NAME:	DESERT BEST FRIEND'S CLOSET	
DONEE'S STREET ADDRESS:	74-040 HIGHWAY 111 STE F	
DONEE'S CITY, STATE, ZIP:	PALM DESERT, CA 92260	
AMOUNT GIVEN:		26,500.
DONEE'S NAME:	DESERT HEALTHCARE FDN	
DONEE'S STREET ADDRESS:	1140 N INDIAN CANYON DR	
DONEE'S CITY, STATE, ZIP:	PALM SPRINGS, CA 92262	
AMOUNT GIVEN:		50,000.
DONEE'S NAME:	JEWISH FAMILY SERVICES	
DONEE'S STREET ADDRESS:	490 S. FARRELL DRIVE STE C2	
DONEE'S CITY, STATE, ZIP:	PALM SPRINGS, CA 92262	
AMOUNT GIVEN:		10,000.
DONEE'S NAME:	MIZELL SENIOR CENTER	
DONEE'S STREET ADDRESS:	480 S SUNRISE WAY	
DONEE'S CITY, STATE, ZIP:	PALM SPRINGS, CA 92262	
AMOUNT GIVEN:		5,000.
DONEE'S NAME:	OPERATION SAFE HOUSE	
DONEE'S STREET ADDRESS:	9685 HAYES ST	
DONEE'S CITY, STATE, ZIP:	RIVERSIDE, CA 92503	
AMOUNT GIVEN:		47,500.
DONEE'S NAME:	RIVERSIDE CNTY OFFICE ON AGNG	
DONEE'S STREET ADDRESS:	44199 MONROE STREET	
DONEE'S CITY, STATE, ZIP:	INDIO, CA 92201	
AMOUNT GIVEN:		37,500.
DONEE'S NAME:	LIFT TO RISE	
DONEE'S STREET ADDRESS:	41550 ECLECTIC ST	
DONEE'S CITY, STATE, ZIP:	PALM DESERT, CA 92260	
AMOUNT GIVEN:		107,550.

CLIENT 45815

REGIONAL ACCESS PROJECT FOUNDATION

33-0547453

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME:	GALILEE CENTER	
DONEE'S STREET ADDRESS:	66101 HAMMOND RD	
DONEE'S CITY, STATE, ZIP:	MECCA, CA 92254	
AMOUNT GIVEN:		4,500.
DONEE'S NAME:	COMMUNITY PARTNERS	
DONEE'S STREET ADDRESS:	1000 N ALAMEDA ST	
DONEE'S CITY, STATE, ZIP:	LOS ANGELES, CA 90012	
AMOUNT GIVEN:		25,000.
DONEE'S NAME:	COVE COMMUNITY SENIOR ASSOC	
DONEE'S STREET ADDRESS:	73750 CATALINA WAY	
DONEE'S CITY, STATE, ZIP:	PALM DESERT, CA 92260	
AMOUNT GIVEN:		20,000.
DONEE'S NAME:	FAMILY SERVICE ASSOCIATION	
DONEE'S STREET ADDRESS:	21250 BOX SPRINGS RD STE 212	
DONEE'S CITY, STATE, ZIP:	MORENO VALLEY, CA 92557	
AMOUNT GIVEN:		6,000.
DONEE'S NAME:	ALL THINGS ARE POSSIBLE, INC	
DONEE'S STREET ADDRESS:	73500 RED CIR	
DONEE'S CITY, STATE, ZIP:	PALM DESERT, CA 92260	
AMOUNT GIVEN:		500.
DONEE'S NAME:	BOYS AND GIRLS CLUB OF THE CV	
DONEE'S STREET ADDRESS:	42600 COOK ST STE 120	
DONEE'S CITY, STATE, ZIP:	PALM DESERT, CA 92260	
AMOUNT GIVEN:		250.
DONEE'S NAME:	CABOT'S PUEBLO MUSEUM	
DONEE'S STREET ADDRESS:	67616 DESERT VIEW AVE	
DONEE'S CITY, STATE, ZIP:	DSRT HOT SPRGS, CA 92240	
AMOUNT GIVEN:		2,000.
DONEE'S NAME:	CV MOUNTED RANGERS	
DONEE'S STREET ADDRESS:	PO BOX 809	
DONEE'S CITY, STATE, ZIP:	INDIO, CA 92202	
AMOUNT GIVEN:		500.
DONEE'S NAME:	DESERT RECREATION DISTRICT	
DONEE'S STREET ADDRESS:	45305 OASIS ST	
DONEE'S CITY, STATE, ZIP:	INDIO, CA 92201	
AMOUNT GIVEN:		500.
DONEE'S NAME:	FAIR FOUNDATION	
DONEE'S STREET ADDRESS:	78629 BOUGAINVILLEA DR	
DONEE'S CITY, STATE, ZIP:	PALM DESERT, CA 92211	
AMOUNT GIVEN:		2,000.
DONEE'S NAME:	HEART2HEART FOUNDATION	
DONEE'S STREET ADDRESS:	41550 ECLECTIC ST	
DONEE'S CITY, STATE, ZIP:	PALM DESERT, CA 92260	
AMOUNT GIVEN:		2,000.
DONEE'S NAME:	MARTHA'S VILLAGE AND KITCHEN	
DONEE'S STREET ADDRESS:	83791 DATE AVE	

CLIENT 45815

REGIONAL ACCESS PROJECT FOUNDATION

33-0547453

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S CITY, STATE, ZIP:	INDIO, CA 92201	
AMOUNT GIVEN:		2,000.
DONEE'S NAME:	PUEBLO UNIDO CDC	
DONEE'S STREET ADDRESS:	78150 CALLE TAMPICO STE 214	
DONEE'S CITY, STATE, ZIP:	LA QUINTA, CA 92253	
AMOUNT GIVEN:		10,000.
DONEE'S NAME:	SPIRIT MOUNTAIN RETREAT	
DONEE'S STREET ADDRESS:	25661 OAKWOOD ST	
DONEE'S CITY, STATE, ZIP:	IDYLLWILD, CA 92549	
AMOUNT GIVEN:		8,500.
DONEE'S NAME:	THE LGBT SANCTUARY	
DONEE'S STREET ADDRESS:	555 S SUNRISE WAY STE 203B	
DONEE'S CITY, STATE, ZIP:	PALM SPRINGS, CA 92264	
AMOUNT GIVEN:		13,750.
DONEE'S NAME:	YOUTH LEADERSHIP INSTITUTE	
DONEE'S STREET ADDRESS:	209 9TH ST STE 200	
DONEE'S CITY, STATE, ZIP:	SAN FRANCISCO, CA 94103	
AMOUNT GIVEN:		10,500.
DONEE'S NAME:	BOO2BULLYING	
DONEE'S STREET ADDRESS:	1775 PALM CANYON DR STE 320	
DONEE'S CITY, STATE, ZIP:	PALM SPRINGS, CA 92264	
AMOUNT GIVEN:		17,000.
DONEE'S NAME:	CV COMM RESEARCH INITIATIVE	
DONEE'S STREET ADDRESS:	1775 E PALM CANYON DR 110-215	
DONEE'S CITY, STATE, ZIP:	PALM SPRINGS, CA 92264	
AMOUNT GIVEN:		20,000.
DONEE'S NAME:	CV HOUSING COALITION	
DONEE'S STREET ADDRESS:	45701 MONROE ST STE G	
DONEE'S CITY, STATE, ZIP:	INDIO, CA 92201	
AMOUNT GIVEN:		2,000.
DONEE'S NAME:	CREATE CENTER FOR THE ARTS	
DONEE'S STREET ADDRESS:	73600 ALESSANDRO DR	
DONEE'S CITY, STATE, ZIP:	PALM DESERT, CA 92260	
AMOUNT GIVEN:		2,000.
DONEE'S NAME:	ELDER LOVE USA, INC	
DONEE'S STREET ADDRESS:	41550 ECLECTIC ST	
DONEE'S CITY, STATE, ZIP:	PALM DESERT, CA 92260	
AMOUNT GIVEN:		5,000.
DONEE'S NAME:	ANGEL VIEW, INC	
DONEE'S STREET ADDRESS:	67625 E PALM CANYON DR STE 7A	
DONEE'S CITY, STATE, ZIP:	CATHEDRAL CITY, CA 92234	
AMOUNT GIVEN:		10,000.
DONEE'S NAME:	FRIENDS OF THE DSRT MOUNTAINS	
DONEE'S STREET ADDRESS:	51500 CA-74	
DONEE'S CITY, STATE, ZIP:	PALM DESERT, CA 92260	

