

Rixon and Associates
77885 Las Montanas Rd Ste A
Palm Desert, CA 92211-4100
760-834-8915

November 14, 2016

CONFIDENTIAL

REGIONAL ACCESS PROJECT FOUNDATION
73-710 FRED WARING DRIVE STE 102
PALM DESERT, CA 92260

Dear LETICIA DE LARA:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)
Annual Registration Renewal Fee Report (Form RRF-1)
California Exempt Organization Annual Information Return (Form 199)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,


Rixon and Associates

Filing Instructions

REGIONAL ACCESS PROJECT FOUNDATION

Exempt Organization Tax Return

Taxable Year Ended June 30, 2016

Date Due: November 15, 2016

Remittance: None is required. Your Form 990 for the tax year ended 6/30/16 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Rixon and Associates
77885 Las Montanas Rd Ste A
Palm Desert, CA 92211-4100

Other: Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning 7/01, 2015, and ending 6/30, 20 16.

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

u Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2015

Department of the Treasury
Internal Revenue Service

Name of exempt organization

REGIONAL ACCESS PROJECT FOUNDATION

Employer identification number

33-0547453

Name and title of officer

**LETICIA DE LARA
CEO**

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

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

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	1,610,865
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **Rixon and Associates** to enter my PIN **20215** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } **11/15/16**

Part III Certification and Authentication

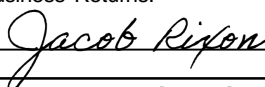
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

30445989151

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } **JACOB RIXON**



Date } **11/15/16**

ERO Must Retain This Form—See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2015)

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

2015
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.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning 07/01/15, and ending 06/30/16

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
73-710 FRED WARING DRIVE STE 102
 City or town, state or province, country, and ZIP or foreign postal code
PALM DESERT CA 92260

D Employer identification number
33-0547453

E Telephone number
760-674-9992

G Gross receipts \$ **1,610,865**

F Name and address of principal officer:
LETICIA DE LARA
73-710 FRED WARING DRIVE STE 102
PALM DESERT CA 92260

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)

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

J Website: **WWW.RAPFOUNDATION.ORG**

K Form of organization: Corporation Trust Association Other **u**

L Year of formation: **1992** **M** State of legal domicile: **CA**

H(c) Group exemption number **u**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box <input type="checkbox"/> 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	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	20
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,595,708	1,507,970
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,968	97,042
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,117	5,853
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,614,793	1,610,865
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	515,838
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)		617,170	543,887
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) u 3,590			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		574,758	455,561
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,707,766	1,502,483	
19 Revenue less expenses. Subtract line 18 from line 12	-92,973	108,382	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	4,837,598	4,850,490
	22 Net assets or fund balances. Subtract line 21 from line 20	75,843	156,982
		4,761,755	4,693,508

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

Print/Type preparer's name
JACOB RIXON

Preparer's signature
Jacob Rixon

Date
11/14/16

Check if PTIN self-employed **P01403891**

Firm's name } **Rixon and Associates** Firm's EIN } **81-1660948**

Firm's address } **77885 Las Montanas Rd Ste A Palm Desert, CA 92211-4100** Phone no. **760-834-8915**

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

For Paperwork Reduction Act Notice, see the separate instructions.

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 \$ **628,612** including grants of \$ **472,755**) (Revenue \$)

GRANT ALLOCATIONS TO OTHER EXEMPT ENTITIES UNDER THIS PROGRAM, THE ORGANIZATION PROVIDES CASH GRANTS TO QUALIFIED TAX EXEMPT ENTITIES THAT PROVIDE HEALTH, MENTAL HEALTH OR JUVENILE INTERVENTION SERVICES TO RESIDENTS OF EASTERN RIVERSIDE COUNTY. THESE CASH GRANTS ARE FUNDED ANNUALLY FROM THE TAX INCREMENT FUNDING RECEIVED UNDER AGREEMENT WITH THE COUNTY OF RIVERSIDE, CA.

4b (Code:) (Expenses \$ **267,671** including grants of \$ **6,030**) (Revenue \$)

TECHNICAL ASSISTANCE PROGRAM, TAP WHILE CASH GRANTS ARE A MAJOR PART OF THE ORGANIZATION'S ACTIVITIES, FUNDING OF TECHNICAL ASSISTANCE BECAME A PRIORITY WHEN IT WAS FOUND THAT A VARIETY OF EXEMPT ORGANIZATIONS DID NOT HAVE THE TOOLS NECESSARY TO MANAGE THEIR ORGANIZATIONS OR GRANTS. THE TECHNICAL ASSISTANCE PROGRAM IS FUNDED BY MONIES RECEIVED ANNUALLY UNDER THE AGREEMENT WITH THE COUNTY OF RIVERSIDE.

4c (Code:) (Expenses \$ **106,187** including grants of \$) (Revenue \$)

COACHELLA VALLEY YOUTH LEADERSHIP PROGRAM (CVYL) CVYL IS AN EXTENSIVE VOLUNTEER MENTORSHIP PROGRAM UTILIZING A CULTURALLY BASED CURRICULUM "JOVEN NOBLE" (NOBLE YOUTH). CVYL WAS STARTED IN 2013 IN THE EASTERN COACHELLA VALLEY BY VOLUNTEER COMMUNITY LEADERS. THE FOUNDATION PROVIDED FUNDING FOR SUPPLIES TO SUPPORT THE ACTIVITIES. THIS PROGRAM INCORPORATES 18 HOUR HEALING CAMPS, GROUP SHARING SESSIONS, FOCUSED ON IMPROVING THE OVERALL EMOTIONAL WELL-BEING OF YOUNG MALE ADOLESCENTS SO THEY CAN ACHIEVE SUCCESS IN THEIR FUTURES.

4d Other program services (Describe in Schedule O.)

