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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Α	For th	ne 2020 calend	lar year, or tax y	ear begin	ning 7/0	1	, 202	20, and endin	g 6/	30		,20 2021	
В	Check	ck if applicable: C								D Employer identification number			
	Ac	dress change	REGIONAL A	CCESS	PROJECT	FOUNDAT	ION			33-0547453			
	H _{Na}	Name change Initial return 41550 ECLECTIC ST PALM DESERT, CA 92260-1967									E Telephone number		
	\vdash									176	0) 6	74-000	2
	\vdash									(76	0) 0	74-999	
Final return/terminated											AT ASSAULT V AND ASSAULT VICE		
	An	nended return							,	G Gross r			437,084.
	Ap	plication pending	F Name and addre	ss of princip	al officer: LET	ICIA DE	LARA		DATE OF COLORS	a group return			Yes X No
			SAME AS C	ABOVE					H(b) Are all	subordinates attach a list	include See in	d?	Yes No
ı	Tax-	exempt status:	X 501(c)(3)	501(c) () ◄ (in	isert no.)	4947(a)(1)	or 527	,, 140.	allacii a iist	. See 11.	Structions	
J	Wel	osite: ► WW	W.RAPFOUND	ATTON.	ORG				H(c) Group	exemption no	ımber Þ		
ĸ	Form	of organization:		Trust	Association	Other >	1	L Year of format				egal domicile	· CA
17.15	rt I	Summar		must	Association	Other		L Tear or format	1011. 177	2 11113	tate or i	egai domicile	. CA
1 0	1	Briefly descri	be the organizati	on's miss	ion or most si	anificant ac	tivities:					- Annie	
	Briefly describe the organization's mission or most significant activities: SEF SCHEDULE O												
ce													
Activities & Governance													
err	_										-,		
Š	3	Check this bo	x F if the o	rganizatio	on discontinue	d its operat	ions or ais	posed of mo	re than 25	of its ne	et asse	ets.	20
ø	4	Number of in	dependent voting	mambar	s of the gover	ning hody (Part VI lir	a 1h)			3		20
es			of individuals er								5		20
Ξ	6	Total number	of volunteers (e	ripioyeu ii etimata if	necessary)	31 2020 (1 21	t v, iiie z	a)			6		7
cti			d business reve								7a		21
٩			business taxabl								7a 7b		0.
_	В	Net unrelated	DUSINESS (axabi	e income	Hom Form 99	0-1, Fait 1,	mie II				/D		0.
		Contributions	and areate (Day	AVIII line	163					rior Year	00		ent Year
e			and grants (Par							2,711,6			733,623.
Revenue			ice revenue (Pa							166,0			169,191.
ev										39,958.			30,269.
ш										17,9			-5,929.
			 add lines 8 th 							2,935,5			927,154.
	100		milar amounts p							710,9	24.	8,	345,269.
	14	Benefits paid to or for members (Part IX, column (A), line 4)											
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							,	529,875.			602,933.
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line 11e)											
nec			ing expenses (P						-	STATE OF THE PARTY	- 10 - 1	DESTRUCTION OF THE PARTY OF THE	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Exi										DE MARIE PROG			MINERA ENGLIS
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)								551,771.			593,192.
									_	1,792,570.		9,	541,394.
		Revenue less expenses. Subtract line 18 from line 12							_/			385,760.	
Assets or d Balances									Beginnir	ng of Current	Year	End	of Year
sots lan	20		Part X, line 16).						6	,743,0	88.	7,	167,638.
AB	21	Total liabilities	(Part X, line 26	i)						458,3	93.		544,437.
Pund	22	Net assets or	fund balances.	Subtract li	ine 21 from lin	ne 20			6	,284,6	95	6	623,201.
	rt II	Signatur								7,201,0	,,,	- 0,	020,201.
				d this return	including accompa	nvina schedules	and statement	s and to the hest	of my knowled	too and bolief	it is truo	correct and	
comp	olete. De	eclaration of prepa	are that I have examine rer (other than officer) is based or	all information of	which prepare	r has any kno	wledge.	or my knowice	age and benen,	/ / /	, correct, and	
		\ \ \	7 11/11	~	(11	an				1 5	11	10/2	2
Sign		Signatur	re of officer		The state of the s				Da	ite 1		160	
He	re re	150	ICIA DE LA	אכ					CEO				
			print name and title	M					CEO				
		2.0	reparer's name		Preparer's sign	ature		Date		0	Т, Т	PTIN	
					A sign	- 0-	~	1. 1		Check	٦ ا		
Pai			T. ERICKSON,		177	-	~ CP	73/3	42	self-employe	d	P0040433	19
	pare				GORDON CAN	MPBELL							
US	e On	ly Firm's addre	PO BOX 1	826						Firm's EIN	95-	3178278	
			PALM SPE	RINGS, C	A 92263		and the Name of the State of th			Phone no.	(760)	320-66	
May	the II	RS discuss thi	s return with the	preparer	shown above	2 See instru	ictions					X Yes	No

