

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

2024

Open to Public Inspection

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.

A For the 2024 calendar year, or tax year beginning07/01/24 , and ending 06/30/25

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
REGIONAL ACCESS PROJECT FOUNDATION
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
41550 ECLECTIC ST
City or town, state or province, country, and ZIP or foreign postal code
PALM DESERT CA 92260-1967
F Name and address of principal officer:
LETICIA DE LARA
41-550 ECLECTIC ST
PALM DESERT CA 92260
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527
J Website: WWW.RAPFOUNDATION.ORG
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other
L Year of formation: 1992
M State of legal domicile: CA

D Employer identification number
33-0547453
E Telephone number
760-674-9992
G Gross receipts\$ 3,438,826
H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions
H(c) Group exemption number

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O
2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.
3 Number of voting members of the governing body (Part VI, line 1a) 3 21
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 21
5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 29
6 Total number of volunteers (estimate if necessary) 6 0
7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 2,647,172
9 Program service revenue (Part VIII, line 2g) 610,494
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 100,493
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 82,632
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,204,679 3,228,430

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 2,642,842
14 Benefits paid to or for members (Part IX, column (A), line 4) 0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 893,216
16a Professional fundraising fees (Part IX, column (A), line 11e) 0
b Total fundraising expenses (Part IX, column (D), line 25) 82,000
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 1,127,543
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 4,663,601
19 Revenue less expenses. Subtract line 18 from line 12 -458,922 87,858

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 7,296,785
21 Total liabilities (Part X, line 26) 1,031,248
22 Net assets or fund balances. Subtract line 21 from line 20 6,265,537 6,403,235

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
Type or print name and title
CEO
Date

Paid Preparer Use Only

Preparer's name
ANDREA L. OLIVERI
Preparer's signature
COURTESY COPY
ORIGINAL FILED ELECTRONICALLY
Date
11/06/25
Check ☐ if self-employed
PTIN
P01890398
Firm's name
COACHELLA VALLEY ACCOUNTING & AUDITING
Firm's EIN
Firm's address
43675 ALBA CT
LA QUINTA, CA 92253
Phone no.
442-325-0089

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990 (2024)

Part III Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission:**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 ☒ 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 ☒ 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 \$ **1,310,723** including grants of \$ **1,160,016**) (Revenue \$ **84,557**)
SEE SCHEDULE O**4b** (Code:) (Expenses \$ **714,754** including grants of \$ **60,677**) (Revenue \$ **96,328**)
SEE SCHEDULE O**4c** (Code:) (Expenses \$ **236,271** including grants of \$) (Revenue \$ **261,114**)
SEE SCHEDULE O**4d** Other program services (Describe on Schedule O.)(Expenses \$ **164,813** including grants of \$) (Revenue \$ **168,495**)**4e** Total program service expenses **2,426,561**

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 Schedule B, Schedule of Contributors? 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 Rev. Proc. 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 the 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 line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash 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 on 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 ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on 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	29
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
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? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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
1a Enter the number of voting members of the governing body at the end of the tax year 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.	1a	21		
b Enter the number of voting members included on line 1a, above, who are independent	1b	21		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6 Did the organization have members or stockholders?		6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?		8a	X	
b Each committee with authority to act on behalf of the governing body?		8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X

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

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

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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

GEORGE HOLLIDAY
PALM DESERT

41550 ECLECTIC ST

CA 92260

760-674-9992

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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	40.00									
CEO	0.00			X				219,887	0	7,136
(2) GEORGE HOLLIDAY	40.00									
CONTROLLER	0.00			X				72,386	0	3,488
(3) JAN PYE	4.00									
CHAIRPERSON	0.00	X		X				0	0	0
(4) AURORA WILSON	4.00									
VICE-CHAIR	0.00	X		X				0	0	0
(5) MARIA MEYER	4.00									
SECRETARY	0.00	X		X				0	0	0
(6) MATTHEW GONDA, CPA, CGMA	4.00									
TREASURER	0.00	X		X				0	0	0
(7) DR. WILLIAM KROONEN	4.00									
DIRECTOR	0.00	X						0	0	0
(8) JOSEPH HAYES	4.00									
DIRECTOR	0.00	X						0	0	0
(9) CLAUDIA GALVEZ	2.00									
DIRECTOR	0.00	X						0	0	0
(10) DR. CRAIG BORBA	2.00									
DIRECTOR	0.00	X						0	0	0
(11) V. MANUEL PEREZ	2.00									
DIRECTOR	0.00	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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(12) RUDY GUTIERREZ										
(12) 2.00										
DIRECTOR 0.00		X						0	0	0
(13) BEATRIZ GONZALEZ										
(13) 2.00										
DIRECTOR 0.00		X						0	0	0
(14) KENNY RODGER										
(14) 2.00										
DIRECTOR 0.00		X						0	0	0
(15) ROSEMARY ORTEGA										
(15) 2.00										
DIRECTOR 0.00		X						0	0	0
(16) TORI ST. JOHNS										
(16) 2.00										
DIRECTOR 0.00		X						0	0	0
(17) ELIZABETH ROMERO										
(17) 2.00										
DIRECTOR 0.00		X						0	0	0
(18) DR. ANN DEW										
(18) 2.00										
DIRECTOR 0.00		X						0	0	0
(19) SHERYL BENOIT										
(19) 2.00										
DIRECTOR 0.00		X						0	0	0
1b Subtotal								292,273		10,624
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								292,273		10,624