(Expenses \$ **195,734** including grants of \$ **23,750**) (Revenue \$)

4e Total program service expenses **u 1,198,204**

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)? If "Yes," complete Schedule A	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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part I (see instructions)		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? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II	X	
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? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		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)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
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)?		X
4b	If "Yes," enter the name of the foreign country: u 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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
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?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		X
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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 in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		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?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in 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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19** Describe in 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: **u**
LETICIA DE LARA, CEO 73-710 FRED WARING DR. #102
PALM DESERT CA 92260 760-674-9992

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

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

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

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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOE HAYES	1.00									
PAST CHAIR	0.00	X					0	0	0	
(2) MARK MORAN	1.00									
CHAIRPERSON	0.00	X					0	0	0	
(3) LARRY PARRISH	0.50									
DIRECTOR	0.00	X					0	0	0	
(4) JAN PYE	1.00									
TREASURER	0.00	X					0	0	0	
(5) WILLIAM KROONEN	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) RUDY GUTIERREZ	0.50									
DIRECTOR	0.00	X					0	0	0	
(7) JOHN BENOIT	0.75									
DIRECTOR	0.00	X					0	0	0	
(8) CRAIG E. BORBA	1.50									
VICE CHAIR	0.00	X					0	0	0	
(9) ANN DEW	0.75									
DIRECTOR	0.00	X					0	0	0	
(10) CLAUDIA GALVEZ	0.50									
DIRECTOR	0.00	X					0	0	0	
(11) ROSEMARY ORTEGA	0.50									
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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) RICARDO LORETTA	0.50									
DIRECTOR	0.00	X					0	0	0	
(13) ANNICA MEZA-DAWE	0.75									
DIRECTOR	0.00	X					0	0	0	
(14) BRANDY COX	0.50									
DIRECTOR	0.00	X					0	0	0	
(15) TRICIA GEHRLEIN	1.00									
DIRECTOR	0.00	X					0	0	0	
(16) BEATRIZ GONZALEZ	0.75									
DIRECTOR	0.00	X					0	0	0	
(17) VAN TANNER	0.75									
DIRECTOR	0.00	X					0	0	0	
(18) LETICIA DE LARA	40.00									
CEO	0.00			X			134,053	0	6,450	
1b Sub-total							134,053		6,450	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							134,053		6,450	

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 **u 1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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? If "Yes," complete Schedule J for such individual	4	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? If "Yes," complete Schedule J for such person	5	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 u		0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,459,000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	48,970				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f	u		1,507,970			
Program Service Revenue	2a	Busn. Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u					
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	71,492	71,492		
4 Income from investment of tax-exempt bond proceeds		u					
5 Royalties		u					
6a Gross rents		(i) Real	(ii) Personal				
b Less: rental exps.							
c Rental inc. or (loss)							
d Net rental income or (loss)		u					
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
			25,550				
b Less: cost or other basis & sales exps.							
c Gain or (loss)			25,550				
d Net gain or (loss)		u	25,550	25,550			
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a					
		b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	u					
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code					
11a SUBLEASE & OTHER			5,853	5,853			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u		5,853				
12 Total revenue. See instructions.	u		1,610,865	102,895	0	0	

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	503,035	503,035		
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				
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	397,909	268,627	126,702	2,580
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,502	13,420	6,953	129
9 Other employee benefits	89,544	63,135	26,367	42
10 Payroll taxes	35,932	26,485	9,278	169
11 Fees for services (non-employees):				
a Management	35,456	10,257	24,555	644
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	38,491	155	38,336	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	12,316	8,436	3,880	
13 Office expenses	12,907	5,216	7,691	
14 Information technology				
15 Royalties				
16 Occupancy	46,670	35,982	10,688	
17 Travel	10,879	7,091	3,788	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,549	9,197	4,352	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,099	1,920	6,179	
23 Insurance	19,394	5,730	13,638	26
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EVENT EXPENSE	99,665	99,099	566	
b OTHER PROGRAM EXPENSE	68,315	68,156	159	
c TAP ASSISTANCE	44,345	44,075	270	
d COMPUTER SERVICES	21,686	13,728	7,958	
e All other expenses	23,789	14,460	9,329	
25 Total functional expenses. Add lines 1 through 24e	1,502,483	1,198,204	300,689	3,590
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet		Check if Schedule O contains a response or note to any line in this Part X <input type="checkbox"/>	
		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest bearing	51,147	1 786,403
	2 Savings and temporary cash investments	642,057	2
	3 Pledges and grants receivable, net	7,104	3 16,519
	4 Accounts receivable, net	785,384	4 776,140
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6
	7 Notes and loans receivable, net		7 48,957
	8 Inventories for sale or use		8
	9 Prepaid expenses and deferred charges	24,126	9 23,699
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 117,900	
	b Less: accumulated depreciation	10b 102,821	10c 15,079
	11 Investments—publicly traded securities	3,305,715	11 3,183,693
	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		15
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,837,598	16 4,850,490	
Liabilities	17 Accounts payable and accrued expenses	56,869	17 65,076
	18 Grants payable	18,250	18 87,000
	19 Deferred revenue		19 3,000
	20 Tax-exempt bond liabilities		20
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	724	21 1,906
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23 Secured mortgages and notes payable to unrelated third parties		23
	24 Unsecured notes and loans payable 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		25
	26 Total liabilities. Add lines 17 through 25	75,843	26 156,982
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	4,679,227	27 4,636,326
	28 Temporarily restricted net assets	82,528	28 57,182
	29 Permanently restricted net assets		29
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building, or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
33 Total net assets or fund balances	4,761,755	33 4,693,508	
34 Total liabilities and net assets/fund balances	4,837,598	34 4,850,490	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,610,865
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,502,483
3	Revenue less expenses. Subtract line 2 from line 1	3	108,382
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,761,755
5	Net unrealized gains (losses) on investments	5	-176,629
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 in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,693,508

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.
u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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 1–9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,109,846	4,542,279	2,043,151	1,595,708	1,507,970	10,798,954
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	1,109,846	4,542,279	2,043,151	1,595,708	1,507,970	10,798,954
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.						10,798,954

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	1,109,846	4,542,279	2,043,151	1,595,708	1,507,970	10,798,954
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,649	36,157	351,740	21,024	97,041	520,611
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.)						
11 Total support. Add lines 7 through 10						11,319,565
12 Gross receipts from related activities, etc. (see instructions)					12	77,345
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	95.40 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	95.83 %
16a 33 1/3% support test—2015. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2014. 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	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2015. 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	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2014. 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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 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) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2015.** 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—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
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)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
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? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
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)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

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).		