CLIENT 45815

REGIONAL ACCESS PROJECT FOUNDATION

33-0547453

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

AMOUNT GIVEN:		12,500.
DONEE'S NAME:	HIDDEN HARVEST	
DONEE'S STREET ADDRESS:	85711 PETER RABBIT LN	
DONEE'S CITY, STATE, ZIP:	COACHELLA, CA 92236	
AMOUNT GIVEN:		15,000.
DONEE'S NAME:	HOPE THROUGH HOUSING FNDTN	
DONEE'S STREET ADDRESS:	921 HAVEN AVE	
DONEE'S CITY, STATE, ZIP:	RNCHO CUCAMONGA, CA 91730	
AMOUNT GIVEN:		12,500.
DONEE'S NAME:	HUMAN HEALTH INITIATIVE, INC	
DONEE'S STREET ADDRESS:	77529 WESTBROOK CT	
DONEE'S CITY, STATE, ZIP:	PALM DESERT, CA 92211	
AMOUNT GIVEN:		2,000.
DONEE'S NAME:	OPHELIA PROJECT, JFK FNDTN	
DONEE'S STREET ADDRESS:	73555 SAN GORGONIO WAY	
DONEE'S CITY, STATE, ZIP:	PALM DESERT, CA 92260	
AMOUNT GIVEN:		10,000.
DONEE'S NAME:	LIFE STREAM BLOOD BANK	
DONEE'S STREET ADDRESS:	384 W ORANGE SHOW RD	
DONEE'S CITY, STATE, ZIP:	SAN BERNARDINO, CA 92408	
AMOUNT GIVEN:		10,000.
DONEE'S NAME:	LOMA LINDA CHLDRNS HOSPITAL	
DONEE'S STREET ADDRESS:	11234 ANDERSON ST	
DONEE'S CITY, STATE, ZIP:	LOMA LINDA, CA 92354	
AMOUNT GIVEN:		4,673.
DONEE'S NAME:	LOS MEDICOS VOLADORES	
DONEE'S STREET ADDRESS:	86150 AVENUE 66	
DONEE'S CITY, STATE, ZIP:	THERMAL, CA 92274	
AMOUNT GIVEN:		2,500.
DONEE'S NAME:	MISSION VETERANS	
DONEE'S STREET ADDRESS:	41154 MANCHESTER ST	
DONEE'S CITY, STATE, ZIP:	INDIO, CA 92203	
AMOUNT GIVEN:		15,000.
DONEE'S NAME:	NEURO VITALITY CENTER	
DONEE'S STREET ADDRESS:	2800 E ALEJO RD	
DONEE'S CITY, STATE, ZIP:	PALM SPRINGS, CA 92262	
AMOUNT GIVEN:		95,737.
DONEE'S NAME:	CV BEAUTIFYING SOLUTIONS	
DONEE'S STREET ADDRESS:	PO BOX 5364	
DONEE'S CITY, STATE, ZIP:	LA QUINTA, CA 92248	
AMOUNT GIVEN:		3,932.
DONEE'S NAME:	THE DESERT CANCER FOUNDATION	
DONEE'S STREET ADDRESS:	74091 LARREA ST	
DONEE'S CITY, STATE, ZIP:	PALM DESERT, CA 92260	

CLIENT 45815

REGIONAL ACCESS PROJECT FOUNDATION

33-0547453

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

AMOUNT GIVEN: 8,225.

DONEE'S NAME: LGBT COMM CNTR OF THE DESERT
 DONEE'S STREET ADDRESS: 1301 N PALM CANYON DR STE 301
 DONEE'S CITY, STATE, ZIP: PALM SPRINGS, CA 92262
 AMOUNT GIVEN: 10,000.

TOTAL \$ 710,924.

STATEMENT 3
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MARK MORAN 41-550 ECLECTIC ST PALM DESERT, CA 92260	DIRECTOR 2.00	\$ 0.	\$ 0.	0.
DR. CRAIG BORBA ED.D 41-550 ECLECTIC ST PALM DESERT, CA 92260	CHAIRMAN 2.00	0.	0.	0.
JOSEPH HAYES 41-550 ECLECTIC ST PALM DESERT, CA 92260	DIRECTOR 2.00	0.	0.	0.
JAN PYE 41-550 ECLECTIC ST PALM DESERT, CA 92260	VICE CHAIR 2.00	0.	0.	0.
DR. WILLIAM KROONEN ED.D 41-550 ECLECTIC ST PALM DESERT, CA 92260	DIRECTOR 2.00	0.	0.	0.
MARIA BLUE 41-550 ECLECTIC ST PALM DESERT, CA 92260	DIRECTOR 2.00	0.	0.	0.
ROSEMARY ORTEGA 41-550 ECLECTIC ST PALM DESERT, CA 92260	DIRECTOR 2.00	0.	0.	0.
V. MANUEL PEREZ 41-550 ECLECTIC ST PALM DESERT, CA 92260	DIRECTOR 2.00	0.	0.	0.

STATEMENT 3 (CONTINUED)

FORM 199, PART II, LINE 11

COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DR. ANN DEW D.O. 41-550 ECLECTIC ST PALM DESERT, CA 92260	EX OFFICIO 2.00	\$ 0.	\$ 0.	\$ 0.
CLAUDIA GALVEZ 41-550 ECLECTIC ST PALM DESERT, CA 92260	DIRECTOR 2.00	0.	0.	0.
RUDY GUTIERREZ 41-550 ECLECTIC ST PALM DESERT, CA 92260	DIRECTOR 2.00	0.	0.	0.
RICARDO LORETTA 41-550 ECLECTIC ST PALM DESERT, CA 92260	DIRECTOR 2.00	0.	0.	0.
ELIZABETH ROMERO 41-550 ECLECTIC ST PALM DESERT, CA 92260	DIRECTOR 2.00	0.	0.	0.
VALERIE HUDSON 41-550 ECLECTIC ST PALM DESERT, CA 92260	DIRECTOR 2.00	0.	0.	0.
MIKE GIALDINI 41-550 ECLECTIC ST PALM DESERT, CA 92260	SECRETARY 2.00	0.	0.	0.
BEATRIZ GONZALEZ 41-550 ECLECTIC ST PALM DESERT, CA 92260	DIRECTOR 2.00	0.	0.	0.
TORI ST. JOHNS 41-550 ECLECTIC ST PALM DESERT, CA 92260	DIRECTOR 2.00	0.	0.	0.
VAN TANNER 41-550 ECLECTIC ST PALM DESERT, CA 92260	DIRECTOR 2.00	0.	0.	0.
ANNA MARTINEZ 41-550 ECLECTIC ST PALM DESERT, CA 92260	DIRECTOR 2.00	0.	0.	0.
LETICIA DE LARA 41-550 ECLECTIC ST PALM DESERT, CA 92260	CEO 40.00	125,050.	0.	0.

DO NOT MAIL

CLIENT 45815

REGIONAL ACCESS PROJECT FOUNDATION

33-0547453

STATEMENT 3 (CONTINUED)
FORM 199, PART II, LINE 11

COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
AURORA WILSON 41-550 ECLECTIC ST PALM DESERT, CA 92260	DIRECTOR 2.00	\$ 0.	\$ 0.	\$ 0.
MATTHEW GONDA, CPA, CGMA 41-550 ECLECTIC ST PALM DESERT, CA 92260	TREASURER 2.00	0.	0.	0.
TOTAL		<u>\$ 125,050.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

STATEMENT 4
FORM 199, PART II, LINE 17
OTHER EXPENSES

ACCOUNTING FEES.....	\$ 15,550.
ADVERTISING AND PROMOTION.....	4,907.
BANK & INVESTMENT FEES.....	7,336.
COMMUNICATIONS.....	13,915.
COMPUTER SERVICES.....	18,515.
CONFERENCES, CONVENTIONS, AND MEETINGS.....	36,027.
EQUIPMENT LEASE.....	8,044.
EVENT EXPENSES.....	6,360.
INSURANCE.....	18,712.
LEGAL FEES.....	2,631.
MANAGEMENT FEES.....	31,944.
OFFICE EXPENSES.....	43,244.
OTHER EMPLOYEE BENEFIT.....	70,420.
OTHER PROGRAM EXPENSES.....	67,871.
PENSION PLAN CONTRIBUTIONS.....	19,467.
POSTAGE AND SHIPPING.....	425.
RENTAL EXPENSES.....	43,167.
TECHNICAL ASSIST TO OTHER ORGS.....	88,445.
TRAVEL.....	3,184.
TOTAL	<u>\$ 500,164.</u>