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**

	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

0

Part VIII Statement of RevenueCheck 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	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	2,374,362			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	78,760			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		2,453,122			
	Program Service Revenue	2a	CVHL	Business Code	261,114	261,114	
b		NPOC RENTAL INCOME		168,495	168,495		
c		NPO CENTRIC		96,328	96,328		
d		PROGRAM REVENUE - ARPA		84,557	84,557		
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		610,494			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		100,546		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	101,815			
	b	Less: rental expenses	(ii) Personal	38,305			
	c	Rental inc. or (loss)		63,510			
	d	Net rental income or (loss)		63,510			63,510
	7a	Gross amount from sales of assets other than inventory	(i) Securities	172,849			
	b	Less: cost or other basis and sales exps.	(ii) Other	172,091			
	c	Gain or (loss)		758			
	d	Net gain or (loss)		758	758		
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
Miscellaneous Revenue	10a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory					
	11a		Business Code				
	b						
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			3,228,430	611,252	0	164,056

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	1,220,693	1,220,693		
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	308,985	195,135	98,934	14,916
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	716,016	452,191	229,261	34,564
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,831	18,066	11,643	1,122
9 Other employee benefits	136,112	93,170	33,659	9,283
10 Payroll taxes	85,116	59,944	21,084	4,088
11 Fees for services (nonemployees):				
a Management				
b Legal	12,462	7,211	5,251	
c Accounting	25,300	14,640	10,660	
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.)	130,427	105,963	24,464	
12 Advertising and promotion	14,851	9,208	5,643	
13 Office expenses	80,871	43,578	37,293	
14 Information technology				
15 Royalties				
16 Occupancy	133,027	100,690	32,337	
17 Travel	25,746	15,597	7,902	2,247
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,817	2,155	6,662	10,000
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	99,717	48,178	51,539	
23 Insurance	32,069	572	31,497	
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 WORKSHOP	23,405	23,098	307	
b COMPUTER SERVICES	17,028	5,961	11,067	
c COMMUNICATION	14,465	5,121	8,564	780
d EVENT EXPENSES	8,199	3,199		5,000
e All other expenses	6,435	2,191	4,244	
25 Total functional expenses. Add lines 1 through 24e	3,140,572	2,426,561	632,011	82,000
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 ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck 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	994,819	1	313,902
	2 Savings and temporary cash investments	954,986	2	1,073,686
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,605,246	4	1,543,511
	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	24,998	9	69,255
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,533,921		
	b Less: accumulated depreciation	10b 829,079	2,763,558	10c 2,704,842
	11 Investments—publicly traded securities	886,532	11	1,076,413
	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	66,646	15	69,815
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,296,785	16	6,851,424	
Liabilities	17 Accounts payable and accrued expenses	141,494	17	125,914
	18 Grants payable	791,000	18	214,500
	19 Deferred revenue		19	18,500
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	66,646	21	69,815
	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	
	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	32,108	25	19,460
	26 Total liabilities. Add lines 17 through 25	1,031,248	26	448,189
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,223,869	27	5,918,511
	28 Net assets with donor restrictions	41,668	28	484,724
	Organizations that do not follow FASB ASC 958, check here ☐ 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	6,265,537	32	6,403,235
33 Total liabilities and net assets/fund balances	7,296,785	33	6,851,424	

Part XI Reconciliation of Net AssetsCheck 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	3,228,430
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,140,572
3	Revenue less expenses. Subtract line 2 from line 1	3	87,858
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,265,537
5	Net unrealized gains (losses) on investments	5	49,840
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,403,235

Part XII Financial Statements and ReportingCheck 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: ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on 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. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		☒
b 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. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	☒	
c 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.	☒	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		☒
b 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		

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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(20) GEORGE COLANGELI										
(12) DIRECTOR	2.00 0.00	X						0	0	0
(21) VAN TANNER										
(13) DIRECTOR	2.00 0.00	X						0	0	0
(22) GINA NESTANDE										
(14) DIRECTOR	2.00 0.00	X						0	0	0
(23) ANYSE SMITH										
(15) DIRECTOR	2.00 0.00	X						0	0	0
(16)										
(17)										
(18)										
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	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>		
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>		
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>		

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

SCHEDULE A
(Form 990)

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

2024

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).)
- 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 on 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						

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

Cat. No. 11285F

Schedule A (Form 990) 2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,902,814	2,171,818	2,463,321	3,864,394	2,895,120	21,297,467
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	9,902,814	2,171,818	2,463,321	3,864,394	2,895,120	21,297,467
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						21,297,467

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	9,902,814	2,171,818	2,463,321	3,864,394	2,895,120	21,297,467
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	13,102	5,986	34,723	122,195	100,546	276,552
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	77,856	87,218	115,056	111,690	101,815	493,635
11 Total support. Add lines 7 through 10						22,067,654
12 Gross receipts from related activities, etc. (see instructions)					12	1,984,876

13 First 5 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

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	96.51 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	96.85 %
16a 33 1/3% support test — 2024. 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 — 2023. 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 — 2024. 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 — 2023. 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on 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 5 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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests — 2024. 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 — 2023. 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 on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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 on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 on line 2, above, 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 ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b 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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No," 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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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).		