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?		
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).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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 government entity (see instructions).

	Yes	No
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
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.		

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. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> 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		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2015 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		
Section E - Distribution Allocations (see instructions)			(iii) Distributable Amount for 2015
	(i) Excess Distributions	(ii) Underdistributions Pre-2015	
1	Distributable amount for 2015 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)		
3	Excess distributions carryover, if any, to 2015:		
a			
b			
c			
d	From 2013		
e	From 2014		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2015 distributable amount		
i	Carryover from 2010 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2015 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2015 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).		
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).		
7	Excess distributions carryover to 2016. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a			
b			
c	Excess from 2013		
d	Excess from 2014		
e	Excess from 2015		

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2015

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

u Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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	COUNTY OF RIVERSIDE TAX INCREMENT FUNDING 4080 LEMON STREET, 4TH FLOOR RIVERSIDE CA 92501	\$ 1,370,949	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	COACHELLA VALLEY MUSIC FESTIVAL, LLC 5750 WILSHIRE BLVD, STE 501 LOS ANGELES CA 90036	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	COUNTY OF RIVERSIDE PROGRAM SPECIFIC GRANTS - RETHINK 4080 LEMON STREET, 4TH FLOOR RIVERSIDE CA 92501	\$ 13,970	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, 6 Staff and volunteer hours devoted to monitoring, 7 Amount of expenses incurred in monitoring, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 u \$, (ii) Assets included in Form 990, Part X u \$. 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 SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|----------------------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment **u**
- b** Permanent endowment **u**
- c** Temporarily restricted endowment **u**

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		117,900	102,821	15,079
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	15,079

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, col. (B) line 12.) u		

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, col. (B) line 13.) u		

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, col. (B) line 15.) u	

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.

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

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 FIN 48 (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	1,434,236
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-176,629	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	-176,629
3	Subtract line 2e from line 1		3	1,610,865
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	1,610,865

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

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

1	Total expenses and losses per audited financial statements		1	1,502,483
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		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,502,483
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,502,483

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 \$724

THE ORGANIZATION HAS AN AGENCY AGREEMENT WITH ANOTHER EXEMPT ENTITY UNDER WHICH THE ORGANIZATION RECEIVES, HOLDS AND DISBURSES FUNDS BASED UPON DIRECTIVES RECEIVED FROM THAT EXEMPT ENTITY. DURING THE CURRENT FISCAL YEAR, THE ORGANIZATION RECEIVED AND HELD AGENCY FUNDS ON BEHALF OF THE FOLLOWING ENTITY: (1) SUPERVISOR BENOIT YOUTH ACTIVITY COUNCIL SCHOLARSHIP FUNDS - \$724

Part XIII Supplemental Information (continued)

Dotted lines for supplemental information.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CHRISTOPHER'S CLUB HOUSE PO BOX 5444 LA QUINTA CA 92248	56-2674960	501-C3	23,000				HEALTH & JUNENILE
(2)	COACHELLA VALLEY ECONOMIC PARTNERSP 81557 DOCTOR CARREON BLVD INDIO CA 92201	33-0642485		34,500				MENTAL HEALTH
(3)	COLORADO RIVER SR. CTR. HCR 20 BOX 3408 BLYTHE CA 92225	33-0143646	501-C3	40,000				HEALTH SERVICES
(4)	COMMUNITY ACTION PARTNERSHIP 2038 IOWA AVE, STE B102 RIVERSIDE CA 92507	95-6000930	501-C3	14,996				HEALTH SERVICES
(5)	DESERT HEALTHCARE FOUNDATION 1140 N. INDIAN CANYON DR. PALM SPRINGS CA 92262	95-2567237	501-C3	50,000				HEALTH & JUVENILE IN
(6)	EL SOL NEIGHBORHOOD EDUCATION CTR 766 N. WATERMAN AVE SAN BERNARDINO CA 92410	33-0552297	501-C3	28,000				HEALTH
(7)	FIND FOOD BANK 83-776 CITRUS AVE INDIO CA 92201	33-0006007	501-C3	20,500				FOOD ASSISTANCE
(8)	GALILEE CENTER PO BOX 308 MECCA CA 92254	27-3133601	501-C3	32,500				FOOD ASSISTANCE
(9)	GILDA'S CLUB DESERT CITIES 73555 ALESSANDRO DR PALM DESERT CA 92260	33-0911108	501-C3	22,500				MENTAL HEALTH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u 29
- 3 Enter total number of other organizations listed in the line 1 table u

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

u Attach to Form 990.

u Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	HEALTH CAREER CONNECTION 300 FRANK H. OGAWA PLAZA STE 243 OAKLAND CA 94612	26-1269358		6,900				MENTAL HEALTH
(2)	OPERATION SAFE HOUSE, INC. 9685 HAYES ST RIVERSIDE CA 92503	33-0326090	501-C3	40,000				MENTAL HEALTH
(3)	PALO VERDE SENIOR CENTER PO BOX 2067 BLYTHE CA 92226	95-3676710	501-C3	9,000				HEALTH SERVICES
(4)	RIVERSIDE COUNTY LATINO COMMISSION 1612 1ST ST COACHELLA CA 92236	33-0572113	GOV	64,384				MENTAL HEALTH
(5)	RIVERSIDE COUNTY OFFICE ON AGING 4080 LEMON STREET, 4TH FLOOR RIVERSIDE CA 92501	95-6000930	GOV	41,250				SERV OFFICE ON AGING
(6)	SAFE SCHOOLS DESERT CITIES 30268 WINTER DR CATHEDRAL CITY CA 92234	46-0816814	501-C3	12,680				MENTAL HEALTH
(7)								
(8)								
(9)								

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

3 Enter total number of other organizations listed in the line 1 table **u**

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash 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.

