



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**
 Department of the Treasury
 Internal Revenue Service

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

OMB No 1545-0047
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY ACCESS INC Doing Business As		D Employer identification number 23-7399839	
	Number and street (or P O box if mail is not delivered to street address) Room/suite 2 WASHINGTON STREET 9TH FLOOR		E Telephone number (212) 780-1400	
	City or town, state or country, and ZIP + 4 NEW YORK, NY 10004		G Gross receipts \$ 20,086,788	
	F Name and address of principal officer STEVEN COE 2 WASHINGTON STREET 9TH FLOOR NEW YORK, NY 10004		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: www.communityaccess.org				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation 1974	M State of legal domicile NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities to assist people with psychiatric disabilities to make the transition from shelters and institutions to independent living and provide housing and support services and advocate for the rights of people		
	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	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	430
	6 Total number of volunteers (estimate if necessary)	6	17
	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)	5,415,450	1,458,368
	9 Program service revenue (Part VIII, line 2g)	14,591,041	17,643,810
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35,964	6,604
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	869,023	855,185
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,911,478	19,963,967
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,303,529	12,030,909
	16a Professional fundraising fees (Part IX, column (A), line 11e)	134,642	66,192
	b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 607,049		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	7,054,356	8,730,013
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	18,492,527	20,827,114
19 Revenue less expenses Subtract line 18 from line 12	2,418,951	-863,147	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	12,481,637	9,543,976
	21 Total liabilities (Part X, line 26)	5,245,720	3,173,911
	22 Net assets or fund balances Subtract line 21 from line 20	7,235,917	6,370,065

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	2012-05-10
	PAUL PERRY CFO Type or print name and title	Date

Paid Preparer Use Only	Print/Type preparer's name Paul Hammerschmidt	Preparer's signature Paul Hammerschmidt	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name BDO USA LLP				Firm's EIN
	Firm's address 100 PARK AVENUE NEW YORK, NY 100175001				Phone no (212) 885-8000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission
 TO ASSIST PEOPLE WITH PSYCHIATRIC DISABILITIES TO MAKE THE TRANSITION FROM SHELTERS AND INSTITUTIONS TO INDEPENDENT LIVING AND PROVIDE SAFE, AFFORDABLE HOUSING AND SUPPORT SERVICES AND ADVOCATE FOR THE RIGHTS OF PEOPLE TO LIVE WITHOUT FEAR OR STIGMA