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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 DETAIL

\$493,635

SUPPLEMENTAL INFORMATION

OTHER INCOME DETAIL:

NON-PROGRAM	2020	2021	2022	2023	2024	TOTAL
RENTAL INCOME -	\$77,856	\$87,218	\$115,056	\$111,690	\$101,815	\$493,635

Name of the organization

Employer identification number

REGIONAL ACCESS PROJECT FOUNDATION

33-0547453

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 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

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

Name of organization

REGIONAL ACCESS PROJECT FOUNDATION

Employer identification number

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	DESERT HEALTHCARE DISTRICT 1140 N. INDIAN CANYON DR. PALM SPRINGS CA 92262	\$ 50,048	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	RIVERSIDE COUNTY 3610 CENTRAL AVENUE 102 RIVERSIDE CA 92506	\$ 1,864,736	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	COACHELLA VALLEY HEALTHY LIVING CALF 4210 RIVERWALK PARKWAY STE 400 RIVERSIDE CA 92505	\$ 231,150	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	COACHELLA VALLEY HEALTHY LIVING TABA 4210 RIVERWALK PARKWAY STE 400 RIVERSIDE CA 92505	\$ 29,964	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5	ROSEMARY ORTEGA 40160 NOLINE CT PALM DESERT CA 92260	\$ 15,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6	AMAZON 5323 JEFFERSON BLVD. FORT WAYNE IN 46804	\$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

REGIONAL ACCESS PROJECT FOUNDATION

Employer identification number

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
7	LETICIA DE LARA 41550 ECLECTIC ST PALM DESERT CA 92260	\$ 14,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8	RIVERSIDE COUNTY EXECUTIVE OFFICE (A 4080 LEMON ST 4TH FLOOR RIVERSIDE CA 92501	\$ 107,464	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9	ARPA 3610 CENTRAL AVE #102 RIVERSIDE CA 92506	\$ 84,557	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
10	KAISER PERMANENTE FOUNDATION - MOREN 950 PACIFIC AVE. TACOMA WA 98402	\$ 22,861	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
11	HOUSTON FAMILY FOUNDATION 3 PHEASANT DR. ARMONK NY 10504	\$ 50,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
12	ANDERSON CHILDREN'S FOUNDATION 668 N. PALM CANYON DRIVE, SUITE 202 PALM SPRINGS CA 92262	\$ 9,750	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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
13	IEHP 10801 6TH STREET SUITE 120 RANCHO CUCAMONGA CA 91730	\$ 91,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
14	NATIONAL CENTER FOR YOUTH LAW 1212 BROADWAY, SUITE 600 OAKLAND CA 94612	\$ 165,625	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

Open to Public
Inspection

Name of the organization

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor 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?		☐ Yes ☐ No

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).	
☐ Preservation of land for public use (for example, recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	
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.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	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?	☐ Yes ☐ No
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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	☐ Yes ☐ No
9 In Part XIII, describe how the organization reports 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.

1a 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.	
(i) Revenue included on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$
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.	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

Part VII Investments – Other Securities

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)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments – Program Related

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)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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) TENANT DEPOSITS	19,460
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	19,460

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	3,316,575
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	49,840
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	38,305
e	Add lines 2a through 2d	2e	88,145
3	Subtract line 2e from line 1	3	3,228,430
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.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,228,430

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	3,178,877
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.)	2d	38,305
e	Add lines 2a through 2d	2e	38,305
3	Subtract line 2e from line 1	3	3,140,572
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	3,140,572

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 - ESCROW LIABILITY ARRANGEMENT EXPLANATION**AGENCY FUNDS HELD ON BEHALF OF OTHER EXEMPT ENTITIES - \$69,815.**

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 ENTITIES: 4TH DISTRICT SUPERVISOR YOUTH ACTIVITY COUNCIL SCHOLARSHIP FUNDS - \$10,080, BASKETS OF LUV - \$1,000, STATE OF THE 4TH - \$5,224 AND SIA AWARDS - SENIOR INSPIRATION ACHIEVMENTAWARDS - \$53,511.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS**BOARD-DESIGNATED****BUILDING RESERVE \$108,500****TEMPORARILY RESTRICTED****CV YOUTH LEADERSHIP \$337,500****HOUSTON FOUNDATION \$48,032****IEHP FOUNDATION \$64,175****PREVENT CHILD ABUSE RIVERSIDE COUNTY \$4,395****OTHER PROGRAMS \$30,622****TOTAL \$484,724**

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER
RENT EXPENSES IN REVENUE \$ 38,305

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER
RENT EXPENSES IN REVENUE \$ 38,305

SCHEDULE I
(Form 990)

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

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.

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ABC RECOVERY CENTER 44359 PALM ST INDIO CA 92201	75-1006381	501C3	90,000				HEALTH/MENTAL HEALTH
(2)	ALIANZA COACHELLA VALLEY PO BOX 38 COACHELLA CA 92236	84-1966709	501C3	30,000				MENTAL HEALTH SERVIC
(3)	ALZHEIMERS COACHELLA VALLEY 42600 COOK STREET STE 134 PALM DESERT CA 92260	82-1949979	501C3	15,000				HEALTH/MENTAL HEALTH
(4)	AMERICAN RED CROSS 72559 CALIFORNIA 111 PALM DESERT CA 92211	53-0196605	501C3	10,000				HEALTH/MENTAL HEALTH
(5)	ANGEL VIEW 67625 E PALM CANYON DR STE A7 CATHEDRAL CITY CA 92234	95-1861861	501C3	19,200				SMALL GRANTS/MENTAL
(6)	BIG BROTHER BIG SISTER OF THE DESER 42600 COOK ST STE 110 PALM DESERT CA 92211	33-0683335	501C3	7,500				JUVENILE INTERVENTIO
(7)	BOYS AND GIRLS CLUB OF COACHELLA 42600 COOK ST STE 120 PALM DESERT CA 92211	95-6122699	501C3	25,000				JUVENILE INTERVENTIO
(8)	CHANCE INITIATIVE 77564 COUNTRY CLUB DR 400 PALM DESERT CA 92211	88-3404553	501C3	20,000	750			HEALTH/MENTAL HEALTH INKIND SERVICES
(9)	CHILDREN'S DISCOVERY MUSEUM OF THE 71-701 GERALD FORD DR RANCHO MIRAGE CA 92270	33-0233725	501C3	30,000				HEALTH/MENTAL HEALTH