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SCHEDULE O
(Form 990 or 990-EZ)

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.

u Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

REGIONAL ACCESS PROJECT FOUNDATION

Employer identification number

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, EXEMPT ORGANIZATIONS AND AGENCIES AND COLLOBORATIVE 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 I, Line 6

TWENTY VOLUNTEERS PROVIDE THEIR TIME AND SERVICES TO THE READER GROUP
FOR THE GRANTS PROGRAM AND FOR THE ORGANIZATION'S OTHER PROGRAM SERVICES.
WE HAVE A PART TIME VOLUNTEER WHO ASSISTS WITH COMMUNICATIONS AND MEDIA.

Form 990, Part III, Line 2

COACHELLA VALLEY YOUTH LEADERSHIP PROGRAM (CVYL)

PLEASE REFER TO PAGE 2 OF THE 990 PART III 4C FOR PROGAM DESCRIPTION.

Form 990, Part III, Line 4d - All Other Accomplishment

OTHER PROGRAMS INCLUDE THE DESERT CONNECT PROGRAM AND OTHER GRANTS.

DESERT CONNECT PROGRAM ("DC")

THE DESERT CONNECT PROGRAM ORIGINATED AS AN EXPANSION OF THE TAP PROGRAM

Name of the organization

Employer identification number

REGIONAL ACCESS PROJECT FOUNDATION

33-0547453

AND HAS GROWN INTO A BRIDGE BETWEEN TAP AND THE GRANT ALLOCATIONS PROGRAM. DC FOCUSES ON IDENTIFYING EXISTING PROJECTS, IDEAS FOR NEW PROJECTS AND COLLABORATIONS. THE DC PROGRAM IS FUNDED BY MONIES RECEIVED ANNUALLY FROM THE COUNTY OF RIVERSIDE. OTHER FUNDING SOURCES FOR THIS PROGRAM INCLUDE PROGRAM-SPECIFIC GRANTS FROM THE CALIFORNIA ENDOWMENT AND RIVERSIDE COUNTY.

Form 990, Part VI - Additional Information

ETHICS POLICY:

THE BOARD ADOPTED AN ETHICS POLICY FOR BOARD MEMBERS INCLUDED IN THE BOARD HANDBOOK. ALL NEW BOARD MEMBERS RECEIVE AND REVIEW THE BOARD HANDBOOK AT THE INITIAL ORIENTATION.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

FORM 990 IS FIRST REVIEWED BY MEMBERS OF MANAGEMENT INCLUDING THE CONTROLLER AND THE CEO. AFTER MANAGEMENT'S REVIEW AND APPROVAL, A COPY IS FORWARDED TO THE BOARD TREASURER AND/OR MEMBERS OF THE AUDIT COMMITTEE FOR THEIR REVIEW AND APPROVAL, PRIOR TO FILING.

THE APPROVED FORM 990 IS MADE AVAILABLE TO OTHER BOARD MEMBERS FOR THEIR REVIEW BY EITHER EMAILING A COPY OR MAKING THE FORM AVAILABLE AT THE NEXT SCHEDULED BOARD MEETING. MEMBERS OF MANAGEMENT AND THE AUDIT COMMITTEE ARE PRESENT AT THAT MEETING TO ANSWER ANY QUESTIONS THAT THE OTHER BOARD MEMBERS MAY HAVE ON THE FORM 990. THE FULL BOARD VOTES TO ACCEPT THE 990.

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. BOARD MEMBERS PROVIDE ANNUAL DISCLOSURE FORMS THAT DETAIL ANY CONFLICT OF

Name of the organization

Employer identification number

REGIONAL ACCESS PROJECT FOUNDATION

33-0547453

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 ANNUAL COMPENSATION OF THE CEO/EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

Form 990, Part VI, Line 15b - Compensation Process for Officers COMPENSATION OF OTHER MANAGEMENT-LEVEL EMPLOYEES IS REVIEWED AND APPROVED BY THE CEO/EXECUTIVE DIRECTOR AND IF NECESSARY, BY THE BOARD OF DIRECTORS.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST. THE FORM 990 IS ALSO AVAILABLE ON EXTERNAL WEBSITES SUCH AS GUIDESTAR.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.
u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2015

Attachment Sequence No. **179**

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	500,000
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	2,000,000
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 2014 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 do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not 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	8,099

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	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 <input type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2015 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			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 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	8,099
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** (2015)