STATEMENT 5
FORM 199, SCHEDULE L, LINE 7
INVESTMENTS IN STOCKS

COMMUNITY FOUNDATION.....	\$ 304,399.
WELLS FARGO INVESTMENTS.....	378,344.
TOTAL	<u>\$ 682,743.</u>

CLIENT 45815

REGIONAL ACCESS PROJECT FOUNDATION

33-0547453

STATEMENT 6
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

CONSTRUCTION IN PROGRESS.....	160,550.
DEPOSITS.....	16,320.
PREPAID EXPENSES AND DEFERRED CHARGES.....	24,357.
TOTAL	<u>\$ 201,227.</u>

STATEMENT 7
FORM 199, SCHEDULE L, LINE 16
BONDS AND NOTES PAYABLE

LENDER'S NAME:	CUSTOMERS BANK	
DATE OF NOTE:	5/04/2020	
MATURITY DATE:	5/04/2022	
REPAYMENT TERMS:	2 YEARS	
INTEREST RATE:	1	
PURPOSE OF LOAN:	PAYCHECK PROTECTION PROGRAM	
ORIGINAL AMOUNT:	68,986.	
BALANCE DUE:		69,101.
TOTAL NOTES AND BONDS PAYABLE		<u>\$ 69,101.</u>

STATEMENT 8
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

DEFERRED REVENUE.....	4,136.
DEPOSITS.....	17,200.
ESCROW ACCOUNT LIABILITY.....	4,156.
TOTAL	<u>\$ 25,492.</u>

STATEMENT 9
FORM 199, SCHEDULE M-1, LINE 7
INCOME RECORDED ON BOOKS NOT ON RETURN

UNREALIZED LOSS ON INVESTMENTS.....	\$ -9,281.
TOTAL	<u>\$ -9,281.</u>



MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
(916) 210-6400

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400

WEBSITE ADDRESS:
www.ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

<p>REGIONAL ACCESS PROJECT FOUNDATION Name of Organization</p> <p>List all DBAs and names the organization uses or has used 41550 ECLECTIC ST Address (Number and Street)</p> <p>PALM DESERT, CA 92260-1967 City or Town, State and ZIP Code</p> <p>(760) 674-9992 LDELARA@RAPFOUNDATION.ORG Telephone Number E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p>State Charity Registration Number <u>087732</u></p> <p>Corporation or Organization No. <u>1713781</u></p> <p>Federal Employer ID No. <u>33-0547453</u></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice**

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/19 ending 6/30/20) list:

Gross Annual Revenue \$ 2,935,532. Noncash Contributions \$ 0. Total Assets \$ 6,743,088.

Program Expenses \$ 1,644,320. Total Expenses \$ 1,858,658.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, did the organization receive any governmental funding?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SEE STATEMENT 1		
6 During this reporting period, did the organization hold a raffle for charitable purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Does the organization conduct a vehicle donation program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

	LETICIA DE LARA	CEO	
Signature of Authorized Agent	Printed Name	Title	Date

**STATEMENT 1
FORM RRF-1, PART B, LINE 5
GOVERNMENT AGENCY THAT PROVIDED FUNDING**

COUNTY OF RIVERSIDE - INCREMENTAL TAX REVENUE ALLOCATION
4080 LEMON ST, 4TH FLOOR
RIVERSIDE, CA 92501
(951) 955-1000

RIVERSIDE COUNTY ECONOMIC DEVELOPMENT AGENCY
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
5555 ARLINGTON AVE
RIVERSIDE, CA 92504
(951) 343-5474

CITY OF COACHELLA
53990 ENTERPRISE WAY
COACHELLA, CA 92236
(760) 398-3502

CITY OF INDIAN WELLS
44950 ELDORADO DRIVE
INDIAN WELLS, CA 92210
(760) 346-2489

CITY OF RANCHO MIRAGE
69825 HIGHWAY 111
RANCHO MIRAGE, CA 92270
(760) 324-4511

DO NOT MAIL

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

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

Automatic 6-Month Extension of Time.

 Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	REGIONAL ACCESS PROJECT FOUNDATION	33-0547453
	Number, street, and room or suite number. If a P.O. box, see instructions. 41550 ECLECTIC ST	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PALM DESERT, CA 92260-1967	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ MATTHEW GONDA, CPA, CGMA

Telephone No. ▶ (760) 674-9992 Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box ▶

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ▶ . If it is for part of the group, check this box ... ▶ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 5/15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 ____ or
- ▶ tax year beginning 7/01, 2019, and ending 6/30, 2020.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3 a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3 b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3 c	\$	0.

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

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

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 7/01, 2019, and ending 6/30, 2020

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C REGIONAL ACCESS PROJECT FOUNDATION, 41550 ECLECTIC ST, PALM DESERT, CA 92260-1967. D Employer identification number 33-0547453. E Telephone number (760) 674-9992. G Gross receipts \$ 3,202,275.

F Name and address of principal officer: LETICIA DE LARA, SAME AS C ABOVE. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No.

I Tax-exempt status: X 501(c)(3), 501(c) () (insert no.), 4947(a)(1) or 527.

J Website: WWW.RAPFOUNDATION.ORG. H(c) Group exemption number.

K Form of organization: X Corporation, Trust, Association, Other. L Year of formation: 1992. M State of legal domicile: CA.

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members (20), 4 Number of independent voting members (20), 5 Total number of individuals employed (9), 6 Total number of volunteers (25), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income (0).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (1,555,404 / 2,711,623), 9 Program service revenue (164,714 / 166,036), 10 Investment income (31,934 / 39,958), 11 Other revenue (54,011 / 17,915), 12 Total revenue (1,806,063 / 2,935,532), 13 Grants and similar amounts paid (756,815 / 710,924), 14 Benefits paid (0 / 0), 15 Salaries, other compensation (483,119 / 529,875), 16a Professional fundraising fees (0 / 0), 16b Total fundraising expenses (20,213 / 0), 17 Other expenses (831,719 / 551,771), 18 Total expenses (2,071,653 / 1,792,570), 19 Revenue less expenses (-265,590 / 1,142,962).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (5,301,601 / 6,743,088), 21 Total liabilities (150,587 / 458,393), 22 Net assets or fund balances (5,151,014 / 6,284,695).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer LETICIA DE LARA, Date, Title CEO.

Paid Preparer Use Only: Print/Type preparer's name STEVEN T. ERICKSON, CPA, Preparer's signature, Date, Check self-employed, PTIN P00404339, Firm's name MARYANOV MADSEN GORDON CAMPBELL, Firm's address PO BOX 1826, PALM SPRINGS, CA 92263, Firm's EIN 95-3178278, Phone no. (760) 320-6642.

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 821,785. including grants of \$ 644,924.) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 730,704. including grants of \$ 66,000.) (Revenue \$)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 91,831. including grants of \$) (Revenue \$)

NONPROFIT RENTALS

RAP PROVIDES AFFORDABLE LEASE RATES TO NONPROFITS FOR OFFICES AND CUBICLES. A CLEAR INDICATION OF THE SUCCESS OF THIS PROGRAM IS THAT ALL 25 OF OUR LEASE SPACES ARE CURRENTLY OCCUPIED, MEANING THE NONPROFITS SEE THE DESIRABILITY OF UTILIZING THESE FACILITIES AT GREATLY REDUCED RATES. IN ADDITION TO THE COST REDUCTIONS OF THE OFFICE SPACE, RAP ALSO PROVIDES CONFERENCE ROOM AVAILABILITIES FOR FREE. NOT ONLY DO THESE ORGANIZATIONS UTILIZE FUNDS TOWARDS HELPING THEIR CLIENTS, BUT THEY FIND COLLABORATIONS FACILITATED BY THE PRESENCE OF OTHER NONPROFITS IN THE SAME BUILDING.

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,644,320.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I (see instructions).</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.....		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.....		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....		X
35b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.....		
1 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.....		
1 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a _____ 9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. 3b		
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		X
b	If 'Yes,' enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d _____		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	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. 10b _____		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders. 11a _____		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b _____		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b _____		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b _____		
c	Enter the amount of reserves on hand 13c _____		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If 'Yes,' see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If 'Yes,' complete Form 4720, Schedule O.			