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

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

Schedule I (Form 990) (Rev. 12-2024)

SCHEDULE I
(Form 990)

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

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.

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	COACHELLA VALLEY COMMUNITY RESEARCH 1775 E PALM CANYON DRIVE PALM SPRINGS CA 92264	47-3892886	501C3	10,000				SMALL GRANTS
(2)	COACHELLA VALLEY VOLUNTEERS IN MEDI PO BOX 10090 INDIO CA 92202	26-3312826	501C3	40,000				SMALL GRANTS
(3)	COMMUNITY ACTION PARTNERSHIP 4080 LEMON ST 11TH FLOOR RIVERSIDE CA 92501	95-6000930		25,000				SPECIAL EMERGENCY
(4)	DESERT COMMUNITY FOUNDATION - CV 75105 MERLE DRIVE SUITE 300 PALM DESERT CA 92211	95-4725924	501C3	50,000				SMALL GRANTS
(5)	ESCUELA DE LA RAZA UNIDA 137 N BROADWAY BLYTHE CA 92225	95-2778840	501C3	10,000				SMALL GRANTS
(6)	FOCUS FIRST COUNSELING AND EDUCATIO PO BOX 464 BLYTHE CA 92226	82-5118326	501C3	42,000	1,875		INKIND SERVICES	HEALTH/MENTAL HEALTH
(7)	FRIENDS OF THE DESERT MOUNTAIN 51500 STATE HWY 74 PALM DESERT CA 92260	33-0241242	501C3	10,000				SMALL GRANTS
(8)	GENUINE ANIMATE NAVIGATE ASSIST SUC 80200 HARRISON ST THERMAL CA 92274	84-4117218	501C3	35,000	625		INKIND SERVICES	JUVENILE INTERVENTIO
(9)	GREEN ROOM THEATRE COMPANY 74300 OLD PROSPECTOR TRL PAM DESERT CA 92260	46-4126845	501C3	35,000	43,250		INKIND SERVICES	SMALL GRANTS

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

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

Schedule I (Form 990) (Rev. 12-2024)

SCHEDULE I
(Form 990)

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

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.

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	INNERCARE 852 EAST DANENBERG DRIVE EL CENTRO CA 92243	87-3677970	501C3	50,000				HEALTH/MENTAL HEALTH
(2)	JEWISH FAMILY SERVICE OF THE DESERT 490 SOUTH FARREL DRIVE SUITE C208 PALM SPRINGS CA 92262	33-0613083	501C3	60,000	4,000		INKIND SERVICES	HEALTH/MENTAL HEALTH
(3)	JOHN F KENNEDY MEMORIAL FOUNDATION 73555 SAN GORGONIO WAY PALM DESERT CA 92260	33-0071613	501C3	15,000				JUVENILE INTERVENTIO
(4)	LIFT TO RISE 73710 FRED WARING DR STE 100 PALM DESERT CA 92260	82-5258187	501C3	30,000				SPECIAL/EMERGENCY FU
(5)	OLIVE CREST 2130 E. 4TH STREET, STE 200 SANTA ANA CA 92705	95-2877102	501C3	87,500				HEALTH SERVICES
(6)	PEGASUS THERAPEUTIC RIDING ACADEMY 42575 MELANIE PLACE PALM DESERT CA 92211	95-3774003	501C3	10,000				SMALL GRANTS
(7)	RIVERSIDE COUNTY LATINO COMMISSION 1612 FIRST STREET COACHELLA CA 92253	33-0572113	501C3	100,000				HEALTH/MENTAL HEALTH
(8)	SHELTER FROM THE STORM 74130 COUNTRY CLUB DR 106 PALM DESERT CA 92260	42-1684741	501C3	50,000				HEALTH/MENTAL HEALTH
(9)	SOROPTIMIST HOUSE OF HOPE 13525 CIELO AZUL WAY DESERT HOT SPRINGS CA 92240	95-3652725	501C3	40,000				HEALTH/MENTAL HEALTH

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

SCHEDULE I
(Form 990)

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

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.