33-0547453

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:											
1	DESK - JUDY	8/03/99	2,280				2,280	7	MO S/L	2,280	0
2	DESK - EVA	8/03/99	2,279				2,279	7	MO S/L	2,279	0
4	(4) DRAWER FILE	9/16/99	970				970	7	MO S/L	970	0
5	(4) DRAWER CABINET	4/12/00	2,581				2,581	7	MO S/L	2,581	0
6	AIR CLEANER	6/30/00	185				185	7	MO S/L	185	0
7	RECEPTION AREA DESK	7/31/99	2,245				2,245	7	MO S/L	2,245	0
8	(40) STACK CHAIRS	9/07/99	877				877	7	MO S/L	877	0
10	(20) STCK CHAIRS	1/03/00	409				409	7	MO S/L	409	0
12	AIR CLEANER	4/03/00	161				161	7	MO S/L	161	0
13	DIGITAL CAMERA	9/18/00	603				603	5	MO S/L	603	0
14	CHAIRS - MEETING ROOM	10/25/00	218				218	7	MO S/L	218	0
17	(4) DRAWER FILE	1/08/01	1,114				1,114	5	MO S/L	1,114	0
19	(4) 2 DRAWER FILE	1/17/01	2,032				2,032	7	MO S/L	2,032	0
20	BACK OFFICE DESK	7/04/01	468				468	7	MO S/L	468	0
21	FIRE PROOF FILES	1/01/02	1,500				1,500	7	MO S/L	1,500	0
22	(2) FLAGS	1/01/02	403				403	7	MO S/L	403	0
23	DESK	3/06/03	420				420	7	MO S/L	420	0
24	DESK	3/20/03	505				505	7	MO S/L	505	0
28	(6) SARATOGA BOOKCASES	1/01/04	711				711	7	MO S/L	711	0
29	(3) STORAGE CABINETS	1/01/03	485				485	5	MO S/L	485	0
30	STROM ADJ TASK CHAIR	1/01/04	162				162	5	MO S/L	162	0
31	LEGAL FILES (2)	1/01/04	289				289	5	MO S/L	289	0
32	WALL CALENDAR BOARD	5/07/04	530				530	5	MO S/L	530	0
37	BOOKCASE	1/01/04	310				310	7	MO S/L	310	0
40	(2) CREDENZAS	3/30/05	572				572	7	MO S/L	572	0
41	SHREDDER	4/28/05	700				700	7	MO S/L	700	0
44	DESK	11/15/05	505				505	7	MO S/L	505	0
48	OFFICE EQUIPMENT	4/26/07	9,657				9,657	5	MO S/L	9,657	0
49	PROJECTOR	4/26/07	2,550				2,550	5	MO S/L	2,550	0
50	FURNITURE	5/08/07	10,800				10,800	5	MO S/L	10,800	0
51	FURNITURE	6/01/07	2,049				2,049	5	MO S/L	2,049	0
52	PARAGON SIGNS	6/29/07	703				703	5	MO S/L	703	0
53	BLINDS	6/29/07	3,870				3,870	5	MO S/L	3,870	0
54	BLINDS	6/29/07	3,355				3,355	5	MO S/L	3,355	0
55	OFFICE DECOR	6/29/07	1,168				1,168	5	MO S/L	1,168	0
57	OFFICE FURNITURE	10/17/07	3,428				3,428	5	MO S/L	3,428	0
63	SMALL CARPETS	9/12/08	872				872	5	MO S/L	872	0
66	SOFTWARE	6/15/10	741				741	5	MO S/L	741	0
67	COMPUTER & PRINTER	6/22/10	2,168				2,168	5	MO S/L	2,168	0
68	FURNITURE - HEALNET	6/25/10	705				705	5	MO S/L	705	0
72	FURNITURE - BHC	7/06/10	3,024				3,024	5	MO S/L	3,024	0
75	COMPUTER - EVA (RAP)	11/22/10	1,293				1,293	5	MO S/L	1,186	107
76	TELEPHONE EQ - BHC	11/22/10	550				550	5	MO S/L	468	82
77	HP Tablet	7/25/11	2,660				2,660	5	MO S/L	2,604	56
78	External Hard Drive	7/25/11	508				508	5	MO S/L	497	11
79	Windows 7 Prof Upgrades	7/25/12	3,726				3,726	5	MO S/L	3,648	78
80	Laptop - Amalia	7/25/12	2,059				2,059	5	MO S/L	2,016	43
81	MS Office 2010	7/25/12	1,699				1,699	5	MO S/L	1,664	35
82	Computer - Esperanza	11/30/11	1,400				1,400	5	MO S/L	1,254	146
83	Dell Optiplex 390	4/26/12	892				892	5	MO S/L	706	178
84	Server Upgd SBS 2011	5/04/12	3,200				3,200	5	MO S/L	2,533	640
85	Volunteer Software	5/31/12	3,500				3,500	5	MO S/L	2,158	700
86	MacBookPro	5/17/13	2,223				2,223	5	MO S/L	927	444
87	Thinkpad Edge	5/24/13	1,627				1,627	5	MO S/L	677	326
88	MS Office Pro 2013	5/31/13	2,421				2,421	5	MO S/L	1,009	484
89	Desktop (Dell) - Qty 3	9/26/13	2,218				2,218	5	MO S/L	777	443
90	NAS Server/2TB Hard Drive	9/26/13	1,343				1,343	5	MO S/L	470	268
91	MIP Fund Accounting Software - WAC	5/09/14	7,932				7,932	5	MO S/L	1,850	1,587
95	Racetrack Conference Table	10/21/14	1,088				1,088	5	MO S/L	145	218
96	Fujitsu Duplex Image Scanner	7/29/14	979				979	5	MO S/L	179	196
97	Abila Accounting Package	10/26/14	3,917				3,917	4	MO S/L	653	979
98	Improvements - CAT5E Cables	9/30/14	1,000				1,000	3	MO S/L	250	333
99	Abila WAC Software Setup	7/31/14	1,950				1,950	4	MO S/L	447	487
100	Dell Latitude Laptop 3450	7/01/15	1,111				1,111	5	MO S/L	0	258
Total Other Depreciation			117,900				117,900			94,722	8,099
Total ACRS and Other Depreciation			117,900				117,900			94,722	8,099

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Grand Totals		117,900			117,900		94,722	8,099
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>117,900</u>			<u>117,900</u>		<u>94,722</u>	<u>8,099</u>