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 15,289,361 including grants of \$ 0) (Revenue \$ 16,700,015)
 HOUSING - PROVIDED AFFORDABLE HOUSING TO 1,200 INDIVIDUALS AND FAMILIES AT 23 BUILDINGS IN MANHATTAN, BROOKLYN AND THE BRONX OUR AFFORDABLE HOUSING PROGRAM OVERALL GREW BY 34% FROM 705 TO 942 UNITS THROUGH 1) COMPLETING THE CONSTRUCTION OF A NEW RESIDENTIAL BUILDING ON CEDAR AVENUE IN THE BRONX DEDICATED TO PROVIDING HOUSING TO INDIVIDUALS WITH MENTAL ILLNESS AND LOW-INCOME WORKING FAMILIES 2) ACQUIRING THREE NEW TRANSITIONAL HOUSING PROGRAMS IN THE EAST VILLAGE WHERE WE ARE PROVIDING HOMES AND SOCIAL SERVICES FOR INDIVIDUALS WITH MENTAL ILLNESS-MANY OF WHOM HAVE BEEN STRUGGLING WITH SUBSTANCE ABUSE AND REPEATED HOSPITALIZATIONS AND ARE IN NEED OF A STRONG SUPPORT SYSTEM TO HELP THEM RECLAIM THEIR LIVES 3) ADDING FIVE NEW PERMANENT HOUSING SITES IN WASHINGTON HEIGHTS AND THE BRONX WHERE COMMUNITY ACCESS IS PROVIDING ON-SITE SOCIAL SERVICES CEDAR AVENUE IN THE BRONX CONSTRUCTION ON THE CEDAR AVENUE 106-UNIT, \$37.8 MILLION PROJECT WAS COMPLETED IN MARCH 2011, AND TENANTS BEGAN MOVING INTO THE BUILDING IN APRIL THERE ARE 55 APARTMENTS SET ASIDE FOR TENANTS WITH PSYCHIATRIC DISABILITIES, AND THE REMAINING APARTMENTS ARE DEDICATED TO LOW-INCOME FAMILIES THE FACILITY MARKS COMMUNITY ACCESS' FIRST "GREEN ROOF" CONSTRUCTION WITH A ROOFTOP GARDEN THAT CAN HELP REDUCE ENERGY COSTS OVER TIME, WHILE ALSO OFFERING AN ATTRACTIVE RECREATIONAL AND GATHERING SPACE FOR TENANTS YEAR-ROUND THE BUILDING ALSO INCLUDES A COMMUNITY ROOM, A COMPUTER LAB, FREE WI-FI, AND FULL-TIME STAFF WHO ARE PROVIDING SOCIAL SERVICES AND EDUCATIONAL SUPPORT OUR PARTNERS IN THIS AFFORDABLE HOUSING DEVELOPMENT PROJECT WERE ALEMBC COMMUNITY DEVELOPMENT (CO-DEVELOPER), HLS BUILDERS CORP (GENERAL CONTRACTOR), WHICH ALSO CONSTRUCTED OUR AFFORDABLE HOUSING BUILDINGS AT 910 DEKALB AVENUE IN BROOKLYN AND 1363 FRANKLIN AVENUE IN THE BRONX, AND PETER WOLL (ARCHITECT) WHO WAS INVOLVED IN OUR CONSTRUCTION AND RENOVATION EFFORTS AT GOUVERNEUR COURT ON THE LOWER EAST SIDE, ACCESS HOUSE IN THE EAST VILLAGE, 551 WARREN STREET IN BROOKLYN, AND 1189 TINTON AVENUE IN THE BRONX EAST VILLAGE WITH THE SUPPORT OF NEW YORK STATE OFFICE OF MENTAL HEALTH, COMMUNITY ACCESS ACQUIRED THREE NEW TRANSITIONAL HOUSING PROGRAMS IN THE EAST VILLAGE, WHICH WERE FORMERLY OWNED AND OPERATED BY THE EDUCATIONAL ALLIANCE THESE TRANSITIONAL HOUSING PROGRAMS ARE DEDICATED TO HELPING PEOPLE WITH PSYCHIATRIC DISABILITIES MOVE FROM SHELTERS AND HOSPITALS INTO THE COMMUNITY AND ON THE PATH TOWARDS INDEPENDENT LIVING 1) 255 EAST BROADWAY IS A FOUR-STORY 5,600 SQ FT BUILDING THAT HOUSES 14 PEOPLE IN PRIVATE ROOMS 2) 315 SECOND AVENUE IS A FOUR-STORY 4,000 SQ FT BUILDING HOUSING 14 RESIDENTS IN TWO SHARED BEDROOMS AND BATHS PER FLOOR 3) 190 STANTON STREET IS A FIVE-STORY 10,000 SQ FT BUILDING HOUSING 24 RESIDENTS IN FOUR SHARED BEDROOMS WITH SHARED BATHS ON EACH FLOOR AT EACH BUILDING, COMMUNITY ACCESS PROVIDES ON-SITE STAFFING, PLUS INDIVIDUAL COUNSELING AND GOAL PLANNING AND LINKAGES TO OUTSIDE PROGRAMS AND SERVICES THE FOCUS OF OUR WORK IS ON COUNSELING, EDUCATION AND SUPPORT TO HELP OUR