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	THE JOSLYN CENTER 73750 CATALINA WAY PALM DESERT CA 92260	95-3622332	501C3	50,000	6,000		INKIND SERVICES	HEALTH/MENTAL HEALTH
(2)	THE RANCH RECOVERY CENTER, INC 7885 ANNANDALE AVE DESERT HOT SPRINGS CA 92240	23-7365064	501C3	10,000				SMALL GRANTS
(3)	VISION TO LEARN 12100 WILSHIRE BOULEVARD SUITE 1275 LOS ANGELES CA 90025	45-3457853	501C3	100,000				MENTAL HEALTH/GRANTS
(4)	VOICES FOR CHILDREN 2851 MEADOW LARK DRIVE SAN DIEGO CA 92123	95-3786047	501C3	30,000				HEALTH/MENTAL HEALTH
(5)	WELL IN THE DESERT PO BOX 5312 PALM SPRINGS CA 92263	33-0694580	501C3		6,000		INKIND SERVICES	SMALL GRANT
(6)								
(7)								
(8)								
(9)								

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

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

SCHEDULE J**(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees****Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public
Inspection****REGIONAL ACCESS PROJECT FOUNDATION**

Employer identification number

33-0547453**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☐ Form 990 of other organizations | ☐ Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- | | | |
|--|-----------|----------|
| a Receive a severance payment or change-of-control payment? | 4a | X |
| b Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in or receive payment from an equity-based compensation arrangement? | 4c | X |
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- | | | |
|--|-----------|----------|
| a The organization? | 5a | X |
| b Any related organization? | 5b | X |
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- | | | |
|--|-----------|----------|
| a The organization? | 6a | X |
| b Any related organization? | 6b | X |
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	LETICIA DE LARA CEO	(i) 219,887	(ii) 0	(iii) 0	7,136	0	227,023	0
		0	0	0	0	0	0	0
2		(i)	(ii)	(iii)				
3		(i)	(ii)	(iii)				
4		(i)	(ii)	(iii)				
5		(i)	(ii)	(iii)				
6		(i)	(ii)	(iii)				
7		(i)	(ii)	(iii)				
8		(i)	(ii)	(iii)				
9		(i)	(ii)	(iii)				
10		(i)	(ii)	(iii)				
11		(i)	(ii)	(iii)				
12		(i)	(ii)	(iii)				
13		(i)	(ii)	(iii)				
14		(i)	(ii)	(iii)				
15		(i)	(ii)	(iii)				
16		(i)	(ii)	(iii)				

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Employer identification number

REGIONAL ACCESS PROJECT FOUNDATION

33-0547453

FORM 990 - ORGANIZATION'S MISSION OR MOST 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 - ORGANIZATION'S 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 - FIRST ACCOMPLISHMENT
GRANT MAKING

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, AND SEVERAL
COOLING CENTERS; PALM SPRINGS, THERMAL, MECCA, AND BLYTHE.
- THE MENTAL HEALTH INITIATIVE WAS INITIALLY 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 MENTAL HEALTH INITIATIVE HAS CONTINUED THROUGH 2025 WITH
AN EMPHASIS ON UNDER-SERVED COMMUNITIES.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT
NONPROFIT ORGANIZATION CENTRIC (NPOC)

RAP'S NPOC PROGRAM IS THE ONLY PROGRAM OF ITS KIND IN EASTERN RIVERSIDE
COUNTY. NPOC 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 NPOC 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

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

REGIONAL ACCESS PROJECT FOUNDATION

Employer identification number

33-0547453

FINANCIAL MANAGEMENT.

- HOSTING THE ANNUAL CONFERENCE FEATURING AN INSPIRATIONAL SPEAKER TO RAISE AWARENESS OF THE NONPROFIT CONTRIBUTIONS TO OUR COMMUNITY AND PROVIDING NETWORKING OPPORTUNITIES.
- PROVIDE AFFORDABLE OFFICE SPACE AND FREE MEETING SPACE AND COPYING SERVICES TO NONPROFITS.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

THE COACHELLA VALLEY HEALTHY LIVING (CVHL) PROGRAM PROMOTES LONG-TERM WELLNESS THROUGH TWO COMPLEMENTARY INITIATIVES: NUTRITION EDUCATION AND TOBACCO PREVENTION. THE NUTRITION EDUCATION COMPONENT DELIVERS HANDS-ON LESSONS, GARDEN-BASED LEARNING, AND COMMUNITY OUTREACH TO ENCOURAGE HEALTHY EATING AND ACTIVE LIFESTYLES, INCLUDING THE INSTALLATION OF GARDEN SPACES AND ACTIVITY ENHANCEMENTS, LIKE PLAYGROUND STENCILS, AT PARTNER SITES SUCH AS SCHOOLS AND AFTER-SCHOOL PROGRAMS. THE TOBACCO CONTROL PROGRAM ENGAGES LOCAL YOUTH IN ADVOCACY EFFORTS, SUPPORTS COMMUNITY CLEANUPS TO REDUCE EXPOSURE TO TOBACCO WASTE IN PUBLIC SPACES, AND HOSTS EDUCATIONAL EVENTS THAT RAISE AWARENESS ABOUT THE DANGERS OF COMMERCIAL TOBACCO USE. TOGETHER, THESE EFFORTS FOSTER HEALTHIER ENVIRONMENTS AND EMPOWER RESIDENTS ACROSS THE COACHELLA VALLEY TO MAKE INFORMED CHOICES FOR THEMSELVES AND THEIR COMMUNITIES.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

NONPROFIT RENTALS

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.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE, AUDIT COMMITTEE AND FULL BOARD FOR REVIEW AND APPROVAL PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

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 PROCESS FOR TOP OFFICIAL
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 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