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

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

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. 1 a 20 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1 b	Enter the number of voting members included on line 1a, above, who are independent. 1 b 20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
10 b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11 b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15 a	The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O.	X	
15 b	Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
 MATTHEW GONDA, CPA, CGMA 41-550 ECLECTIC ST PALM DESERT CA 92260 (760) 674-9992

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

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

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LETICIA DE LARA CEO	40 0			X			136,773.	0.	0.	
(2) MARK MORAN DIRECTOR	2 0	X					0.	0.	0.	
(3) DR. CRAIG BORBA ED.D CHAIRMAN	2 0	X		X			0.	0.	0.	
(4) JOSEPH HAYES DIRECTOR	2 0	X					0.	0.	0.	
(5) JAN PYE VICE CHAIR	2 0	X		X			0.	0.	0.	
(6) DR. WILLIAM KROONEN ED.D DIRECTOR	2 0	X					0.	0.	0.	
(7) MARIA BLUE DIRECTOR	2 0	X					0.	0.	0.	
(8) ROSEMARY ORTEGA DIRECTOR	2 0	X					0.	0.	0.	
(9) V. MANUEL PEREZ DIRECTOR	2 0	X					0.	0.	0.	
(10) DR. ANN DEW D.O. EX OFFICIO	2 0	X					0.	0.	0.	
(11) CLAUDIA GALVEZ DIRECTOR	2 0	X					0.	0.	0.	
(12) RUDY GUTIERREZ DIRECTOR	2 0	X					0.	0.	0.	
(13) RICARDO LORETTA DIRECTOR	2 0	X					0.	0.	0.	
(14) ELIZABETH ROMERO DIRECTOR	2 0	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee				Former
(15) VALERIE HUDSON DIRECTOR	2 0	X					0.	0.	0.
(16) MIKE GIALDINI SECRETARY	2 0	X		X			0.	0.	0.
(17) BEATRIZ GONZALEZ DIRECTOR	2 0	X					0.	0.	0.
(18) TORI ST. JOHNS DIRECTOR	2 0	X					0.	0.	0.
(19) VAN TANNER DIRECTOR	2 0	X					0.	0.	0.
(20) ANNA MARTINEZ DIRECTOR	2 0	X					0.	0.	0.
(21) AURORA WILSON DIRECTOR	2 0	X					0.	0.	0.
(22) MATTHEW GONDA, CPA, CGMA TREASURER	2 0	X		X			0.	0.	0.
(23)									
(24)									
(25)									
1 b Subtotal							136,773.	0.	0.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							136,773.	0.	0.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization									1

DO NOT MAIL

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

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

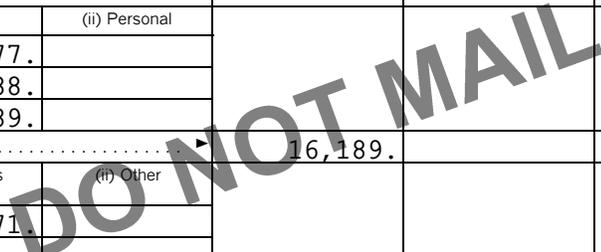
(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b 5,457.				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 2,139,825.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 566,341.				
	g Noncash contributions included in lines 1a-1f	1 g				
	h Total. Add lines 1a-1f		2,711,623.			
	Program Service Revenue	2 a <u>CNA RENTAL INCOME</u>		Business Code		
		b <u>FEES FOR SERVICES</u>		157,694.	157,694.	
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			166,036.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		40,742.	40,742.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real		(ii) Personal		
		6 a	82,277.			
		b Less: rental expenses	6 b 66,088.			
		c Rental income or (loss)	6 c 16,189.			
	d Net rental income or (loss)		16,189.			16,189.
	7 a Gross amount from sales of assets other than inventory	(i) Securities		(ii) Other		
		7 a	199,871.			
		b Less: cost or other basis and sales expenses	7 b 198,455.	2,200.		
		c Gain or (loss)	7 c 1,416.	-2,200.		
	d Net gain or (loss)		-784.	-784.		
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8 a					
	b Less: direct expenses	8 b				
	c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	9 a					
	b Less: direct expenses	9 b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10 a					
	b Less: cost of goods sold	10 b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a <u>OTHER</u>		Business Code			
	b		1,726.		1,726.	
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		1,726.			
	12 Total revenue. See instructions		2,935,532.	205,994.	0.	17,915.

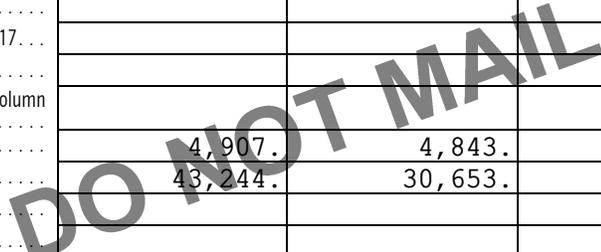


Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 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 domestic organizations and domestic governments. See Part IV, line 21	710,924.	710,924.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	125,050.	106,293.	15,006.	3,751.
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.	0.	0.	0.
7 Other salaries and wages	280,342.	236,993.	33,682.	9,667.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,467.	16,484.	2,339.	644.
9 Other employee benefits	70,420.	59,632.	8,457.	2,331.
10 Payroll taxes	34,596.	29,296.	4,155.	1,145.
11 Fees for services (nonemployees):				
a Management	31,944.	27,051.	3,836.	1,057.
b Legal	2,631.	522.	2,109.	
c Accounting	15,550.	12,401.	3,046.	103.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	4,907.	4,843.	64.	
12 Advertising and promotion	43,244.	30,653.	12,433.	158.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	93,546.	81,451.	12,095.	
17 Travel	3,184.	1,195.	1,989.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	36,027.	35,118.	909.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	91,115.	79,335.	11,780.	
23 Insurance	18,712.	15,687.	3,008.	17.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>TECHNICAL ASSIST TO OTHER ORGS</u>	88,445.	88,445.		
b <u>OTHER PROGRAM EXPENSES</u>	67,871.	67,402.	469.	
c <u>COMPUTER SERVICES</u>	18,515.	15,678.	2,224.	613.
d <u>COMMUNICATIONS</u>	13,915.	11,783.	1,671.	461.
e All other expenses	22,165.	13,134.	8,765.	266.
25 Total functional expenses. Add lines 1 through 24e	1,792,570.	1,644,320.	128,037.	20,213.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				



Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing	486,202.	1	621,542.
	2 Savings and temporary cash investments	282,280.	2	760,375.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	803,738.	4	1,525,728.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	27,359.	9	24,357.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,288,735.		
	b Less: accumulated depreciation	10b 337,262.	2,958,374.	10c 2,951,473.
	11 Investments – publicly traded securities	727,328.	11	682,743.
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	16,320.	15	176,870.
16 Total assets. Add lines 1 through 15 (must equal line 33).	5,301,601.	16	6,743,088.	
Liabilities	17 Accounts payable and accrued expenses	49,748.	17	218,622.
	18 Grants payable	78,165.	18	145,178.
	19 Deferred revenue	2,168.	19	4,136.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	4,156.	21	4,156.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	69,101.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	16,350.	25	17,200.
	26 Total liabilities. Add lines 17 through 25.	150,587.	26	458,393.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	5,048,701.	27	5,758,100.
	28 Net assets with donor restrictions	102,313.	28	526,595.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	5,151,014.	32	6,284,695.
33 Total liabilities and net assets/fund balances	5,301,601.	33	6,743,088.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,935,532.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,792,570.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,142,962.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,151,014.
5	Net unrealized gains (losses) on investments	5	-9,281.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,284,695.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If 'Yes' to line 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization REGIONAL ACCESS PROJECT FOUNDATION	Employer identification number 33-0547453
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	1,507,970.	1,597,311.	1,880,630.	1,720,118.	2,877,659.	9,583,688.
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 lines 1 through 3.	1,507,970.	1,597,311.	1,880,630.	1,720,118.	2,877,659.	9,583,688.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						9,583,688.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	1,507,970.	1,597,311.	1,880,630.	1,720,118.	2,877,659.	9,583,688.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	97,041.	29,003.	56,920.	36,880.	40,742.	260,586.
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 VI.) SEE PART VI		96,954.	173,188.	85,698.	84,003.	439,843.
11 Total support. Add lines 7 through 10.						10,284,117.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)).	14	93.19 %
15 Public support percentage from 2018 Schedule A, Part II, line 14.	15	93.35 %