TENANTS GAIN BASIC SKILLS, ADJUST TO COMMUNITY LIVING, AND BEGIN A PLANNING PROCESS FOR FUTURE INDEPENDENT LIVING RESIDENTS ARE ALSO ENCOURAGED TO TAKE ADVANTAGE OF MANY AVAILABLE FREE AND LOW-COST CULTURAL, RECREATIONAL AND EDUCATIONAL OPPORTUNITIES IN THEIR NEIGHBORHOODS WASHINGTON HEIGHTS THROUGH A COLLABORATION WITH THE COMMUNITY LEAGUE OF THE HEIGHTS (CLOTH), COMMUNITY ACCESS IS NOW PROVIDING ON-SITE SOCIAL SERVICES AND MENTORING AT THREE NEW RESIDENTIAL BUILDINGS ON WEST 159TH STREET, INCLUDING OUR FIRST-EVER AFFORDABLE HOUSING PROGRAM FOR YOUNG ADULTS AGED 18-25 WHO HAVE BEEN IN FOSTER CARE AND ARE TRANSITIONING INTO LIFE ON THEIR OWN GIVEN THAT ONE IN SIX YOUNG PEOPLE AGING OUT OF THE FOSTER CARE SYSTEM TYPICALLY ENDS UP HOMELESS WITHIN A YEAR'S TIME, WE ARE PARTICULARLY PROUD TO BE RUNNING A HOUSING PROGRAM THAT PROVIDES A STRONG INTERVENTION AT A POINT IN YOUNG PEOPLE'S LIVES THAT CAN HELP THEM AVOID HOMELESSNESS AND BECOME ACTIVE, EMPOWERED COMMUNITY MEMBERS OUR FULL-TIME STAFF INCLUDES A SOCIAL WORKER, A JOB TRAINING SPECIALIST AND PROGRAM DIRECTOR WHO ARE WORKING WITH TENANTS IN AREAS LIKE COUNSELING, HEALTH AND WELLNESS, RESUME WRITING AND INTERVIEW SKILLS TRAINING, CONNECTING WITH LITERACY AND MATHEMATICS TUTORS, PURSUING GEDS, AND COMPLETING COLLEGE APPLICATIONS ONE OF OUR YOUNGEST RESIDENTS RECENTLY GRADUATED FROM EDWARD R MURROW HIGH SCHOOL, AND WAS SELECTED TO BE HER CLASS SPEAKER AT THE JUNE 2011 CEREMONY AT GRADUATION, SHE RECOGNIZED COMMUNITY ACCESS FOR OFFERING HER THE STRONG SUPPORT SYSTEM SHE NEEDED TO BE ABLE TO STAY IN HIGH SCHOOL AFTER AGING OUT OF THE FOSTER CARE SYSTEM AND MOVING INTO OUR SUPPORTIVE HOUSING PROGRAM-AND FOR THE ENCOURAGEMENT OUR STAFF OFFERED, WHICH HELPED HER COMPLETE HER SENIOR YEAR OF HIGH SCHOOL AND GRADUATE WITH HONORS CASA DE LA LUNA AND CASA DE LA ESTRELLA IN THE BRONX THROUGH A COLLABORATION WITH A PRIVATE HOUSING DEVELOPER, KIUMARZ GEULA, COMMUNITY ACCESS BEGAN PROVIDING ON-SITE SOCIAL SERVICES TO 47 RESIDENTS IN TWO BRAND NEW AFFORDABLE HOUSING BUILDINGS IN THE BRONX, WHICH ARE DEDICATED TO PROVIDING BLENDED HOUSING OPPORTUNITIES FOR PEOPLE WITH MENTAL ILLNESS, LOW-INCOME COMMUNITY MEMBERS, AND WORKING FAMILIES CARLOS RODRIGUEZ, OUR VERY FIRST RESIDENT AT LA CASAS, MOVED INTO HIS APARTMENT ON NOVEMBER 16, 2010 CARLOS IS A MILITARY VETERAN WHO HAD MISSIONS TO PANAMA IN THE 1970S, SOMALIA IN THE 1980S, AND THE GULF WAR IN THE 1990S AFTER HIS RETURN TO THE U S , HE EXPERIENCED POST- TRAUMATIC STRESS DISORDER, BATTLED A SEVERE DRUG ADDICTION, AND ENDED UP LIVING IN CENTRAL PARK FOR NEARLY THREE YEARS, AND WAS IN AND OUT OF THE SHELTER SYSTEM AND HOSPITALS COMMUNITY ACCESS WAS HONORED TO OFFER CARLOS THE FIRST HOME OF HIS OWN IN DECADES-BACKED UP WITH A STRONG SUPPORT SYSTEM NEW HOUSING DEVELOPMENTS IN THE PIPELINE ON THE HOUSING DEVELOPMENT FRONT, WE BROKE GROUND ON A NEW 64-UNIT BUILDING ON VYSE AVENUE IN THE BRONX IN AUGUST 2010, AND WE ANTICIPATE THAT THIS NEW FACILITY WILL OPEN ITS DOORS IN JUNE 2012 COMMUNITY ACCESS PURCHASED THE SITE IN 2008 WITH SUPPORT FROM THE NEW YORK STATE OFFICE OF MENTAL HEALTH, WHICH IS ALSO PROVIDING FUNDING FOR OUR CONSTRUCTION EFFORTS