059			
Date Accepted		DO NOT MAIL	THIS FORM TO THE FTB
TAXABLE YEAR	California e-file Return Autho	orization for	FORM
2020	Exempt Organizations		8453-EO
Exempt Organization name	3		Identifying number
	SS PROJECT FOUNDATION		33-0547453
	nic Return Information (whole dollars only)		
	eipts (Form 199, line 4)		
	me (Form 199, line 8)		
	and disbursements (Form 199, line 9)		9,625,179.
Part II Settle Y	our Account Electronically for Taxable \	ear 2020	
4 Electronic f	unds withdrawal 4a Amount	4b Withdrawal date (mm/dd/y)	ууу)
	Information (Have you verified the exempt orga	anization's banking information?)	
5 Routing number			
6 Account numbe		7 Type of account:	Savings
	tion of Officer		
I authorize the exemp withdrawal for the am	of organization's account to be settled as designated ount listed on line 4a.	in Part II. If I check Part II, Box 4, I auti	norize an electronic funds
corresponding lines or organization's return Tax Board (FTB) doe for the fee liability and statements be transm	b), transmitter, or intermediate service provider and fithe exempt organization's 2020 California electronic true, correct, and complete. If the exempt organizes not receive full and timely payment of the exempt of all applicable interest and penalties. I authorize the litted to the FTB by the ERO, transmitter, or intermelayed, I authorize the FTB to disclose to the ERO or	c return. To the best of my knowledge at ation is filing a balance due return, I und organization's fee liability, the exempt or e exempt organization return and accom- diate service provider. If the processing	nd belief, the exempt lerstand that if the Franchise ganization will remain liable panying schedules and of the exempt organization's
Sign Here	Letter Officer 15	CEO Title	
Part V Declara	tion of Electronic Return Originator (ER	O) and Paid Preparer. See instruct	ions.
the best of my knowl organization's return. officer's signature on forms and information Authorized e-file Provexempt organization under penalties of pe	eviewed the above exempt organization's return and edge. (If I am only an intermediate service provider, I declare, however, that form FTB 8453-EO accurate form FTB 8453-EO before transmitting this return to a that I will file with the FTB, and I have followed all diders. I will keep form FTB 8453-EO on file for four yeturn is filed, whichever is later, and I will make a crijury, I declare that I have examined the above exeme best of my knowledge and belief, they are true, co edge.	I understand that I am not responsible fely reflects the data on the return.) I have the FTB; I have provided the organization other requirements described in FTB Pulyears from the due date of the return or opy available to the FTB upon request. Inpt organization's return and accompany	for reviewing the exempt to obtained the organization on officer with a copy of all to 1345, 2020 Handbook for four years from the date the f I am also the paid preparer, and schedules and
ERO's signature	MARYANOV MADSEN GORDON O	Date S 13 22 Check if also paid preparer X Self-emple Check if also paid preparer Check if also paid preparer Check if also paid preparer X Self-emple Check if also paid preparer Check if also paid preparer	1 1 000 40 40 20

Firm's name (or yours if self-employed) and address Must PO BOX 1826 95-3178278 Sign ZIP code 92263 PALM SPRINGS CA 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.

Date Paid preparer's PTIN

Paid Preparer Must Sign

Paid preparer's signature Firm's name (or yours if self-employed) and address

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2020

Check if self-employed

Firm's FEIN

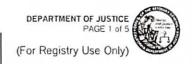
ZIP code

STATE OF CALIFORNIA RRF-1 (Rev. 02/2021)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

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

WEBSITE ADDRESS: www.oag.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 days 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.