33-0547453

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	DESK - JUDY	8/03/99	2,280	2,280	2,280	0	0	0
2	DESK - EVA	8/03/99	2,279	2,279	2,279	0	0	0
4	(4) DRAWER FILE	9/16/99	970	970	970	0	0	0
5	(4) DRAWER CABINET	4/12/00	2,581	2,581	2,581	0	0	0
6	AIR CLEANER	6/30/00	185	185	185	0	0	0
7	RECEPTION AREA DESK	7/31/99	2,245	2,245	2,245	0	0	0
8	(40) STACK CHAIRS	9/07/99	877	877	877	0	0	0
10	(20) STCK CHAIRS	1/03/00	409	409	409	0	0	0
12	AIR CLEANER	4/03/00	161	161	161	0	0	0
13	DIGITAL CAMERA	9/18/00	603	603	603	0	0	0
14	CHAIRS - MEETING ROOM	10/25/00	218	218	218	0	0	0
17	(4) DRAWER FILE	1/08/01	1,114	1,114	1,114	0	0	0
19	(4) 2 DRAWER FILE	1/17/01	2,032	2,032	2,032	0	0	0
20	BACK OFFICE DESK	7/04/01	468	468	468	0	0	0
21	FIRE PROOF FILES	1/01/02	1,500	1,500	1,500	0	0	0
22	(2) FLAGS	1/01/02	403	403	403	0	0	0
23	DESK	3/06/03	420	420	420	0	0	0
24	DESK	3/20/03	505	505	505	0	0	0
28	(6) SARATOGA BOOKCASES	1/01/04	711	711	711	0	0	0
29	(3) STORAGE CABINETS	1/01/03	485	485	485	0	0	0
30	STROM ADJ TASK CHAIR	1/01/04	162	162	162	0	0	0
31	LEGAL FILES (2)	1/01/04	289	289	289	0	0	0
32	WALL CALENDAR BOARD	5/07/04	530	530	530	0	0	0
37	BOOKCASE	1/01/04	310	310	310	0	0	0
40	(2) CREDENZAS	3/30/05	572	572	572	0	0	0
41	SHREDDER	4/28/05	700	700	700	0	0	0
44	DESK	11/15/05	505	505	505	0	0	0
48	OFFICE EQUIPMENT	4/26/07	9,657	9,657	9,657	0	0	0
49	PROJECTOR	4/26/07	2,550	2,550	2,550	0	0	0
50	FURNITURE	5/08/07	10,800	10,800	10,800	0	0	0
51	FURNITURE	6/01/07	2,049	2,049	2,049	0	0	0
52	PARAGON SIGNS	6/29/07	703	703	703	0	0	0
53	BLINDS	6/29/07	3,870	3,870	3,870	0	0	0
54	BLINDS	6/29/07	3,355	3,355	3,355	0	0	0
55	OFFICE DECOR	6/29/07	1,168	1,168	1,168	0	0	0
57	OFFICE FURNITURE	10/17/07	3,428	3,428	3,428	0	0	0
63	SMALL CARPETS	9/12/08	872	872	872	0	0	0
66	SOFTWARE	6/15/10	741	741	741	0	0	0
67	COMPUTER & PRINTER	6/22/10	2,168	2,168	2,168	0	0	0
68	FURNITURE - HEALNET	6/25/10	705	705	705	0	0	0
72	FURNITURE - BHC	7/06/10	3,024	3,024	3,024	0	0	0
75	COMPUTER - EVA (RAP)	11/22/10	1,293	1,293	1,186	107	107	0
76	TELEPHONE EQ - BHC	11/22/10	550	550	468	82	82	0
77	HP Tablet	7/25/11	2,660	2,660	2,604	56	56	0
78	External Hard Drive	7/25/11	508	508	497	11	11	0
79	Windows 7 Prof Upgrades	7/25/12	3,726	3,726	3,648	78	78	0
80	Laptop - Amalia	7/25/12	2,059	2,059	2,016	43	43	0
81	MS Office 2010	7/25/12	1,699	1,699	1,664	35	35	0
82	Computer - Esperanza	11/30/11	1,400	1,400	1,254	146	146	0
83	Dell Optiplex 390	4/26/12	892	892	706	178	178	0
84	Server Upgd SBS 2011	5/04/12	3,200	3,200	2,533	640	640	0
85	Volunteer Software	5/31/12	3,500	3,500	2,158	700	700	0
86	MacBookPro	5/17/13	2,223	2,223	927	444	444	0
87	Thinkpad Edge	5/24/13	1,627	1,627	677	326	326	0
88	MS Office Pro 2013	5/31/13	2,421	2,421	1,009	484	484	0
89	Desktop (Dell) - Qty 3	9/26/13	2,218	2,218	777	443	443	0
90	NAS Server/2TB Hard Drive	9/26/13	1,343	1,343	470	268	268	0
91	MIP Fund Accounting Software - WAC	5/09/14	7,932	7,932	1,850	1,587	1,587	0
95	Racetrack Conference Table	10/21/14	1,088	1,088	145	218	218	0
96	Fujitsu Duplex Image Scanner	7/29/14	979	979	179	196	196	0
97	Abila Accounting Package	10/26/14	3,917	3,917	653	979	979	0
98	Improvements - CAT5E Cables	9/30/14	1,000	1,000	250	333	333	0
99	Abila WAC Software Setup	7/31/14	1,950	1,950	447	487	487	0
100	Dell Latitude Laptop 3450	7/01/15	1,111	1,111	0	258	258	0
Total Other Depreciation			117,900	117,900	94,722	8,099	8,099	0
Total ACRS and Other Depreciation			117,900	117,900	94,722	8,099	8,099	0

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
	Grand Totals		117,900	117,900	94,722	8,099	8,099	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>117,900</u>	<u>117,900</u>	<u>94,722</u>	<u>8,099</u>	<u>8,099</u>	<u>0</u>