4b (Code) (Expenses \$ 1,453,616 including grants of \$ 0) (Revenue \$ 1,031,585)
 TRAINING & EDUCATION - COMMUNITY ACCESS' JOB TRAINING PROGRAMS ARE AN IMPORTANT EXTENSION OF OUR AFFORDABLE HOUSING INITIATIVES BEYOND A SAFE PLACE TO LIVE, MOST MENTAL HEALTH CONSUMERS WANT AND NEED JOBS AND EDUCATIONAL OPPORTUNITIES THAT CAN HELP THEM GAIN ECONOMIC SELF-SUFFICIENCY-AND LIVE STABLE, INDEPENDENT LIVES IN 2011, OUR JOB TRAINING PROGRAMS AT THE HOWIE THE HARP PEER ADVOCACY AND TRAINING CENTER (HTH) IN HARLEM MADE A SIGNIFICANT IMPACT IN A NUMBER OF WAYS 1) OVER 250 INDIVIDUALS PARTICIPATED IN OUR HTH CLASSROOM-BASED JOB TRAINING, INTERNSHIP AND FOLLOW-UP PROGRAMS WE ALSO INTRODUCED A NEW ALUMNI PROGRAM COMPRISING CONTINUING EDUCATION OPPORTUNITIES AND MONTHLY GATHERINGS AND NETWORKING EVENTS 2) WE LAUNCHED AN IMPACT SURVEY TO GATHER INFORMATION ABOUT THE LIVES AND EXPERIENCES OF OUR HTH GRADUATES FROM 1995-2008 WE ARE PROUD THAT THE RESULTS OF THIS SURVEY INDICATE THAT THE PROGRAM IS SERVING AS A MAJOR LAUNCH-POINT FOR HELPING PARTICIPANTS BREAK A CYCLE OF POVERTY AS AN EXAMPLE, AN ESTIMATED 60% OF OUR PROGRAM GRADUATES FROM 2008 AND PRIOR CURRENTLY HAVE FULL-TIME JOBS THAT PAY \$35,000 OR MORE ANNUALLY PLUS FRINGE BENEFITS MOST HTH GRADUATES NOW HAVE JOBS WHERE THEY ARE EARNING MAINSTREAM WAGES THAT ARE TWO TO THREE TIMES OVER THE POVERTY THRESHOLD, AND 20% OF OUR GRADUATES HAVE COMPLETED COLLEGE DEGREES 3) WE ESTABLISHED A PARTNERSHIP WITH NEW YORK UNIVERSITY SCHOOL OF SOCIAL WORK TO DEVELOP A LONGITUDINAL STUDY-TO IMPLEMENT IN 2012-WHICH MEASURES THE IMPACT OF THE HTH PROGRAM GRADUATES WITHIN THE WORKFORCE OUR COLLABORATORS IN THIS STUDY ARE NEW YORK CITY HEALTH AND HOSPITALS CORPORATION, CENTER FOR ALTERNATIVE SENTENCING (CASES), AND FECS, ALL OF WHICH HAVE LONG HISTORIES OF HIRING HTH PROGRAM GRADUATES AND/OR PROVIDING SUPERVISED INTERNSHIPS