Check if: REGIONAL ACCESS PROJECT FOUNDATION Name of Organization List all DBAs and names the organization uses or has used 41550 ECLECTIC ST Address (Number and Street) PALM DESERT, CA 92260-1967 Check if: Change of address Amended report State Charity Registration Number 087732 Corporation or Organization No. 1713781											
Name of Organization List all DBAs and names the organization uses or has used 41550 ECLECTIC ST Address (Number and Street) PALM DESERT, CA 92260-1967 Corporation or Organization No. 1713781	_										
List all DBAs and names the organization uses or has used 41550 ECLECTIC ST Address (Number and Street) PALM DESERT, CA 92260-1967 Corporation or Organization No. 1713781											
41550 ECLECTIC ST Address (Number and Street) PALM DESERT, CA 92260-1967 State Charity Registration Number 087732 Corporation or Organization No. 1713781	- 1										
Address (Number and Street) PALM DESERT, CA 92260-1967 Corporation or Organization No. 1713781	State Charity Registration Number 087732										
PALM DESERT, CA 92260-1967 Corporation or Organization No. 1713781											
City or Town, State, and ZIP Code	Corporation or Organization No. 1713781										
(760) 674-9992 LDELARA@RAPFOUNDATION.OR Federal Employer ID No. 33-0547453	Federal Employer ID No. 33-0547453										
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)											
Make Check Payable to Department of Justice											
Total Revenue Fee Total Revenue Fee Total Revenue Fe	ee										
Between \$50,000 and \$100,000 \$50 Between \$1,000,001 and \$5 million \$200 Between \$100,000,001 and \$500 million \$1	,000 ,200										
PART A — ACTIVITIES For your most recent full accounting period (beginning 7/01/20 ending 6/30/21) list:											
Total Revenue \$ (including noncash contributions) 9,927,154. Noncash Contributions \$ 0. Total Assets \$ 7,167,63	8.										
Program Expenses \$ 9,337,754. Total Expenses \$ 9,625,179.											
Frogram Expenses $\sqrt{-9,557,754}$. Folds Expenses $\sqrt{-9,625,175}$.											
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.											
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?											
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	X										
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	X										
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	X										
5 During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 1											
6 During this reporting period, did the organization hold a raffle for charitable purposes?											
7 Does the organization conduct a vehicle donation program?											
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?											
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?											
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.											
19th Alla											
Signature of Authorized Agent Printed Name Title Date											

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

	-			
or calendar year 2020, or fiscal year beginning	7/01	, 2020, and ending	6/30	. 20 2021

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Department of the Treasury Internal Revenue Service ► Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

2020

OMB No. 1545-0047

Name of exempt organization or person subject to tax Taxpayer identification number 33-0547453 REGIONAL ACCESS PROJECT FOUNDATION Name and title of officer or person subject to tax LETICIA DE LARA 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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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 1. b Total revenue, if any (Form 990-EZ, line 9)..... 2 a Form 990-EZ check here > b Total tax (Form 1120-POL, line 22)..... 3 a Form 1120-POL check here. . . 4 a Form 990-PF check here ... b Tax based on investment income (Form 990-PF, Part VI, line 5) 5 a Form 8868 check here . . . 6 a Form 990-T check here. . . b Total tax (Form 4720, Part III, line 1) 7 a Form 4720 check here . . . Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above organization or I I am a person subject to tax with respect to and that I have examined a copy of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only to enter my PIN X I authorize 45815 as my signature MARYANOV MADSEN GORDON CAMPBELL ERO firm name Enter five numbers, but on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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. Signature of officer or person subject to tax Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 33116253410 I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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 ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

059	
Date Accepted	NOT MAIL THIS FORM TO THE FTB
TAXABLE YEAR California e-file Return Authorization for	FORM
2020 Exempt Organizations	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)	
2 Total gross income (Form 199, line 8)	
3 Total expenses and disbursements (Form 199, line 9)	39,625,179.
Part II Settle Your Account Electronically for Taxable Year 2020	
4 Electronic funds withdrawal 4a Amount 4b Withdrawal d	ate (mm/dd/yyyy)
Part III Banking Information (Have you verified the exempt organization's banking inform	ation?)
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 withdrawal for the amount listed on line 4a.	II, Box 4, I authorize an electronic funds
return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I aborderesponding lines of the exempt organization's 2020 California electronic return. To the best of organization's return is true, correct, and complete. If the exempt organization is filing a balance due return Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability for the fee liability and all applicable interest and penalties. I authorize the exempt organization restatements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the procreturn or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider.	ny knowledge and belief, the exempt n, I understand that if the Franchise r, the exempt organization will remain liable turn and accompanying schedules and essing of the exempt organization's
Sign Here Signature of officer Date Title	
Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.	A TOP A SECURITY OF THE SECURI
I declare that I have reviewed the above exempt organization's return and that the entries on form the best of my knowledge. (If I am only an intermediate service provider, I understand that I am norganization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided forms and information that I will file with the FTB, and I have followed all other requirements described Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon refunder penalties of perjury, I declare that I have examined the above exempt organization's return statements, and to the best of my knowledge and belief, they are true, correct, and complete. I may of which I have knowledge.	not responsible for reviewing the exempt the return.) I have obtained the organization of the organization officer with a copy of all ribed in FTB Pub. 1345, 2020 Handbook for of the return or four years from the date the quest. If I am also the paid preparer, and accompanying schedules and
ERO's signature Date Chec also prepared to the component of the component	paid y self-
Must Firm's name (or yours MARYANOV MADSEN GORDON CAMPBELL	Firm's FEIN
' (05 2170270