16a **33-1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

b **33-1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services 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 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2019. 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. ▶

b 33-1/3% support tests—2018. 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. ▶

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

BAA

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

DO NOT MAIL

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

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>
RENTAL INCOME	\$ 82,277.	\$ 79,360.	\$ 172,308.	\$ 87,147.	
MISC INCOME	1,726.	6,338.	880.	9,807.	
TOTAL	<u>\$ 84,003.</u>	<u>\$ 85,698.</u>	<u>\$ 173,188.</u>	<u>\$ 96,954.</u>	<u>\$ 0.</u>

DO NOT MAIL

Schedule B

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

Department of the Treasury Internal Revenue Service

PUBLIC DISCLOSURE COPY Schedule of Contributors

OMB No. 1545-0047

2019

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

REGIONAL ACCESS PROJECT FOUNDATION

Employer identification number

33-0547453

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

Form 990-PF

[] 527 political organization

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization REGIONAL ACCESS PROJECT FOUNDATION	Employer identification number 33-0547453
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- ----- -----	\$ 2,139,825.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DO NOT MAIL

Name of organization REGIONAL ACCESS PROJECT FOUNDATION	Employer identification number 33-0547453
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
	----- ----- -----	\$-----	-----

DO NOT MAIL

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

REGIONAL ACCESS PROJECT FOUNDATION

33-0547453

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number and aggregate value.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a-2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, 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:
2 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 FASB ASC 958 relating to these items:

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f 0.

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

SEE PART XIII

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	152,313.	242,358.	230,676.	57,182.	82,528.
b Contributions	473,615.	80,275.	185,094.	266,415.	86,679.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	49,333.	170,320.	173,412.	92,921.	112,025.
f Administrative expenses					
g End of year balance	576,595.	152,313.	242,358.	230,676.	57,182.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 8.67 %
- b Permanent endowment %
- c Term endowment 91.33 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations		X
(ii) Related organizations		X
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds. SEE PART XIII

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings		2,559,525.	229,701.	2,329,824.
c Leasehold improvements		628,095.	58,320.	569,775.
d Equipment		47,168.	19,850.	27,318.
e Other		53,947.	29,391.	24,556.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,951,473.

BAA

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

N/A

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEPOSITS	17,200.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	17,200.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	2,992,339.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2a	-9,281.
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	-9,281.
3	Subtract line 2e from line 1	3	3,001,620.
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	
	b Other (Describe in Part XIII.) SEE PART XIII	4b	-66,088.
	c Add lines 4a and 4b	4c	-66,088.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,935,532.

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

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

1	Total expenses and losses per audited financial statements	1	1,858,658.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.) SEE PART XIII	2d	66,088.
	e Add lines 2a through 2d	2e	66,088.
3	Subtract line 2e from line 1	3	1,792,570.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,792,570.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B - EXPLANATION OF ESCROW ACCOUNT LIABILITY

AGENCY FUNDS HELD ON BEHALF OF OTHER EXEMPT ENTITIES - \$4,156

THE FOUNDATION HAS AN AGENCY AGREEMENT WITH ANOTHER EXEMPT ENTITY UNDER WHICH THE FOUNDATION RECEIVES, HOLDS, AND DISBURSES FUNDS BASED UPON DIRECTIVES RECEIVED FROM THAT EXEMPT ENTITY. DURING THE CURRENT FISCAL YEAR, THE FOUNDATION RECEIVED AND HELD AGENCY FUNDS ON BEHALF OF THE FOLLOWING ENTITY:

4TH DISTRICT SUPERVISOR YOUTH ACTIVITY COUNCIL SCHOLARSHIP FUNDS - \$4,156

Part XIII Supplemental Information (continued)

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

BOARD-DESIGNATED

BUILDING RESERVE \$50,000

TEMPORARILY RESTRICTED

DESERT LEGAL FOUNDATION \$50,882
 JAMES IRVINE FOUNDATION REGRANTING \$397,088
 PREVENT CHILD ABUSE RIVERSIDE COUNTY \$6,675
 SPECIAL EVENT \$37,925
 OTHER PROGRAMS \$34,025

**SCHEDULE D, PART XI, LINE 4B
 OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

EXPENSE ALLOCABLE TO RENTAL INCOME	\$ -66,088.
TOTAL	<u>\$ -66,088.</u>

**SCHEDULE D, PART XII, LINE 2D
 OTHER EXPENSES AND LOSSES PER AUDITED F/S**

EXPENSE ALLOCABLE TO RENTAL INCOME	\$ 66,088.
TOTAL	<u>\$ 66,088.</u>



**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

REGIONAL ACCESS PROJECT FOUNDATION

Employer identification number

33-0547453

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. **SEE PART IV**

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COLORADO RIVER SENIOR CENTER HCR-20, BOX 3408 BLYTHE, CA 92225	33-0143646		44,357.	0.			HEALTH/MENTAL HEALTH SERVICES
(2) COMMUNITY ACTION PARTNERSHIP 2038 IOWA AVE STE B-102 RIVERSIDE, CA 92507	95-6000930		16,450.	0.			HEALTH SERVICES
(3) DESERT BEST FRIEND'S CLOSET 74-040 HIGHWAY 111 STE F PALM DESERT, CA 92260	26-2388221		26,500.	0.			HEALTH SERVICES/DESERT FAST PITCH
(4) DESERT HEALTHCARE FDN 1140 N INDIAN CANYON DR PALM SPRINGS, CA 92262	95-2567237		50,000.	0.			HEALTH SERVICES
(5) JEWISH FAMILY SERVICES 490 S. FARRELL DRIVE STE C2 PALM SPRINGS, CA 92262	33-0613083		10,000.	0.			HEALTH SERVICES
(6) OPERATION SAFE HOUSE 9685 HAYES ST RIVERSIDE, CA 92503	33-0326090		47,500.	0.			MENTAL HEALTH SERVICES
(7) RIVERSIDE CNTY OFFICE ON AGNG 44199 MONROE STREET INDIO, CA 92201	95-6000930		37,500.	0.			MENTAL HEALTH SERVICES
(8) LIFT TO RISE 41550 ECLECTIC ST PALM DESERT, CA 92260	82-5258187		107,550.	0.			HEALTH/MENTAL HEALTH SERVICES

DO NOT MAIL

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 27
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

THE FOUNDATION REQUIRES A FINAL REPORT BY ALL GRANTEEES THAT REPORTS THE USE OF GRANT FUNDS PROVIDED.

DO NOT MAIL

Continuation Sheet for Schedule I (Form 990)

2019

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 2

Name of the organization REGIONAL ACCESS PROJECT FOUNDATION	Employer identification number 33-0547453
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COMMUNITY PARTNERS 1000 N ALAMEDA ST LOS ANGELES, CA 90012	95-4302067		25,000.				HEALTH/MENTAL HEALTH SERVICES
COVE COMMUNITY SENIOR ASSOC 73750 CATALINA WAY PALM DESERT, CA 92260	95-3622332		20,000.				MENTAL HEALTH SERVICES
FAMILY SERVICE ASSOCIATION 21250 BOX SPRINGS RD STE 212 MORENO VALLEY, CA 92557	95-1803694		6,000.				MENTAL HEALTH SERVICES
PUEBLO UNIDO CDC 78150 CALLE TAMPICO STE 214 LA QUINTA, CA 92253	26-3547211		10,000.				HEALTH SERVICES
SPIRIT MOUNTAIN RETREAT 25661 OAKWOOD ST IDYLLWILD, CA 92549	39-1199283		8,500.				MENTAL HEALTH SERVICES
THE LGBT SANCTUARY 555 S SUNRISE WAY STE 203B PALM SPRINGS, CA 92264	46-2867323		13,750.				MENTAL HEALTH SERVICES
YOUTH LEADERSHIP INSTITUTE 209 9TH ST STE 200 SAN FRANCISCO, CA 94103	68-0184712		10,500.				MENTAL HEALTH SERVICES
BOOBULLYING 1775 PALM CANYON DR STE 320 PALM SPRINGS, CA 92264	45-5473347		17,000.				DESERT FAST PITCH
CV COMM RESEARCH INITIATIVE 1775 E PALM CANYON DR 110-215 PALM SPRINGS, CA 92264	47-3892886		20,000.				MENTAL HEALTH SERVICES
ANGEL VIEW, INC 67625 E PALM CANYON DR STE 7A CATHEDRAL CITY, CA 92234	95-1861861		10,000.				HEALTH SERVICES