4c (Code) (Expenses \$ 1,107,226 including grants of \$ 0) (Revenue \$ 657,189)
 OTHER PROGRAMS IN OCTOBER 2010, COMMUNITY ACCESS OPENED EAST VILLAGE ACCESS, OUR NEW MENTAL HEALTH PROGRAM THAT OFFERS CURRICULUM-BASED, STRUCTURED LEARNING OPPORTUNITIES FOR ADULTS WITH MENTAL ILLNESS TO BECOME KNOWLEDGEABLE ABOUT HOUSING, EMPLOYMENT, LIFE SKILLS, AND SOCIAL OPPORTUNITIES THAT CAN HELP LEAD TO HEALTHY, PRODUCTIVE LIVES USING PROS-PERSONALIZED RECOVERY ORIENTED SERVICES-EAST VILLAGE ACCESS HELPS PEOPLE IDENTIFY THEIR STRENGTHS, OVERCOME BARRIERS, AND BUILD SKILLS FOR GOAL-SETTING, GROWTH, RECOVERY AND SELF-DIRECTED LIVING IN THE FIRST SIX MONTHS OF OPERATION, THE PROGRAM SERVED OVER 200 PARTICIPANTS ACROSS THE FOLLOWING SERVICE AREAS 1) JOB SUPPORT AND HELP WITH GOING BACK TO SCHOOL 2) HEALTH SCREENING AND NUTRITION 3) INFORMATION ON SELF HELP 4) CLINICAL COUNSELING AND THERAPY 5) AND MANY MORE ACTIVITIES, LIKE COMMUNITY GARDENING, COOKING CLASSES, LEGAL WORKSHOPS, YOGA, COMPUTER INSTRUCTION, AND A BOOK CLUB THE ART COLLECTIVE IN 2011, WE LAUNCHED A FULL SERIES OF WORKSHOPS TO EXPAND FORMAL TRAINING FOR ARTISTS WITH MENTAL ILLNESS LED BY OUR DIRECTOR AND ARTIST-IN-RESIDENCE, THE ART COLLECTIVE INSPIRES TRANSFORMATIVE OUTCOMES FOR PEOPLE WITH PSYCHIATRIC DISABILITIES THROUGH ARTISTIC EXPRESSION 1) IN NOVEMBER 2010, JEFFERSON MARKET LIBRARY IN THE WEST VILLAGE HOSTED A MONTH-LONG EXHIBITION FEATURING ARTIST BOOKS CREATED BY OUR ART PROGRAM PARTICIPANTS THE EXHIBIT TITLED UNBOUND HEALING, ART AND INSPIRATION WAS FREE AND OPEN TO THE PUBLIC AND WAS PUBLICIZED AS "AN EXHIBITION OF ORIGINAL, HANDMADE BOOKS AND STORIES BY THE ARTISTS OF COMMUNITY ACCESS " 2) IN JUNE 2011, OUR ART PROGRAM DIRECTOR REPRESENTED COMMUNITY ACCESS AT TWO EVENTS AT THE UNITED NATIONS SPONSORED BY WRITER/JOURNALIST HUBERTA VON VOSS-WITTIG, WIFE OF THE AMBASSADOR TO THE PERMANENT MISSION OF GERMANY OF THE UNITED NATIONS AS GUEST SPEAKER, THE DIRECTOR SHARED THE STORY AND WORK OF COMMUNITY ACCESS AND THE POSITIVE WAYS IN WHICH ART HELPS IN THE RECOVERY PROCESS FOR PEOPLE WITH MENTAL ILLNESS ON THE ADVOCACY FRONT, COMMUNITY ACCESS CONTINUED ITS LEADERSHIP ROLE IN THE MENTAL HEALTH COMMUNITY THROUGH CONTINUING TO ENCOURAGE TENANTS TO GET INVOLVED IN THEIR COMMUNITIES BY ATTENDING LOCAL COMMUNITY BOARD MEETINGS AND PARTICIPATING IN TRIPS TO ALBANY TO MEET WITH LEGISLATORS IN ADDITION, COMMUNITY ACCESS HOSTED OUR 7TH ANNUAL NYC MENTAL HEALTH FILM FESTIVAL IN COLLABORATION WITH NYAPRS IN MAY 2011

