# TAX RETURN FILING INSTRUCTIONS

**FORM 990-EZ**

**FOR THE YEAR ENDING**

**DECEMBER 31, 2011**

## Prepared for

| PROJECT ACCESS OF NEW HAVEN, INC. |
| P.O. BOX 9293                     |
| NEW HAVEN, CT 06533               |

## Prepared by

| BEERS, HAMERMAN & CO., P.C. |
| 234 CHURCH STREET            |
| NEW HAVEN, CT 06510          |

## Amount due or refund

| NOT APPLICABLE |

## Make check payable to

| NOT APPLICABLE |

## Mail tax return and check (if applicable) to

| NOT APPLICABLE |

## Return must be mailed on or before

| NOT APPLICABLE |

## Special Instructions

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US AS SOON AS POSSIBLE.
Form 990-EZ
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of other advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 6104(p)(2) must file Form 990. All other organizations with gross receipts less than $500,000 and total assets less than $500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

For the 2011 calendar year, or tax year beginning and ending

C Name of organization
PROJECT ACCESS OF NEW HAVEN, INC.

D Employer identification number
26-4379967

Number and street (or P.O. box, if mail is not delivered to street address)
P.O. BOX 9293

E Telephone number
203-773-0838

City or town, state or country, and ZIP + 4
NEW HAVEN, CT 06533

F Group Exemption Number

G Accounting Method: [X] Cash □ Accrual □ Other (specify)

H Check □ if the organization is not required to attach Schedule B

J Tax-exempt status (check only one) □ 501c(3) □ 501c(4) ( ) □ (Insert no.) □ 4947a(1) □ or □ 527

K Check □ if the organization is a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (b) below) are $500,000 or more, the Form 990 instead of Form 990-EZ.

$ 187,576

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

1 Contributions, gifts, grants, and similar amounts received
187,576

2 Program service revenue including government fees and contracts
2

3 Membership dues and assessments
3

4 Investment income
4

5a Gross amount from sale of assets other than inventory

5a

5b Less: cost or other basis and sales expenses

5b

5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)

5c

6 Gaming and fundraising events

6

7a Gross sales of inventory, less returns and allowances

7a

7b Less: cost of goods sold

7b

7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)

7c

8 Other revenue (describe in Schedule O)
8

9 Total revenue, Add lines 1, 2, 3, 4, 5a, 6, 7a, and 8
187,576

10 Grants and similar amounts paid (list in Schedule O)
10

11 Benefits paid to or for members
11

12 Salaries, other compensation, and employee benefits
12

13 Professional fees and other payments to independent contractors
13

14 Occupancy, rent, utilities, and maintenance
14

15 Printing, publications, postage, and shipping
15

16 Other expenses (describe in Schedule O)
16

17 Total expenses, Add lines 10 through 16
247,056

18 Excess or (deficit) for the year (Subtract line 17 from line 9)
-59,480

19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
165,064

20 Other changes in net assets or fund balances (explain in Schedule O)
0

21 Net assets or fund balances at end of year. Combine lines 18 through 20
105,584

LHA For Paperwork Reduction Act Notice, see the separate instructions.
**Form 990-EZ (2011)  PROJECT ACCESS OF NEW HAVEN, INC.  26-4379967  Page 2**

### Part II  Balance Sheets  (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II:  
- (A) Beginning of year: 172,047.  22  
- (B) End of year: 105,584.  

| 22 | Cash, savings, and investments | 172,047. |
| 23 | Land and buildings | 105,584. |
| 24 | Other assets (describe in Schedule O) | 0. |
| 25 | Total assets | 172,047. |
| 26 | Total liabilities (describe in Schedule O) | 6,983. |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 65,064. |

### Part III  Statement of Program Service Accomplishments  (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III:  

#### Expenses

- (Required for section 501(c)(3))
- (Required for section 501(c)(4))
- (Required for section 4947(a)(1))

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program line.