DO NOT MAIL

Continuation Sheet for Schedule I (Form 990)

2019

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 2 of 2

Name of the organization REGIONAL ACCESS PROJECT FOUNDATION	Employer identification number 33-0547453
---	---

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>FRIENDS OF THE DSRT MOUNTAINS</u> <u>51500 CA-74</u> PALM DESERT, CA 92260	95-3868737		12,500.				DESERT FAST PITCH
<u>HIDDEN HARVEST</u> <u>85711 PETER RABBIT LN</u> COACHELLA, CA 92236	33-0821743		15,000.				HEALTH SERVICES
<u>HOPE THROUGH HOUSING FNDTN</u> <u>921 HAVEN AVE</u> RNCHO CUCAMONGA, CA 91730	33-0802554		12,500.				MENTAL HEALTH SERVICES
<u>OPHELIA PROJECT, JFK FNDTN</u> <u>73555 SAN GORGONIO WAY</u> PALM DESERT, CA 92260	33-0071613		10,000.				HEALTH SERVICES
<u>LIFE STREAM BLOOD BANK</u> <u>384 W ORANGE SHOW RD</u> SAN BERNARDINO, CA 92408	95-1708743		10,000.				HEALTH SERVICES
<u>MISSION VETERANS</u> <u>41154 MANCHESTER ST</u> INDIO, CA 92203	82-2862282		15,000.				MENTAL HEALTH SERVICES
<u>NEURO VITALITY CENTER</u> <u>2800 E ALEJO RD</u> PALM SPRINGS, CA 92262	95-3402464		95,737.				HEALTH SERVICES
<u>THE DESERT CANCER FOUNDATION</u> <u>74091 LARREA ST</u> PALM DESERT, CA 92260	33-0648823		8,225.				HEALTH SERVICES
<u>LGBT COMM CNTR OF THE DESERT</u> <u>1301 N PALM CANYON DR STE 301</u> PALM SPRINGS, CA 92262	33-0937301		10,000.				MENTAL HEALTH SERVICES

DO NOT MAIL

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

REGIONAL ACCESS PROJECT FOUNDATION

Employer identification number

33-0547453

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

THE REGIONAL ACCESS PROJECT FOUNDATION PROVIDES FUNDING, OVERSIGHT, TECHNICAL ASSISTANCE, AND GUIDANCE TO VOLUNTEERS, COMMUNITY BASED ORGANIZATIONS AND AGENCIES, AND COLLABORATIVE GROUPS, WHICH SERVE THE RESIDENTS OF EASTERN RIVERSIDE COUNTY IN THE AREAS OF HEALTH, MENTAL HEALTH, AND JUVENILE INTERVENTIONS. THE REGIONAL ACCESS PROJECT FOUNDATION'S VISION IS TO BE A RESOURCE FOR THESE ORGANIZATIONS AND INDIVIDUALS IN THE DESERT COMMUNITIES PREPARING FOR AND PROVIDING SERVICES IN ORDER TO ENABLE AN ENHANCED QUALITY OF LIFE FOR ALL INHABITANTS OF EASTERN RIVERSIDE COUNTY.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE REGIONAL ACCESS PROJECT FOUNDATION PROVIDES FUNDING, OVERSIGHT, TECHNICAL ASSISTANCE, AND GUIDANCE TO VOLUNTEERS, COMMUNITY BASED ORGANIZATIONS AND AGENCIES, AND COLLABORATIVE GROUPS, WHICH SERVE THE RESIDENTS OF EASTERN RIVERSIDE COUNTY IN THE AREAS OF HEALTH, MENTAL HEALTH, AND JUVENILE INTERVENTIONS. THE REGIONAL ACCESS PROJECT FOUNDATION'S VISION IS TO BE A RESOURCE FOR THESE ORGANIZATIONS AND INDIVIDUALS IN THE DESERT COMMUNITIES PREPARING FOR AND PROVIDING SERVICES IN ORDER TO ENABLE AN ENHANCED QUALITY OF LIFE FOR ALL INHABITANTS OF EASTERN RIVERSIDE COUNTY.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

GRANT ALLOCATIONS TO OTHER EXEMPT ENTITIES

RAP PROVIDES FUNDING TO NONPROFITS ADDRESSING HEALTH, MENTAL HEALTH AND JUVENILE INTERVENTION UNMET NEEDS. THE FOLLOWING ARE EXAMPLES OF SERVICES AND PROGRAMS FUNDED:

•PROGRAMS FOR SENIORS, YOUTH AND DISADVANTAGED POPULATIONS WITH AN EMPHASIS ON REMOTE COMMUNITIES; THE COLORADO RIVER SENIOR CENTER, THE THERMAL SENIOR CENTER AND SEVERAL COOLING CENTERS; PALM SPRINGS, THERMAL, MECCA, AND BLYTHE.

Name of the organization

Employer identification number

REGIONAL ACCESS PROJECT FOUNDATION

33-0547453

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

- FOOD INSECURITY AND BASIC NEEDS PROGRAMS IN REMOTE COMMUNITIES AND HARD TO REACH POPULATIONS.
- THE MENTAL HEALTH INITIATIVE WAS APPROVED IN MAY 2014 THROUGH 2019. REQUEST FOR PROPOSALS (RFP) WERE RELEASED TO PROACTIVELY FOCUS ON SPECIFIC AREAS IDENTIFIED BY THE COMMUNITY AS HIGH PRIORITIES. IN THE FALL OF 2019, THE RAP BOARD EXPANDED THE RFPs TO INCLUDE HEALTH-MENTAL HEALTH PROGRAMS/PROJECTS AND ADDRESSING JUVENILE INTERVENTION SERVICES THROUGH OUR SMALL GRANTS.
- THE FAST-PITCH ANNUAL COMPETITION IS AN INNOVATIVE AND CREATIVE WAY FOR PRE-QUALIFIED NONPROFITS TO LEARN HOW TO IMPROVE THEIR COMMUNICATION AND PRESENTATION SKILLS.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

CENTER FOR NONPROFIT ADVANCEMENT (CNA)

RAP'S CNA PROGRAM IS THE ONLY PROGRAM OF ITS KIND IN EASTERN RIVERSIDE COUNTY. CNA PROVIDES PROFESSIONAL SERVICES AND SUPPORT TO NONPROFIT ORGANIZATIONS IN ORDER TO ASSIST THEM WITH THEIR CAPACITY BUILDING EFFORTS AND TO HELP THEM ACHIEVE FINANCIAL SUSTAINABILITY. THE FOLLOWING ARE EXAMPLES OF CNA SERVICES:

- PROVIDING NONPROFIT CONSULTANTS WITH EXPERTISE IN THE FOLLOWING AREAS:
BOARD DEVELOPMENT, STRATEGIC PLANNING, BUDGETING, MARKETING, FINANCIAL PLANNING, ETC.
- OFFERING WORKSHOPS IN NONPROFIT CAPACITY BUILDING TOPICS INCLUDING BUT NOT LIMITED TO: HUMAN RESOURCES, GRANT WRITING, GRANT RESEARCH, BUDGETING, AND FINANCIAL MANAGEMENT.
- HOSTING THE ANNUAL CONFERENCE FEATURING NONPROFIT PROFESSIONALS AS SPEAKERS TO PRESENT EDUCATIONAL INFORMATION AND NETWORKING OPPORTUNITIES.
- A "NON-PROFIT MANAGEMENT CERTIFICATE PROGRAM" OFFERED IN PARTNERSHIP WITH THE UNIVERSITY OF CALIFORNIA, RIVERSIDE.

Name of the organization

REGIONAL ACCESS PROJECT FOUNDATION

Employer identification number

33-0547453

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

• PROVIDE AFFORDABLE OFFICE SPACE AND FREE MEETING SPACE AND COPYING SERVICES TO NONPROFITS.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

COLLABORATIVE FUNDING AND FISCAL AGENT PARTNERSHIPS

IN 2017, RAP WAS SELECTED BY THE JAMES IRVINE FOUNDATION (TJIF) TO ADMINISTER A \$200,000 IMMIGRATION RIGHTS FUNDS TO NONPROFITS IN THE COACHELLA VALLEY. A SECOND GRANT OF \$400,000 WAS GRANTED BY TJIF TO CONTINUE THE WORK AND TO EXPAND THE SCOPE TO ADDRESS MENTAL HEALTH ISSUES EXPERIENCED BY THE IMMIGRANT POPULATION AND THE SERVICE PROVIDERS. IN THE LAST THREE YEARS, WE HAVE ALSO RECEIVED GRANTS FROM THE WEINGART FOUNDATION, UNION BANK, WELLS FARGO, BANK OF AMERICA, AND SEVERAL OTHER FINANCIAL CONTRIBUTIONS IN THE FORM OF SPONSORSHIPS FOR EVENTS. WE ANTICIPATE FUTURE COLLABORATIONS AND PARTNERSHIPS WITH OTHER FUNDERS TO ADDRESS MUTUAL INTERESTS AND INCREASE OUR ABILITY TO MAKE A POSITIVE IMPACT ON THE COMMUNITY.