RENT EXPENSES IN REVENUE \$ 38,305

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

Employer identification number

REGIONAL ACCESS PROJECT FOUNDATION

33-0547453

RENT EXPENSES IN REVENUE

\$ -38,305

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

2024

Attachment
Sequence No. 179Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

REGIONAL ACCESS PROJECT FOUNDATION

Identifying number

33-0547453

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	112,043

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	112,043
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2024)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	LARGE MARBLE MEETING TBL-	3/23/17	1,500			1,500	5 MO S/L	1,500	0
2	COMTRON - SECURITY SYSTEM	6/29/17	6,794			6,794	5 MO S/L	6,794	0
4	SONIC WALL/DELL	3/15/17	1,230			1,230	5 MO S/L	1,230	0
5	NETWORK CABLING/VECTOR US	4/14/17	8,522			8,522	5 MO S/L	8,522	0
7	BUILDING PAINTING	6/06/17	11,494			11,494	5 MO S/L	11,494	0
8	WINDOW TINTING	5/22/17	7,205			7,205	5 MO S/L	7,205	0
9	NEW LOCKS AND KEYS	6/07/17	1,430			1,430	5 MO S/L	1,430	0
10	CUBICLES	3/15/17	2,635			2,635	5 MO S/L	2,635	0
11	4 COMPARTMENT DRAWERS	3/15/17	1,142			1,142	5 MO S/L	1,142	0
12	3 COMPARTMENT DRAWERS	3/15/17	2,945			2,945	5 MO S/L	2,945	0
13	2 COMPARTMENT DRAWERS	3/15/17	1,892			1,892	5 MO S/L	1,892	0
14	CHAIRS (ROLLING)	3/15/17	1,355			1,355	5 MO S/L	1,355	0
15	FIREPROOF FILE CABINETS	3/15/17	1,305			1,305	5 MO S/L	1,305	0
16	BUILDING	1/02/17	2,554,025			2,554,025	39 MO S/L	491,161	65,487
17	IMPROVEMENTS	11/30/17	499,737			499,737	39 MO S/L	84,352	12,814
18	NETWORK INSTALLATION	4/14/17	4,723			4,723	5 MO S/L	4,723	0
19	OFFICE EQUIPMENT	9/30/17	11,825			11,825	5 MO S/L	11,825	0
20	COMPUTER EQUIPMENT	9/30/17	10,804			10,804	5 MO S/L	10,804	0
21	SERVER UPGRADE	10/31/18	9,809			9,809	5 MO S/L	9,809	0
22	TV - CONFERENCE ROOM	1/27/20	1,407			1,407	5 MO S/L	1,242	165
23	86 TV - CNA	6/29/20	2,969			2,969	5 MO S/L	2,375	594
24	2 DESKTOP WORKSTATIONS	7/01/19	1,182			1,182	5 MO S/L	1,182	0
25	DELL OPTIPLEX 5060 MINITO	7/18/19	2,587			2,587	5 MO S/L	2,543	44
26	WORKSTATION - CNA	10/01/19	1,646			1,646	5 MO S/L	1,564	82
27	2 DESKTOP WORKSTATIONS	3/16/20	2,457			2,457	5 MO S/L	2,088	369
28	1 DESKTOP WORKSTATION	3/23/20	1,717			1,717	5 MO S/L	1,459	258
29	2 DESKTOP WORKSTATIONS	6/01/20	1,075			1,075	5 MO S/L	878	197
30	APPLE COMPUTER - CNA	6/02/20	1,416			1,416	5 MO S/L	1,157	260
31	CARPET - HARC REMODEL	9/09/19	2,427			2,427	7 MO S/L	1,676	347
32	BUILDOUT - HARC REMODEL	10/01/19	3,427			3,427	39 MO S/L	418	87
34	AED FOR BUILDING	2/20/20	2,550			2,550	5 MO S/L	2,210	340
35	ADA PROJECT	9/01/20	170,910			170,910	39 MO S/L	16,799	4,382
36	HEAT PUMP	6/01/21	5,500			5,500	39 MO S/L	435	141
39	MINI-SPLIT W/BREAKER PANEL & PUI	8/11/21	7,550			7,550	39 MO S/L	565	193
40	HP Pavilion 5CD2214926	12/06/22	1,008			1,008	5 MO S/L	319	202
41	HP Pavilion 5CD22149TL	12/06/22	1,008			1,008	5 MO S/L	319	202
42	HP Pavilion 8CG31801FN	6/28/23	1,380			1,380	5 MO S/L	276	276
43	HVAC #1-6	4/26/23	14,007			14,007	5 MO S/L	3,268	2,802
44	COMPRESSOR #2-14	6/27/23	2,711			2,711	5 MO S/L	542	542
45	HVAC #2-14	7/07/22	9,675			9,675	5 MO S/L	3,870	1,935
46	WCMP-002 COMPRESSOR REPLACEMI	7/11/23	13,062			13,062	5 MO S/L	2,612	2,613
47	ONE UNIT SINGLE STAGE COMPRESSO	9/12/23	12,134			12,134	5 MO S/L	2,022	2,427
48	NEW COMPRESSOR 1 CONDENSER 1 F	2/20/24	76,417			76,417	5 MO S/L	5,094	15,284
49	MacBook	6/30/25	1,727			1,727	5 MO S/L	0	0
50	WIndow Shades Replacement	6/30/25	26,150			26,150	7 MO S/L	0	0
51	Roller Shades	6/30/25	17,919			17,919	7 MO S/L	0	0
52	Room 201 Improvements	6/30/25	6,070			6,070	7 MO S/L	0	0
53	TV for Room	6/30/25	1,461			1,461	7 MO S/L	0	0
Total Other Depreciation			<u>3,533,921</u>			<u>3,533,921</u>		<u>717,036</u>	<u>112,043</u>
Total ACRS and Other Depreciation			<u>3,533,921</u>			<u>3,533,921</u>		<u>717,036</u>	<u>112,043</u>
Grand Totals			3,533,921			3,533,921		717,036	112,043
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>3,533,921</u>			<u>3,533,921</u>		<u>717,036</u>	<u>112,043</u>