#### SEE ATTACHED

28  **SEE ATTACHED**

<table>
<thead>
<tr>
<th>Grants</th>
<th>If this amount includes foreign grants, check here</th>
<th>28a</th>
<th>208,246.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>29a</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>30a</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>31a</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>32a</td>
<td></td>
</tr>
</tbody>
</table>

### Part IV  List of Officers, Directors, Trustees, and Key Employees

List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV:  

- (A) Name and address
- (B) Title and average hours per week devoted to position
- (C) Reportable compensation ( Forms W-2/1099-MISC, foot paid, enter -0)
- (D) Health benefits, contributions to employee benefit plans, and deferred compensation
- (E) Estimated amount of other compensation

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Hours/Week</th>
<th>Compensation</th>
<th>Benefits</th>
<th>Other Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUZANNE LAGARDE MD</td>
<td>PRESIDENT</td>
<td>2.00</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>STEPHANIE ARLIS-MAYOR MD</td>
<td>PRESIDENT-ELECT, TREASURER</td>
<td>2.00</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>STEVE WOLFSON MD</td>
<td>DIRECTOR</td>
<td>0.50</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>PO BOX 9293, NEW HAVEN, CT 06533</td>
<td>DIRECTOR</td>
<td>0.50</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>REV BONITA GRUBBS, MPH, MAR</td>
<td>DIRECTOR</td>
<td>0.50</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>PO BOX 9293, NEW HAVEN, CT 06533</td>
<td>DIRECTOR</td>
<td>0.50</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>KATRINA CLARK, MPH</td>
<td>DIRECTOR</td>
<td>0.50</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>PO BOX 9293, NEW HAVEN, CT 06533</td>
<td>DIRECTOR</td>
<td>0.50</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>SANDRA TREVINO, MSW, LCSW</td>
<td>DIRECTOR</td>
<td>0.50</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>PO BOX 9293, NEW HAVEN, CT 06533</td>
<td>DIRECTOR</td>
<td>0.50</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>PATRICK CURLEY</td>
<td>EXECUTIVE DIRECTOR</td>
<td>40.00</td>
<td>80,005.12,500</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>MICHAEL PHIPPS MD</td>
<td>DIRECTOR</td>
<td>0.50</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>PO BOX 9293, NEW HAVEN, CT 06533</td>
<td>DIRECTOR</td>
<td>0.50</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>JEFFREY KLAUS</td>
<td>DIRECTOR</td>
<td>0.50</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>PO BOX 9293, NEW HAVEN, CT 06533</td>
<td>DIRECTOR</td>
<td>0.50</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>DAVID I NEWTON</td>
<td>DIRECTOR</td>
<td>0.50</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>PO BOX 9293, NEW HAVEN, CT 06533</td>
<td>DIRECTOR</td>
<td>0.50</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>PAUL FORTGANG, MD</td>
<td>DIRECTOR</td>
<td>0.50</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>PO BOX 9293, NEW HAVEN, CT 06533</td>
<td>DIRECTOR</td>
<td>0.50</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.  

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  

35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.  

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.  

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.  

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  

b Did the organization file Form 1120-POL for this year?  

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee of any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  

b If "Yes," complete Schedule L, Part II and enter the total amount involved.  

39 Section 501(c)(7) organizations. Enter:  

a Initiation fees and capital contributions included on line 9.  

b Gross receipts, included on line 9, for public use of club facilities.  

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  

section 4911  

section 4912  

section 4955  

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?  

If "Yes," complete Schedule L, Part I.  

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  

41 List the states with which a copy of this return is filed.  

42a The organization's books are in care of  

Located at  

Telephone no.  

b 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)?  

If "Yes," enter the name of the foreign country:  

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  

If "Yes," enter the name of the foreign country:  

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here  

and enter the amount of tax-exempt interest received or accrued during the tax year.  

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  

c Did the organization receive any payments for indoor tanning services during the year?  

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  

45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).
Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? 

46   [ ] Yes [X] No

**Part VI** Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47   Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If “Yes,” complete Sch. C, Part II 

[X] Yes [ ] No

48a Did the organization make any transfers to an exempt non-charitable related organization? 