RAP CONTINUES TO SERVE AS THE FISCAL AGENT TO THE FOURTH SUPERVISORIAL COUNTY SUPERVISOR'S OFFICE FOR THE ANNUAL SENIOR INSPIRATION AWARDS AND THE YOUTH ADVISORY COUNCIL. WE ARE RESPONSIBLE FOR ADMINISTERING THE RESPECTIVE FUNDS (ISSUING CHECKS, PAYING INVOICES, AND RECONCILING BANK ACCOUNTS), AND INCLUDE THE ACCOUNTS IN OUR ANNUAL AUDITS.

RAP PROVIDE FISCAL AGENCY SERVICE TO THE RIVERSIDE COUNTY'S DEPARTMENT OF PUBLIC SOCIAL SERVICES' FIVE FAMILY RESOURCE CENTERS THROUGHOUT RIVERSIDE COUNTY.

LASTLY, WE HAVE PROVIDED FISCAL AGENCY SERVICES TO NONPROFITS SUCH AS LIFT TO RISE, PREVENT CHILD ABUSE RIVERSIDE COUNTY, AND THE INLAND EMPIRE COMMUNITY FOUNDATION TO ASSIST THEM IN CARRYING OUT THEIR MISSIONS.

Name of the organization

REGIONAL ACCESS PROJECT FOUNDATION

Employer identification number

33-0547453

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE AND FULL BOARD FOR REVIEW AND APPROVAL PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY. THE CEO REVIEWS THE BOARD MEMBERSHIP EACH YEAR TO DETERMINE ANY POSSIBLE CONFLICTS. ADDITIONALLY, BOARD MEMBERS COMPLETE AN FPPC FORM 700 - STATEMENT OF ECONOMIC INTEREST ANNUALLY THAT DETAILS ANY CONFLICT OF INTEREST TRANSACTIONS/SITUATIONS. THESE FORMS ARE REVIEWED BY THE CEO AND FILED WITH THE RIVERSIDE COUNTY CLERK OF THE BOARD.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

COMPENSATION OF THE CEO IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

DO NOT MAIL

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

California e-file Return Authorization for Exempt Organizations

FORM

2019

8453-EO

Exempt Organization name

Identifying number

REGIONAL ACCESS PROJECT FOUNDATION

33-0547453

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	3,202,275.
2	Total gross income (Form 199, line 8)	2	3,001,620.
3	Total expenses and disbursements (Form 199, Line 9)	3	1,858,658.

Part II Settle Your Account Electronically for Taxable Year 2019

4 Electronic funds withdrawal 4a Amount _____ 4b Withdrawal date (mm/dd/yyyy) _____

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____
6 Account number _____ 7 Type of account: Checking Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2019 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here Signature of officer _____ Date _____ CEO Title _____

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature _____ Date _____ Check if also paid preparer Check if self-employed ERO's PTIN P00404339

Firm's name (or yours if self-employed) and address: MARYANOV MADSEN GORDON CAMPBELL Firm's FEIN 95-3178278
PO BOX 1826 CA ZIP code 92263
PALM SPRINGS

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature _____ Date _____ Check if self-employed Paid preparer's PTIN _____

Firm's name (or yours if self-employed) and address _____ Firm's FEIN _____
 _____ ZIP code _____

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2019

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33-0547453

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FORM 199																
<u>BUILDINGS</u>																
93	BUILDING	1/02/17		2,559,525							2,559,525	164,072	S/L	39		65,629
TOTAL BUILDINGS				2,559,525		0	0	0	0	0	2,559,525	164,072				65,629
<u>COMPUTER NETWORK AND EQUIPMENT</u>																
57	SONIC WALL/DELL	3/15/17		1,230							1,230	574	S/L	5		246
58	NETWORK CABLING/VECTOR US	4/14/17		8,522							8,522	3,834	S/L	5		1,704
95	NETWORK INSTALLATION	4/14/17		4,723							4,723	2,126	S/L	5		945
97	COMPUTER EQUIPMENT	9/30/17		10,804							10,804	3,782	S/L	5		2,161
98	SERVER UPGRADE	10/31/18		9,809							9,809	1,308	S/L	5		1,962
101	2 DESKTOP WORKSTATIONS	7/01/19		1,182							1,182		S/L	5		236
102	DELL OPTIPLEX 5060 MINITOW	7/18/19		2,587							2,587		S/L	5		474
103	WORKSTATION - CNA	10/01/19		1,646							1,646		S/L	5		247
104	2 DESKTOP WORKSTATIONS	3/16/20		2,457							2,457		S/L	5		123
105	1 DESKTOP WORKSTATION	3/23/20		1,717							1,717		S/L	5		86
106	2 DESKTOP WORKSTATIONS	6/01/20		1,075							1,075		S/L	5		18
107	APPLE COMPUTER - CNA	6/02/20		1,416							1,416		S/L	5		24
TOTAL COMPUTER NETWORK AND				47,168		0	0	0	0	0	47,168	11,624				8,226
<u>FURNITURE AND EQUIPMENT</u>																
54	LARGE MARBLE MEETING TBL-	3/23/17		1,500							1,500	675	S/L	5		300
55	COMTRON - SECURITY SYSTEM	6/29/17		6,792							6,792	2,716	S/L	5		1,358
56	HVAC UNIT/DESERT LIVING	3/12/17		7,980							7,980	3,724	S/L	5		1,596

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60	HVAC UNIT/DESERT LIVING	6/05/17		7,650							7,650	3,188	S/L	5		1,530
64	CUBICLES	3/15/17		2,635							2,635	1,230	S/L	5		527
65	4 COMPARTMENT DRAWERS	3/15/17		1,142							1,142	532	S/L	5		228
66	3 COMPARTMENT DRAWERS	3/15/17		2,945							2,945	1,374	S/L	5		589
67	2 COMPARTMENT DRAWERS	3/15/17		1,892							1,892	882	S/L	5		378
68	CHAIRS (ROLLING)	3/15/17		1,355							1,355	632	S/L	5		271
77	FIREPROOF FILE CABINETS	3/15/17		1,305							1,305	609	S/L	5		261
96	OFFICE EQUIPMENT	9/30/17		11,825							11,825	4,139	S/L	5		2,365
99	TV - CONFERENCE ROOM	1/27/20		1,407							1,407		S/L	5		117
100	86" TV - CNA	6/29/20		2,969							2,969		S/L	5		0
111	AED FOR BUILDING	2/20/20		2,550							2,550		S/L	5		170
TOTAL FURNITURE AND EQUIPME				53,947			0	0	0	0	53,947	19,701				9,690
FURNITURE AND FIXTURES																
1	DESK - JUDY	8/03/99	6/30/20	2,280							2,280	2,280	S/L	7		0
2	DESK-EVA	8/03/99	6/30/20	2,279							2,279	2,279	S/L	7		0
3	(4) DRAWER FILE	9/16/99	6/30/20	970							970	970	S/L	7		0
4	(4) DRAWER CABINER	4/12/00	6/30/20	2,581							2,581	2,581	S/L	7		0
5	AIR CLEANER	6/30/00	6/30/20	185							185	185	S/L	7		0
6	RECEPTION AREA DESK	7/31/99	6/30/20	2,245							2,245	2,245	S/L	7		0
7	(40) STACK CHAIRS	9/07/99	6/30/20	877							877	877	S/L	7		0
8	(20) STCK CHAIRS	1/03/00	6/30/20	409							409	409	S/L	7		0
9	AIR CLEANER	4/03/00	6/30/20	161							161	161	S/L	7		0
10	CHAIRS MEETING ROOM	10/25/00	6/30/20	218							218	218	S/L	7		0
11	(4) DRAWER FILE	1/08/01	6/30/20	1,114							1,114	1,114	S/L	5		0
12	(4) DRAWER FILE	1/17/01	6/30/20	2,032							2,032	2,032	S/L	7		0