4d Other program services (Describe in Schedule O)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 17,850,203

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>		No
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i> <input checked="" type="checkbox"/>	Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> <input checked="" type="checkbox"/>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> <input checked="" type="checkbox"/>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1a	56		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.		
2a	430		
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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," 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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
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?		No
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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
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?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
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?		No
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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (14), 2 (No), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (No), 16a (Yes), 16b (No).

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
PAUL PERRY
2 WASHINGTON STREET 9TH FLOOR
NEW YORK, NY 10004
(212) 780-1400

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

Check if Schedule O contains a response to any question 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, and **current** key employees 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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) STEPHEN CHASE PRESIDENT	10	X		X			0	0	0	
(2) CATHERINE G PATSOS VICE PRESIDENT	10	X		X			0	0	0	
(3) RAMESH SHAH TREASURER	10	X		X			0	0	0	
(4) JESSICA CATLOW SECRETARY	10	X		X			0	0	0	
(5) CAROLE DARDEN-LLOYD THRU 1110 BOARD MEMBER	10	X					0	0	0	
(6) SANDY GANSBERG BOARD MEMBER	10	X					0	0	0	
(7) JAMES GOLDEN BOARD MEMBER	10	X					0	0	0	
(8) DR CYNTHIA B GREEN BOARD MEMBER	10	X					0	0	0	
(9) PHILIPP HECKER BOARD MEMBER	10	X					0	0	0	
(10) DAVID KUPERBERG BOARD MEMBER	10	X					0	0	0	
(11) BARBARA MALATESTA FROM 92010 BOARD MEMBER	10	X					0	0	0	
(12) STEPHANIE NICKERSON BOARD MEMBER	10	X					0	0	0	
(13) BENJAMIN PANTER FROM 32011 BOARD MEMBER	10	X					0	0	0	
(14) KAREN ROTH BOARD MEMBER	10	X					0	0	0	
(15) ANASTASIA P VOURNAS BOARD MEMBER	10	X					0	0	0	
(16) MICHAEL BRESCIA THRU 1210 BOARD MEMBER	10	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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
(17) STEVEN COE CHIEF EXECUTIVE OFFICER	40 0			X				144,224	0	16,611
(18) LEONARD CHAVIS THRU 6172011 CHIEF FINANCIAL OFFICER	40 0			X				128,218	0	5,823
(19) CAROLYN HEDIGAN DEPUTY CEO	40 0					X		126,475	0	5,900
(20) ALYSIA PASCARIS DEPUTY CEO	40 0					X		117,615	0	822
(21) DARIN ALTILIO DIRECTOR OF OPERATIONS	40 0					X		110,802	0	16,253
(22) GORDON HOUGH DIR OF SUPPORTIVE HOUSING	40 0					X		101,116	0	10,492
(23) JOHN WILLIAMS DIR OF DEVELOPMENT & COMMUN	40 0					X		104,027	0	5,751
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								832,477	0	61,652

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **7**

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

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

(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 in compensation from the organization **0**

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c	377,350			
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	1,081,018			
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f		1,458,368		
	Program Service Revenue	2a <u>GOVERNMENT FEES/CONTRACTS</u>	624200	11,747,075	11,747,075
b <u>MEDICARE/MEDICAID</u>		624200	3,978,541	3,978,541	
c <u>CLIENT FEES</u>		624200	1,554,205	1,554,205	
d <u>REAL ESTATE DEVELOPERS FEE</u>		624200	262,007	262,007	
e <u>JOB TRAINING INCOME</u>		624200	51,982	51,982	
f All other program service revenue			50,000	50,000	
g Total. Add lines 2a-2f			17,643,810		
3 Investment income (including dividends, interest and other similar amounts)			4,262		4,262
4 Income from investment of tax-exempt bond proceeds		0			
5 Royalties		0			
6a Gross Rents	(i) Real				
	(ii) Personal				
	b Less rental expenses				
	c Rental income or (loss)				
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities	16,027			
	(ii) Other				
	b Less cost or other basis and sales expenses	13,685			
	c Gain or (loss)	2,342			
d Net gain or (loss)		2,342		2,342	
Other Revenue	8a Gross income from fundraising events (not including \$ <u>377,350</u> of contributions reported on line 1c) See Part IV, line 18 a				
	b Less direct expenses b		121,859		
	c Net income or (loss) from fundraising events		109,136		
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		0			
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		0		
Miscellaneous Revenue	11a <u>MANAGEMENT FEES</u>	624200	744,979	744,979	
	b <u>MISCELLANEOUS INCOME</u>	900099	97,483		97,483
	c _____				
	d All other revenue				
	e Total. Add lines 11a-11d		842,462		
12 Total revenue. See Instructions		19,963,967	18,388,789	0	116,810