[X] Yes [ ] No

b If “Yes,” was the related organization a section 527 organization? 

[X] Yes [ ] No

50   Complete this table for the organization’s five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter “None.”

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $100,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Reportable compensation (Form W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 Total number of other employees paid over $100,000

51   Complete this table for the organization’s five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter “None.”

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $100,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

d Total number of other independent contractors each receiving over $100,000

52   Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

[X] Yes [ ] No

*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.*

**Signature Here**

Signature of officer 

[ ] Date

DARCEY COBBS-LOMAX, EXECUTIVE DIRECTOR

**Paid Preparer Use Only**

Print/Type preparer’s name

[ ] Preparer’s signature

[ ] Date

[ ] Check if self-employed

PTIN

ANTHONY F. SANTORE

BEERS, HAMERMAN & CO., P.C.

234 CHURCH STREET

NEW HAVEN, CT 06510

[ ] Phone no. (203)787-6527

May the IRS discuss this return with the preparer shown above? See instructions

[ ] X Yes [ ] No

Form 990-EZ (2011)
Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization: PROJECT ACCESS OF NEW HAVEN, INC.

Employer identification number: 26-4375967

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.)
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. [X] 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)(vii). (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 that describes the type of supporting organization and complete lines 11e through 11h.
   a. [ ] Type I
   b. [ ] Type II
   c. [ ] Type III - Functionally integrated
   d. [ ] Type III - Other

   e. [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

   f. [ ] If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box: [ ]

   g. Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
      (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? [Yes] Yes [No] No
      (ii) A family member of a person described in (i) above? [Yes] Yes [No] No
      (iii) A 35% controlled entity of a person described in (i) or (ii) above? [Yes] Yes [No] No

   h. 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 or IRC section (see instructions)) _____________________________
   (iv) Is the organization in col. (i) listed in your governing document? [Yes] Yes [No] No
   (v) Did you notify the organization in col. (i) of your support? [Yes] Yes [No] No
   (vi) Is the organization in col. (i) organized in the U.S.? [Yes] Yes [No] No
   (vii) Amount of support _____________________________

   [ ] [ ] [ ] [ ] [ ]

   Total [ ] [ ] [ ] [ ] [ ]

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

Schedule A (Form 990 or 990-EZ) 2011

12010906 734569 PRO9967 2011.04020 PROJECT ACCESS OF NEW HAVEN PRO99671
### Section A: Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>147,015</td>
<td>112,200</td>
</tr>
<tr>
<td>2. Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
<tr>
<td>3. The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
<tr>
<td>4. Total, Add lines 1 through 3</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>147,015</td>
<td>112,200</td>
</tr>
<tr>
<td>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)</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
</tbody>
</table>

### Section B: Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Amounts from line 4</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>147,015</td>
<td>112,200</td>
</tr>
<tr>
<td>8. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
<tr>
<td>9. Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
<tr>
<td>10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
<tr>
<td>11. Total support. Add lines 7 through 10</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
<tr>
<td>12. Gross receipts from related activities, etc. (see instructions)</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
<tr>
<td>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</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
</tbody>
</table>

### Section C: Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>Item</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
<tr>
<td>15. Public support percentage from 2010 Schedule A, Part II, line 14</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
<td>....</td>
</tr>
</tbody>
</table>

- **16a 33 1/3% support test - 2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- **b 33 1/3% support test - 2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- **17a 10% -facts-and-circumstances test - 2011.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- **b 10% -facts-and-circumstances test - 2010.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- **18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions
**Part III**  
Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support (subtotal) (form 990)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Not income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support (Add lines 9, 10a, 11, and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

| 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) | 15% |          |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 | 16% |          |

### Section D. Computation of Investment Income Percentage

| 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) | 17% |          |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17 | 18% |          |
| 19a 33 1/3% support tests - 2011. 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 - 2010. 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 |          |          |
**PROJECT ACCESS OF NEW HAVEN, INC.**