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13	BACK OFFICE DESK	7/04/01	6/30/20	468							468	468	S/L	7		0
14	FIRE PROOF FILES	1/01/02	6/30/20	1,500							1,500	1,500	S/L	7		0
15	(2) FLAGS	1/01/02	6/30/20	403							403	403	S/L	7		0
16	DESK	3/06/03	6/30/20	420							420	420	S/L	7		0
17	DESK	3/20/03	6/30/20	505							505	505	S/L	7		0
18	(6) SARATOGA BOOKCASES	1/01/04	6/30/20	711							711	711	S/L	7		0
19	(3) STORAGE CABINETS	1/01/03	6/30/20	485							485	485	S/L	5		0
20	STORM ADJ TASK CHAIR	1/01/04	6/30/20	162							162	162	S/L	5		0
21	LEGAL FILES (2)	1/01/04	6/30/20	289							289	289	S/L	5		0
22	WALL CALENDAR BOARD	5/07/04	6/30/20	530							530	530	S/L	5		0
23	(2) CREDENZAS	3/30/05	6/30/20	572							572	572	S/L	7		0
24	SHREDDER	4/28/05	6/30/20	700							700	700	S/L	7		0
25	DESK	11/15/05	6/30/20	505							505	505	S/L	7		0
26	OFFICE EQUIPMENT	4/26/07	6/30/20	9,657							9,657	9,657	S/L	5		0
27	PROJECTOR	4/26/07	6/30/20	2,550							2,550	2,550	S/L	5		0
28	FURNITURE	5/08/07	6/30/20	10,800							10,800	10,800	S/L	5		0
29	FURNITURE	6/01/07	6/30/20	2,049							2,049	2,049	S/L	5		0
30	OFFICE DECOR	6/29/07	6/30/20	1,168							1,168	1,168	S/L	5		0
31	OFFICE FURNITURE	10/17/07	6/30/20	3,428							3,428	3,428	S/L	5		0
32	SMALL CARPETS	9/12/08	6/30/20	872							872	872	S/L	5		0
33	SOFTWARE	6/15/10	6/30/20	741							741	741	S/L	5		0
34	COMPUTER & PRINTER	6/22/10	6/30/20	2,168							2,168	2,168	S/L	5		0
35	FURNITURE - HEALNET	6/25/10	6/30/20	705							705	705	S/L	5		0
36	COMPUTER - EVA (RAP)	11/22/10	6/30/20	1,293							1,293	1,293	S/L	5		0
37	TELEPHONE EQ - BHC	11/22/10	6/30/20	550							550	550	S/L	5		0
38	HP TABLET	7/25/11	6/30/20	2,660							2,660	2,660	S/L	5		0
39	EXTERNAL HARD DRIVE	7/25/11	6/30/20	508							508	508	S/L	5		0

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40	WINDOWS 7 PROF UPGRADES	7/25/12	6/30/20	3,726							3,726	3,726	S/L	5		0
41	DELL OPTIPLEX390	4/26/12	6/30/20	892							892	892	S/L	5		0
42	SERVER UPGD SBS 2011	5/04/12	6/30/20	3,200							3,200	3,200	S/L	5		0
43	MACBOOK PRO	5/17/13	6/30/20	2,223							2,223	2,223	S/L	5		0
44	THINKPAD EDGE	5/24/13	6/30/20	1,627							1,627	1,627	S/L	5		0
45	MS OFFICE PRO 2013	5/31/13	6/30/20	2,421							2,421	2,421	S/L	5		0
46	DESKTOP (DELL) - QTY 3	9/26/13	6/30/20	2,218							2,218	2,218	S/L	5		0
47	NAS SERVER/2TB HARD DRIVE	9/26/13	6/30/20	1,343							1,343	1,343	S/L	5		0
48	MIP FUND ACCOUNTING SOFTW	5/09/14	6/30/20	7,932							7,932	7,932	S/L	5		0
49	RACETRACK CONFERENCE TABL	10/21/14	6/30/20	1,088							1,088	1,017	S/L	5		71
50	FUJITSU DUPLEX IMAGE SCAN	7/29/14	6/30/20	979							979	963	S/L	5		16
51	ABILA ACCOUNTING PACKAGE	10/26/14	6/30/20	3,917							3,917	3,917	S/L	4		0
52	ABILA WAC SOFTWARE SETUP	7/31/14	6/30/20	1,950							1,950	1,950	S/L	4		0
53	DELL LATTITUDE LAPTOP 345	7/01/15	6/30/20	1,111							1,111	924	S/L	5		187
59	UPS (NEWEGG)+INSTALL	6/01/17	6/30/20	854							854	356	S/L	5		171
69	CHAIRS (NON ROLLING)	3/15/17	6/30/20	218							218	103	S/L	5		44
70	HANGING FILES (3 SLOT)	3/15/17	6/30/20	203							203	96	S/L	5		41
71	HANGING FILES (1 SLOT)	3/15/17	6/30/20	69							69	33	S/L	5		14
72	PLASTIC RACK (4 COMP)	3/15/17	6/30/20	8							8	5	S/L	5		2
73	SHELVING	3/15/17	6/30/20	162							162	75	S/L	5		32
74	TWO DOOR TALL STORAGE	3/15/17	6/30/20	141							141	65	S/L	5		28
75	BOOKSHELF	3/15/17	6/30/20	82							82	37	S/L	5		16
76	WOODEN STAND	3/15/17	6/30/20	23							23	12	S/L	5		5
78	FILE CABINET	3/15/17	6/30/20	363							363	170	S/L	5		73
79	TV LARGE ROOM 101	3/15/17	6/30/20	495							495	231	S/L	5		99
80	TV OLDER ROOM 102	3/15/17	6/30/20	989							989	462	S/L	5		198
81	TV SMALL ROOM 104	3/15/17	6/30/20	191							191	89	S/L	5		38

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82	TABLE ROOM 104	3/15/17	6/30/20	231							231	107	S/L	5		46	
83	REFRIG WHIRLPOOL BRKROOM	3/15/17	6/30/20	163							163	77	S/L	5		33	
84	REFRIG GE BREAKROOM	3/15/17	6/30/20	178							178	84	S/L	5		36	
85	REFRIG CONF ROOM	3/15/17	6/30/20	130							130	61	S/L	5		26	
86	DISHWASHER	3/15/17	6/30/20	89							89	42	S/L	5		18	
87	MICROWAVES	3/15/17	6/30/20	46							46	21	S/L	5		9	
88	ICE MACHINE	3/15/17	6/30/20	231							231	107	S/L	5		46	
89	TV (2ND FLOOR)	3/15/17	6/30/20	216							216	100	S/L	5		43	
90	COMPUTER DESK	3/15/17	6/30/20	92							92	42	S/L	5		18	
91	PURPLE CHAIRS (CONF RM)	3/15/17	6/30/20	409							409	191	S/L	5		82	
92	SM TABLES W/REMOVABLE LEGS	3/15/17	6/30/20	908							908	425	S/L	5		182	
TOTAL FURNITURE AND FIXTURE				102,868		0	0	0	0	0	102,868	99,094					1,574
IMPROVEMENTS																	
61	BUILDING PAINTING	6/06/17		11,494							11,494	4,790	S/L	5		2,299	
62	WINDOW TINTING	5/22/17		7,205							7,205	3,002	S/L	5		1,441	
63	NEW LOCKS AND KEYS	6/07/17		1,430							1,430	596	S/L	5		286	
94	IMPROVEMENTS	11/30/17		517,637							517,637	21,015	S/L	39		13,273	
108	CARPET - HARC REMODEL	9/09/19		2,427							2,427		S/L	7		289	
109	BUILDOUT - HARC REMODEL	10/01/19		3,427							3,427		S/L	39		66	
110	HVAC IMPROVEMENTS	11/06/19		84,475							84,475		S/L	5		11,263	
TOTAL IMPROVEMENTS				628,095		0	0	0	0	0	628,095	29,403					28,917
TOTAL DEPRECIATION				3,391,603		0	0	0	0	0	3,391,603	323,894					114,036

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	GRAND TOTAL DEPRECIATION			<u>3,391,603</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>3,391,603</u>	<u>323,894</u>				<u>114,036</u>
	DEPRECIATION ASSETS SOLD			102,868		0	0	0	0	0	102,868	99,094				1,574
	DEPR REMAINING ASSETS			<u>3,288,735</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>3,288,735</u>	<u>224,800</u>				<u>112,462</u>

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