CA Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
Other Depreciation:								
1	LARGE MARBLE MEETING TBL-	3/23/17	1,500	1,500	1,500	0	0	0
2	COMTRON - SECURITY SYSTEM	6/29/17	6,794	6,794	6,794	0	0	0
4	SONIC WALL/DELL	3/15/17	1,230	1,230	1,230	0	0	0
5	NETWORK CABLING/VECTOR US	4/14/17	8,522	8,522	8,522	0	0	0
7	BUILDING PAINTING	6/06/17	11,494	11,494	11,494	0	0	0
8	WINDOW TINTING	5/22/17	7,205	7,205	7,205	0	0	0
9	NEW LOCKS AND KEYS	6/07/17	1,430	1,430	1,430	0	0	0
10	CUBICLES	3/15/17	2,635	2,635	2,635	0	0	0
11	4 COMPARTMENT DRAWERS	3/15/17	1,142	1,142	1,142	0	0	0
12	3 COMPARTMENT DRAWERS	3/15/17	2,945	2,945	2,945	0	0	0
13	2 COMPARTMENT DRAWERS	3/15/17	1,892	1,892	1,892	0	0	0
14	CHAIRS (ROLLING)	3/15/17	1,355	1,355	1,355	0	0	0
15	FIREPROOF FILE CABINETS	3/15/17	1,305	1,305	1,305	0	0	0
16	BUILDING	1/02/17	2,554,025	2,554,025	491,161	65,487	65,487	0
17	IMPROVEMENTS	11/30/17	499,737	499,737	84,352	12,814	12,814	0
18	NETWORK INSTALLATION	4/14/17	4,723	4,723	4,723	0	0	0
19	OFFICE EQUIPMENT	9/30/17	11,825	11,825	11,825	0	0	0
20	COMPUTER EQUIPMENT	9/30/17	10,804	10,804	10,804	0	0	0
21	SERVER UPGRADE	10/31/18	9,809	9,809	9,809	0	0	0
22	TV - CONFERENCE ROOM	1/27/20	1,407	1,407	1,242	165	165	0
23	86 TV - CNA	6/29/20	2,969	2,969	2,375	594	594	0
24	2 DESKTOP WORKSTATIONS	7/01/19	1,182	1,182	1,182	0	0	0
25	DELL OPTIPLEX 5060 MINITO	7/18/19	2,587	2,587	2,543	44	44	0
26	WORKSTATION - CNA	10/01/19	1,646	1,646	1,564	82	82	0
27	2 DESKTOP WORKSTATIONS	3/16/20	2,457	2,457	2,088	369	369	0
28	1 DESKTOP WORKSTATION	3/23/20	1,717	1,717	1,459	258	258	0
29	2 DESKTOP WORKSTATIONS	6/01/20	1,075	1,075	878	197	197	0
30	APPLE COMPUTER - CNA	6/02/20	1,416	1,416	1,157	260	260	0
31	CARPET - HARC REMODEL	9/09/19	2,427	2,427	1,676	347	347	0
32	BUILDOUT - HARC REMODEL	10/01/19	3,427	3,427	417	88	87	-1
34	AED FOR BUILDING	2/20/20	2,550	2,550	2,210	340	340	0
35	ADA PROJECT	9/01/20	170,910	170,910	16,799	4,382	4,382	0
36	HEAT PUMP	6/01/21	5,500	5,500	435	141	141	0
39	MINI-SPLIT W/BREAKER PANEL & PUI	8/11/21	7,550	7,550	565	193	193	0
40	HP Pavilion 5CD2214926	12/06/22	1,008	1,008	319	202	202	0
41	HP Pavilion 5CD22149TL	12/06/22	1,008	1,008	319	202	202	0
42	HP Pavilion 8CG31801FN	6/28/23	1,380	1,380	276	276	276	0
43	HVAC #1-6	4/26/23	14,007	14,007	3,268	2,802	2,802	0
44	COMPRESSOR #2-14	6/27/23	2,711	2,711	542	542	542	0
45	HVAC #2-14	7/07/22	9,675	9,675	3,870	1,935	1,935	0
46	WCMP-002 COMPRESSOR REPLACEMI	7/11/23	13,062	13,062	2,612	2,613	2,613	0
47	ONE UNIT SINGLE STAGE COMPRESS	9/12/23	12,134	12,134	2,022	2,427	2,427	0
48	NEW COMPRESSOR 1 CONDENSER 1 F	2/20/24	76,417	76,417	5,094	15,284	15,284	0
49	MacBook	6/30/25	1,727	1,727	0	0	0	0
50	Window Shades Replacement	6/30/25	26,150	26,150	0	0	0	0
51	Roller Shades	6/30/25	17,919	17,919	0	0	0	0
52	Room 201 Improvements	6/30/25	6,070	6,070	0	0	0	0
53	TV for Room	6/30/25	1,461	1,461	0	0	0	0
Total Other Depreciation			<u>3,533,921</u>	<u>3,533,921</u>	<u>717,035</u>	<u>112,044</u>	<u>112,043</u>	<u>-1</u>
Total ACRS and Other Depreciation			<u>3,533,921</u>	<u>3,533,921</u>	<u>717,035</u>	<u>112,044</u>	<u>112,043</u>	<u>-1</u>
Grand Totals			3,533,921	3,533,921	717,035	112,044	112,043	-1
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>3,533,921</u>	<u>3,533,921</u>	<u>717,035</u>	<u>112,044</u>	<u>112,043</u>	<u>-1</u>