**Employer identification number**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Supplies and Telephone</td>
<td>8,273.</td>
</tr>
<tr>
<td>Business Registration and Membership Fees</td>
<td>592.</td>
</tr>
<tr>
<td>Conferences</td>
<td>1,303.</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>2,960.</td>
</tr>
<tr>
<td>Travel</td>
<td>1,407.</td>
</tr>
<tr>
<td>Staff Development</td>
<td>4,500.</td>
</tr>
<tr>
<td><strong>Total to Form 990-EZ, Line 16</strong></td>
<td>19,035.</td>
</tr>
</tbody>
</table>

**Form 990-EZ, Part II, Line 26, Other Liabilities:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Beg. of Year</th>
<th>End of Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Due to Yale New Haven Hospital-Payroll</td>
<td>6,983.</td>
<td>0.</td>
</tr>
</tbody>
</table>

**Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:**

The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.
### Part IV List of Officers, Directors, Trustees, and Key Employees

- List each one even if not compensated. (see the instructions for Part IV.)

<table>
<thead>
<tr>
<th>(a) Name and address</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)</th>
<th>(d) Health benefits contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>ERICA SPATZ, MD, MHS</td>
<td>DIRECTOR</td>
<td>0.50</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MAE TIGNH, MD</td>
<td>DIRECTOR</td>
<td>0.50</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>PO BOX 9293, NEW HAVEN, CT 06533</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
INSTRUCTIONS FOR FILING
CHARITABLE ORGANIZATION REGISTRATION APPLICATION

Return must be signed and dated by: TWO AUTHORIZED REPRESENTATIVES

Due on or before

[ X ] Payment due $ 50.00

Issue check to: TREASURER, STATE OF CONNECTICUT

Mail in the enclosed envelope to: Department of Consumer Protection
Public Charities
165 Capitol Avenue
Hartford, CT 06106-1630

NOTE: A copy of the following items (if checked) were attached to the original filing but not to your copy of the renewal form:

___ Federal Form 990 (minus schedule B)
___ Audit Report
STATE OF CONNECTICUT

INITIAL Charitable Organization Registration Application

Do not use this registration application to renew a charitable organization registration

1. All organizations must provide an email address. Email Address: Darcoy.cobbs-lomax@ynhh.org

2. Organization’s Legal Name: Project Access of New Haven, Inc. 
In Care of: 

Mailing Address: PO Box 9293 
City: New Haven State: CT Zip Code: 06533 

Physical Address (if different): 
City State Zip Code: 
Tel. Number: 203-773-0838 Web Site URL: www.pe-nh.org 
Federal Employer Identification Number (FEIN): 26-4379967 
Exempt under Internal Revenue Code Section 501(c)(3) (insert code section if exempt) 
Enter the date your last fiscal year ended or the date your first fiscal year will end (mm/dd/yy)
If you have not yet completed your first fiscal year end, no financial information is required with your application.

3. Names, other than the names given above, under which funds will be solicited (attach a sheet if needed).

4. Is the organization incorporated? [ ] Yes [ ] No If YES, enter the State of incorporation: CT

5. Required Attachments to this initial application form:

- Attach a completed IRS Form 990, 990EZ or 990PF for your most recently completed year. You may attach the prior year IRS form if your most recently completed year end IRS form is not complete. An IRS form with a year end that is more than 23 month old cannot be used because the registration period plus any extension of time to register for that year has already passed. If you have not yet completed your first fiscal year end, no IRS form is required.

- In addition to the IRS Form mentioned above, an audit is required if gross revenue in excess of $500,000 during the report year accompanying this application. The terms “audit” and “gross revenue” are explained in the instructions to this form.

We hereby certify under penalty of false statement that we are authorized to sign this document for the organization and that the information provided, including all attachments, is true and complete to the best of our knowledge.

Signed: ___________________________ Signed: ___________________________
Printed Name: ___________________________ Printed Name: ___________________________
Title: ___________________________ Title: ___________________________
Date: __/__/____ Date: __/__/____

**STATE LAW REQUIRES THAT TWO PERSONS SIGN THIS FORM -- See instructions on signatures**

Page 1 of 2