33-0547453

11/14/2016 3:37 PM

Depreciation Adjustment Report All Business Activities

Form Unit Asset

Description

Tax

AMT

AMT
Adjustments/
Preferences

There are no assets that meet the criteria of this report

33-0547453

Future Depreciation Report FYE: 6/30/17

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	DESK - JUDY	8/03/99	2,280	0	0
2	DESK - EVA	8/03/99	2,279	0	0
4	(4) DRAWER FILE	9/16/99	970	0	0
5	(4) DRAWER CABINET	4/12/00	2,581	0	0
6	AIR CLEANER	6/30/00	185	0	0
7	RECEPTION AREA DESK	7/31/99	2,245	0	0
8	(40) STACK CHAIRS	9/07/99	877	0	0
10	(20) STCK CHAIRS	1/03/00	409	0	0
12	AIR CLEANER	4/03/00	161	0	0
13	DIGITAL CAMERA	9/18/00	603	0	0
14	CHAIRS - MEETING ROOM	10/25/00	218	0	0
17	(4) DRAWER FILE	1/08/01	1,114	0	0
19	(4) 2 DRAWER FILE	1/17/01	2,032	0	0
20	BACK OFFICE DESK	7/04/01	468	0	0
21	FIRE PROOF FILES	1/01/02	1,500	0	0
22	(2) FLAGS	1/01/02	403	0	0
23	DESK	3/06/03	420	0	0
24	DESK	3/20/03	505	0	0
28	(6) SARATOGA BOOKCASES	1/01/04	711	0	0
29	(3) STORAGE CABINETS	1/01/03	485	0	0
30	STROM ADJ TASK CHAIR	1/01/04	162	0	0
31	LEGAL FILES (2)	1/01/04	289	0	0
32	WALL CALENDAR BOARD	5/07/04	530	0	0
37	BOOKCASE	1/01/04	310	0	0
40	(2) CREDENZAS	3/30/05	572	0	0
41	SHREDDER	4/28/05	700	0	0
44	DESK	11/15/05	505	0	0
48	OFFICE EQUIPMENT	4/26/07	9,657	0	0
49	PROJECTOR	4/26/07	2,550	0	0
50	FURNITURE	5/08/07	10,800	0	0
51	FURNITURE	6/01/07	2,049	0	0
52	PARAGON SIGNS	6/29/07	703	0	0
53	BLINDS	6/29/07	3,870	0	0
54	BLINDS	6/29/07	3,355	0	0
55	OFFICE DECOR	6/29/07	1,168	0	0
57	OFFICE FURNITURE	10/17/07	3,428	0	0
63	SMALL CARPETS	9/12/08	872	0	0
66	SOFTWARE	6/15/10	741	0	0
67	COMPUTER & PRINTER	6/22/10	2,168	0	0
68	FURNITURE - HEALNET	6/25/10	705	0	0
72	FURNITURE - BHC	7/06/10	3,024	0	0
75	COMPUTER - EVA (RAP)	11/22/10	1,293	0	0
76	TELEPHONE EQ - BHC	11/22/10	550	0	0
77	HP Tablet	7/25/11	2,660	0	0
78	External Hard Drive	7/25/11	508	0	0
79	Windows 7 Prof Upgrades	7/25/12	3,726	0	0
80	Laptop - Amalia	7/25/12	2,059	0	0
81	MS Office 2010	7/25/12	1,699	0	0
82	Computer - Esperanza	11/30/11	1,400	0	0
83	Dell Optiplex 390	4/26/12	892	8	0
84	Server Upgd SBS 2011	5/04/12	3,200	27	0
85	Volunteer Software	5/31/12	3,500	642	0
86	MacBookPro	5/17/13	2,223	445	0
87	Thinkpad Edge	5/24/13	1,627	325	0
88	MS Office Pro 2013	5/31/13	2,421	485	0
89	Desktop (Dell) - Qty 3	9/26/13	2,218	444	0
90	NAS Server/2TB Hard Drive	9/26/13	1,343	269	0
91	MIP Fund Accounting Software - WAC	5/09/14	7,932	1,586	0
95	Racetrack Conference Table	10/21/14	1,088	217	0
96	Fujitsu Duplex Image Scanner	7/29/14	979	196	0
97	Abila Accounting Package	10/26/14	3,917	979	0
98	Improvements - CAT5E Cables	9/30/14	1,000	334	0
99	Abila WAC Software Setup	7/31/14	1,950	488	0
100	Dell Lattitude Laptop 3450	7/01/15	1,111	222	0

Future Depreciation Report FYE: 6/30/17
Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	Total Other Depreciation		<u>117,900</u>	<u>6,667</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>117,900</u>	<u>6,667</u>	<u>0</u>
	Grand Totals		<u>117,900</u>	<u>6,667</u>	<u>0</u>

33-0547453

CA Future Depreciation Report

FYE: 6/30/17

Form 990, Page 1

Asset	Description	Date In Service	Cost	CA
Other Depreciation:				
1	DESK - JUDY	8/03/99	2,280	0
2	DESK - EVA	8/03/99	2,279	0
4	(4) DRAWER FILE	9/16/99	970	0
5	(4) DRAWER CABINET	4/12/00	2,581	0
6	AIR CLEANER	6/30/00	185	0
7	RECEPTION AREA DESK	7/31/99	2,245	0
8	(40) STACK CHAIRS	9/07/99	877	0
10	(20) STCK CHAIRS	1/03/00	409	0
12	AIR CLEANER	4/03/00	161	0
13	DIGITAL CAMERA	9/18/00	603	0
14	CHAIRS - MEETING ROOM	10/25/00	218	0
17	(4) DRAWER FILE	1/08/01	1,114	0
19	(4) 2 DRAWER FILE	1/17/01	2,032	0
20	BACK OFFICE DESK	7/04/01	468	0
21	FIRE PROOF FILES	1/01/02	1,500	0
22	(2) FLAGS	1/01/02	403	0
23	DESK	3/06/03	420	0
24	DESK	3/20/03	505	0
28	(6) SARATOGA BOOKCASES	1/01/04	711	0
29	(3) STORAGE CABINETS	1/01/03	485	0
30	STROM ADJ TASK CHAIR	1/01/04	162	0
31	LEGAL FILES (2)	1/01/04	289	0
32	WALL CALENDAR BOARD	5/07/04	530	0
37	BOOKCASE	1/01/04	310	0
40	(2) CREDENZAS	3/30/05	572	0
41	SHREDDER	4/28/05	700	0
44	DESK	11/15/05	505	0
48	OFFICE EQUIPMENT	4/26/07	9,657	0
49	PROJECTOR	4/26/07	2,550	0
50	FURNITURE	5/08/07	10,800	0
51	FURNITURE	6/01/07	2,049	0
52	PARAGON SIGNS	6/29/07	703	0
53	BLINDS	6/29/07	3,870	0
54	BLINDS	6/29/07	3,355	0
55	OFFICE DECOR	6/29/07	1,168	0
57	OFFICE FURNITURE	10/17/07	3,428	0
63	SMALL CARPETS	9/12/08	872	0
66	SOFTWARE	6/15/10	741	0
67	COMPUTER & PRINTER	6/22/10	2,168	0
68	FURNITURE - HEALNET	6/25/10	705	0
72	FURNITURE - BHC	7/06/10	3,024	0
75	COMPUTER - EVA (RAP)	11/22/10	1,293	0
76	TELEPHONE EQ - BHC	11/22/10	550	0
77	HP Tablet	7/25/11	2,660	0
78	External Hard Drive	7/25/11	508	0
79	Windows 7 Prof Upgrades	7/25/12	3,726	0
80	Laptop - Amalia	7/25/12	2,059	0
81	MS Office 2010	7/25/12	1,699	0
82	Computer - Esperanza	11/30/11	1,400	0
83	Dell Optiplex 390	4/26/12	892	8
84	Server Upgd SBS 2011	5/04/12	3,200	27
85	Volunteer Software	5/31/12	3,500	642
86	MacBookPro	5/17/13	2,223	445
87	Thinkpad Edge	5/24/13	1,627	325
88	MS Office Pro 2013	5/31/13	2,421	485
89	Desktop (Dell) - Qty 3	9/26/13	2,218	444
90	NAS Server/2TB Hard Drive	9/26/13	1,343	269
91	MIP Fund Accounting Software - WAC	5/09/14	7,932	1,586
95	Racetrack Conference Table	10/21/14	1,088	217
96	Fujitsu Duplex Image Scanner	7/29/14	979	196
97	Abila Accounting Package	10/26/14	3,917	979
98	Improvements - CAT5E Cables	9/30/14	1,000	334
99	Abila WAC Software Setup	7/31/14	1,950	488
100	Dell Latitude Laptop 3450	7/01/15	1,111	222