Firm's name (or yours if self-employed) and address PO BOX 1826 95-3178278 Sign ZIP code 92263 PALM SPRINGS CA 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. Date Paid preparer's PTIN Paid preparer's signature Check if self-employed Paid Preparer Must Firm's FEIN Firm's name (or yours if self-employed) and address Sign ZIP code

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2020

Form **990**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

A	For t	he 2020 calen	dar year, or tax	year begir	nning 7/0	01	, 20	20, and endir	ig 6/	/30		, 20 2021	
		f applicable: C									tification number		
	A	ddress change								33-0547453			
	Name change 41550 ECLECTIC ST								E Teleph				
	\mathbf{H}		PALM DESERT, CA 92260-1967							(760) 674-9992			
	H	Initial return Final return/terminated								(70	0) 0	114-3332	
	\vdash	mended return								G Gross		\$ 10 427 004	
	\vdash		F Name and addre	as of princip	al officer:				H(a) Is this	s a group retu			
	Application pending F Name and address of principal officer: LETICIA DE LAR SAME AS C ABOVE						E LARA					103 110	
_	Tau	avament atabuas			\ - (:	noort no)	1047/01/1) or 527	If "No	II subordinate: , * attach a list	. See in	structions	
<u>!</u>	70.00-010	exempt status:	X 501(c)(3)	501(c) (nsert no.)	4947(a)(1) 01 32/					
J			W.RAPFOUND					ı.		exemption n			
K		n of organization:	X Corporation	Trust	Association	Other ►		L Year of format	tion: 199	92 M	State of	legal domicile: CA	
Pa	of Division in	Summar	y				1:-:11:						
	1	Briefly descri	be the organizat	ion's miss	sion or most	significant	activities:	SEE_SCHE	DULE_C				
ge													
Governance													
err	_	Check this bo						lisposed of m		050/-4:1-			
30	2		oting members of								3		
۰ŏ	4	Number of in	dependent voting	a member	rs of the gove	ernina body	(Part VI.	line 1b)			4	20	
ies	5		of individuals e								5	7	
Activities &	6		of volunteers (e								6	21	
Act			ed business reve								7a	0.	
	b	Net unrelated	d business taxab	le income	from Form 9	990-T, Part	I, line 11.				7b	0.	
								- 10		Prior Year		Current Year	
m	8		and grants (Par						MA	2,711,6	523.	9,733,623.	
'n	9		vice revenue (Pa							166,0	036.	169,191.	
Revenue	10		ncome (Part VIII,							39,9	958.	30,269.	
ď	11									17,9		-5,929.	
	12		e – add lines 8 t		ACCOUNT OF THE		27.00			2,935,5		9,927,154.	
	13		imilar amounts p	SECURIOR DECEMBER OF THE PROPERTY OF THE PROPE	A MI COLOR					710,9	924.	8,345,269.	
	14												
ιn.	15	Salaries, oth	er compensation	, employe	e benefits (F	Part IX, colu	umn (A), lii	nes 5-10)		529,8	375.	602,933.	
Expenses	16 a	16a Professional fundraising fees (Part IX, column (A), line 11e)											
per	b	Total fundrais	sing expenses (F	Part IX. co	lumn (D). lin	ne 25) ►		17,960.					
Ä	17									551,	771	593,192.	
	18									1,792,570.		9,541,394.	
	19		ess expenses. Subtract line 18 from line 12										
- 0	83.53	Trevenue less	caperises, oubi	ade inte	10 HOM IIIIC					1,142,9 ing of Curre		385, 760. End of Year	
ts o	20	Total assets	(Part X line 16)							6,743,0		7,167,638.	
lese Bala	21		otal assets (Part X, line 16)							458,3		544,437.	
Net Assets or Fund Balances	22		fund balances.	5.									
	rt II	Signatur		Subtract	me Zi nom	III IC 20				6,284,6	393.	6,623,201.	
	THE RESERVE OF THE PERSON NAMED IN						had to a set					H 7 11 7 1	
comp	er pena olete. D	Ities of perjury, I de eclaration of prepa	eclare that I have exar arer (other than officer	nined this ret) is based on	all information of	companying so of which prepar	er has any kno	tatements, and to owledge.	the best of	my knowledge	and bel	lief, it is true, correct, and	
		1	Atto A	1/1/1	10					5	160	22	
Sic	ın	Signatu	Signature of officer							Date	4		
Sign Here		TET	LETICIA DE LARA						CEO	l	(
			print name and title	iva					CEO				
			preparer's name		Preparer's sig	nature		Date		Check	if	PTIN	
D-1		N. CONTRACTOR	T. ERICKSON,	CDA						self-employ	_	10	
Pai					CODDOM CA	MDDCTT				sen-employ	cu	P00404339	
Preparer Use Only		.1	-		GORDON CA	MILDETT				Firm's EIN	▶ 05	2170270	
U 3	J 31	Firm's addre			7 00000					Firm's EIN		-3178278	
May	, the	IRS discuss th	PALM SPRINGS, CA 92263 discuss this return with the preparer shown above? See instructions							Phone no. (760) 320-6642			