Form 990		Two Year Comparison Report		2023 & 2024	
		For calendar year 2024, or tax year beginning 07/01/24 , ending 06/30/25			
Name				Taxpayer Identification Number	
REGIONAL ACCESS PROJECT FOUNDATION				33-0547453	
Revenue			2023	2024	Differences
	1. Contributions, gifts, grants	1.	199,775	78,760	-121,015
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	2,447,397	2,374,362	-73,035
	4. Program service revenue	4.	1,374,382	610,494	-763,888
	5. Investment income	5.	122,195	100,546	-21,649
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	-21,702	758	22,460
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	82,632	63,510	-19,122
12. Total revenue. Add lines 1 through 11	12.	4,204,679	3,228,430	-976,249	
Expenses	13. Grants and similar amounts paid	13.	2,642,842	1,220,693	-1,422,149
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	167,335	308,985	141,650
	16. Salaries, other compensation, and employee benefits	16.	725,881	968,075	242,194
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	256,144	168,189	-87,955
	19. Occupancy, rent, utilities, and maintenance	19.	142,646	133,027	-9,619
	20. Depreciation and Depletion	20.	117,404	99,717	-17,687
	21. Other expenses	21.	611,349	241,886	-369,463
	22. Total expenses. Add lines 13 through 21	22.	4,663,601	3,140,572	-1,523,029
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-458,922	87,858	546,780
Other Information	24. Total exempt revenue	24.	4,204,679	3,228,430	-976,249
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	1,557,507	775,308	-782,199
	27. Total assets	27.	7,296,785	6,851,424	-445,361
	28. Total liabilities	28.	1,031,248	448,189	-583,059
	29. Retained earnings	29.	6,265,537	6,403,235	137,698
	30. Number of voting members of governing body	30.	20	21	
	31. Number of independent voting members of governing body	31.	20	21	
32. Number of employees	32.	12	29		
33. Number of volunteers	33.	0			

Form 990	Tax Return History	2024
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Name REGIONAL ACCESS PROJECT FOUNDATION	Employer Identification Number 33-0547453
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	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants		2,171,818	2,463,321	2,647,172	2,453,122	
Membership dues						
Program service revenue		179,205	162,380	1,374,382	610,494	
Capital gain or loss		7,367	-18,257	-21,702	758	
Investment income		5,986	34,723	122,195	100,546	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue		-452	16,485	82,632	63,510	
Total revenue		2,363,924	2,658,652	4,204,679	3,228,430	
Grants and similar amounts paid		698,350	1,901,139	2,642,842	1,220,693	
Benefits paid to or for members						
Compensation of officers, etc.		157,816	157,909	167,335	308,985	
Other compensation		464,527	505,701	725,881	968,075	
Professional fees		51,524	70,842	256,144	168,189	
Occupancy costs		116,766	114,702	142,646	133,027	
Depreciation and depletion		98,409	90,308	117,404	99,717	
Other expenses		237,583	209,794	611,349	241,886	
Total expenses		1,824,975	3,050,395	4,663,601	3,140,572	
Excess or (Deficit)		538,949	-391,743	-458,922	87,858	
Total exempt revenue		2,363,924	2,658,652	4,204,679	3,228,430	
Total unrelated revenue						
Total excludable revenue		192,106	195,331	1,557,507	775,308	
Total Assets		7,211,850	6,960,778	7,296,785	6,851,424	
Total Liabilities		142,407	274,551	1,031,248	448,189	
Net Fund Balances		7,069,443	6,686,227	6,265,537	6,403,235	

Taxable Interest on Investments

Description						
	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST	\$ 74,528		14			
TOTAL	\$ 74,528					

Taxable Dividends from Securities

Description						
	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
DIVIDENDS	\$ 26,018		14			
TOTAL	\$ 26,018					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONSULTING	\$ 54,017	\$ 31,258	\$ 22,759	\$
OTHER	4,047	2,342	1,705	
TECHNICAL ASSISTANCE	72,363	72,363		
TOTAL	\$ 130,427	\$ 105,963	\$ 24,464	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
BANK FEES	\$ 3,825	\$ 2,143	\$ 1,682	\$
EQUIPMENT LEASE	2,610	48	2,562	
TOTAL	\$ 6,435	\$ 2,191	\$ 4,244	\$ 0

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
GREENLEAF POWER	\$ 10,000	\$
ROSEMARY ORTEGA	20,000	
INNERCARE	10,000	
AMAZON	35,000	
LETICIA DE LARA	21,000	
KAISER PERMANENTE FOUNDATION - MOREN	46,861	
HOUSTON FAMILY FOUNDATION	100,000	
ANDERSON CHILDREN'S FOUNDATION	9,750	
IEHP	91,000	
NATIONAL CENTER FOR YOUTH LAW	165,625	
TOTAL	\$ 509,236	\$ 0

Schedule A, Part II, Line 12 - Current year

Description	Amount
NPOC RENTAL INCOME	\$ 168,495
PROGRAM REVENUE - ARPA	84,557
CVHL	261,114
NPO CENTRIC	96,328
TOTAL	\$ 610,494