CA Future Depreciation Report
Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>CA</u>
	Total Other Depreciation		<u>117,900</u>	<u>6,667</u>
	Total ACRS and Other Depreciation		<u>117,900</u>	<u>6,667</u>
	Grand Totals		<u>117,900</u>	<u>6,667</u>

Form 990	Two Year Comparison Report	2014 & 2015
For calendar year 2015, or tax year beginning 07/01/15 , ending 06/30/16		

Name _____ Taxpayer Identification Number _____

REGIONAL ACCESS PROJECT FOUNDATION

33-0547453

		2014	2015	Differences
Revenue	1. Contributions, gifts, grants	86,535	48,970	-37,565
	2. Membership dues and assessments			
	3. Government contributions and grants	1,509,173	1,459,000	-50,173
	4. Program service revenue			
	5. Investment income	21,024	71,492	50,468
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-3,056	25,550	28,606
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	1,117	5,853	4,736
	12. Total revenue. Add lines 1 through 11	1,614,793	1,610,865	-3,928
Expenses	13. Grants and similar amounts paid	515,838	503,035	-12,803
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	617,170	543,887	-73,283
	17. Professional fundraising fees			
	18. Other professional fees	113,881	73,947	-39,934
	19. Occupancy, rent, utilities, and maintenance	85,436	46,670	-38,766
	20. Depreciation and Depletion	11,913	8,099	-3,814
	21. Other expenses	363,528	326,845	-36,683
	22. Total expenses. Add lines 13 through 21	1,707,766	1,502,483	-205,283
	23. Excess or (Deficit). Subtract line 22 from line 12	-92,973	108,382	201,355
Other Information	24. Total exempt revenue	1,614,793	1,610,865	-3,928
	25. Total unrelated revenue			
	26. Total excludable revenue	19,085	102,895	83,810
	27. Total assets	4,837,598	4,850,490	12,892
	28. Total liabilities	75,843	156,982	81,139
	29. Retained earnings	4,761,755	4,693,508	-68,247
	30. Number of voting members of governing body	14	18	
	31. Number of independent voting members of governing body	14	18	
32. Number of employees	14	9		
33. Number of volunteers	25	20		

Form 990	Tax Return History	2015
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Name REGIONAL ACCESS PROJECT FOUNDATION	Employer Identification Number 33-0547453
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	2011	2012	2013	2014	2015	2016
Contributions, gifts, grants				1,595,708	1,507,970	
Membership dues						
Program service revenue						
Capital gain or loss				-3,056	25,550	
Investment income				21,024	71,492	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue				1,117	5,853	
Total revenue				1,614,793	1,610,865	
Grants and similar amounts paid				515,838	503,035	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation				617,170	543,887	
Professional fees				113,881	73,947	
Occupancy costs				85,436	46,670	
Depreciation and depletion				11,913	8,099	
Other expenses				363,528	326,845	
Total expenses				1,707,766	1,502,483	
Excess or (Deficit)				-92,973	108,382	
Total exempt revenue				1,614,793	1,610,865	
Total unrelated revenue						
Total excludable revenue				19,085	102,895	
Total Assets				4,837,598	4,850,490	
Total Liabilities				75,843	156,982	
Net Fund Balances				4,761,755	4,693,508	

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
COMMUNICATIONS	\$ 13,235	\$ 7,025	\$ 6,210	\$
EQUIPMENT LEASE	9,650	7,714	1,936	
POSTAGE AND PRINTING EXP	904	221	683	
ALLOCATED INDIRECT COSTS		-500	500	
Total	<u>\$ 23,789</u>	<u>\$ 14,460</u>	<u>\$ 9,329</u>	<u>\$ 0</u>

Schedule A, Part II, Line 1(e)

Description	Amount
Government Grants or Contributions	\$ 1,459,000
Other	48,970
Total	\$ <u>1,507,970</u>

Schedule A, Part II, Line 12

Description	Amount
Taxable Interest on Savings and Temporary Cash Investments	\$ 71,492
SUBLEASE & OTHER	5,853
Total	\$ <u>77,345</u>