Form 990

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.

OMB No. 1545-0047 2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service For the 2020 calendar year, or tax year beginning , 2020, and ending ,20 2021 7/01 Check if applicable: D Employer identification number Address change REGIONAL ACCESS PROJECT FOUNDATION 33-0547453 41550 ECLECTIC ST Telephone number Name change PALM DESERT, CA 92260-1967 Initial return (760) 674-9992Final return/terminated **G** Gross receipts \$ 10,437,084. Amended return F Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Yes LETICIA DE LARA H(b) Are all subordinates included?
If "No," attach a list. See instructions Yes No SAME AS C ABOVE 527 Tax-exempt status: X = 501(c)(3)501(c) () ◀ (insert no.) 4947(a)(1) or Website: ► WWW.RAPFOUNDATION.ORG H(c) Group exemption number ▶ X Corporation Trust Other > 1992 M State of legal domicile: CA Form of organization: L Year of formation: Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box ► Number of voting members of the governing body (Part VI, line 1a)..... 3 20 Number of independent voting members of the governing body (Part VI, line 1b)..... 20 5 Total number of volunteers (estimate if necessary)..... 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 ... **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)... 2,711,623. 9,733,623. Revenue Program service revenue (Part VIII, line 2g) 169,191. 166,036 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 39,958. 30,269. 11 17,915. -5,929. 9,927,154. 12 2,935,532. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 13 710,924 8,345,269 Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 529,875 602,933. 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 551,771. 593,192. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 1,792,570 9,541,394. Revenue less expenses. Subtract line 18 from line 12..... 1,142,962 385,760. **Beginning of Current Year** End of Year 7,167,638. Total assets (Part X, line 16)..... 6,743,088. 20 21 458,393. 544,437. 22 Net assets or fund balances. Subtract line 21 from line 20..... 6,284,695. 6,623,201 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 CEO LETICIA DE LARA Type or print name and title Print/Type preparer's name Preparer's signature Date Check STEVEN T. ERICKSON, CPA self-employed P00404339 Paid ► MARYANOV MADSEN GORDON CAMPBELL Preparer Firm's name Use Only Firm's EIN ▶ 95-3178278 Firm's address PO BOX 1826 (760) 320-6642 PALM SPRINGS, CA 92263 May the IRS discuss this return with the preparer shown above? See instructions

X Yes

Form 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning 7/01 , 2020, and ending 6/30 , 20 2021

OMB No. 1545-0047

▶ Do not send to the IRS. Keep for your records.

2020

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8879EO for the latest information.

Taxpayer identification number Name of exempt organization or person subject to tax REGIONAL ACCESS PROJECT FOUNDATION
Name and title of officer or person subject to tax 33-0547453 LETICIA DE LARA 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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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 ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12). 2 a Form 990-EZ check here **b Total revenue,** if any (Form 990-EZ, line 9)..... **b** Total tax (Form 1120-POL, line 22)..... 3 a Form 1120-POL check here 4 a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5).... b Balance due (Form 8868, line 3c).... 5 a Form 8868 check here 6 a Form 990-T check here. . . ► b Total tax (Form 990-T, Part III, line 4). 7 a Form 4720 check here ... | b Total tax (Form 4720, Part III, line 1).... Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to and that I have examined a copy of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and if applicable, the consent to electronic funds withdrawal return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only to enter my PIN MARYANOV MADSEN GORDON CAMPBELL 45815 as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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. Signature of officer or person subject to tax 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 I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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 Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

ERO's signature

Date >