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	306,067		306,067	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	9,341,511	7,327,263	1,617,770	396,478
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	81,396	64,124	13,795	3,477
9	Other employee benefits	1,565,611	1,208,547	291,532	65,532
10	Payroll taxes	736,324	561,324	144,562	30,438
a	Fees for services (non-employees)				
	Management	0			
b	Legal	45,054	28,243	16,811	
c	Accounting	72,400		72,400	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	66,192			66,192
f	Investment management fees	0			
g	Other	362,259	267,734	89,528	4,997
12	Advertising and promotion	0			
13	Office expenses	530,464	350,283	162,680	17,501
14	Information technology	147,110	97,954	43,407	5,749
15	Royalties	0			
16	Occupancy	1,466,978	906,954	560,024	
17	Travel	60,662	47,419	12,084	1,159
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	158,663	106,046	48,314	4,303
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	490,757		490,757	
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	ADMIN EXP ALLOCATION	0	1,729,940	-1,729,940	
b	CLIENT HOUSING AND COSTS	2,754,158	2,754,158		
c	CLIENT FOOD AND SUPPLIES	1,889,270	1,887,480		1,790
d	EQUIPMENT REPAIRS/MAINT	652,190	490,548	160,158	1,484
e	DUES AND SUBSCRIPTIONS	24,925	15,425	7,551	1,949
f	All other expenses	75,123	6,761	62,362	6,000
25	Total functional expenses. Add lines 1 through 24f	20,827,114	17,850,203	2,369,862	607,049
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	1,446,134	1	972,933
	2 Savings and temporary cash investments	1,256,050	2	1,519,212
	3 Pledges and grants receivable, net	759,200	3	423,100
	4 Accounts receivable, net	1,533,217	4	1,242,241
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 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) Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	33,033	9	58,251
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	4,910,108		
	b Less accumulated depreciation	2,567,023	5,065,822	10c 2,343,085
	11 Investments—publicly traded securities		11	
	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	2,388,181	15	2,985,154
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,481,637	16	9,543,976	
Liabilities	17 Accounts payable and accrued expenses	2,557,269	17	2,876,271
	18 Grants payable	226,481	18	247,462
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 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	2,461,970	23	50,000
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	0	25	178
	26 Total liabilities. Add lines 17 through 25	5,245,720	26	3,173,911
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,185,917	27	6,320,065
	28 Temporarily restricted net assets	50,000	28	50,000
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, 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	7,235,917	33	6,370,065	
34 Total liabilities and net assets/fund balances	12,481,637	34	9,543,976	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,963,967
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,827,114
3	Revenue less expenses Subtract line 2 from line 1	3	-863,147
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,235,917
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,705
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,370,065

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY ACCESS INC

Employer identification number

23-7399839

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 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 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 the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,471,688	1,162,476	5,447,567	5,415,450	1,458,368	14,955,549
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	1,471,688	1,162,476	5,447,567	5,415,450	1,458,368	14,955,549
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)						823,523
6 Public Support. Subtract line 5 from line 4						14,132,026

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1,471,688	1,162,476	5,447,567	5,415,450	1,458,368	14,955,549
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,663	46,997	31,901	35,126	4,262	139,949
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 IV.)	425,842	336,506	208,156	147,643	110,206	1,228,353
11 Total support (Add lines 7 through 10)						16,323,851
12 Gross receipts from related activities, etc (See instructions)					12	71,642,269

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	86.573%
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	88.502%

16a 33 1/3% support test—2010. 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—2009.** 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—2010.** 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—2009.** 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

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITY ACCESS INC

Employer identification number 23-7399839

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

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

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

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

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

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

3 Using the organization's 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 XIV

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" to 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 XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 Investment earnings or 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 year end balance held as

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		25,250		25,250
b Buildings		2,753,228	1,022,130	1,731,098
c Leasehold improvements				
d Equipment		1,657,653	1,158,505	499,148
e Other		473,977	386,388	87,589
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,343,085

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	19,963,967
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	20,827,114
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-863,147
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-863,147

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	20,073,103
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	109,136
e	Add lines 2a through 2d	2e	109,136
3	Subtract line 2e from line 1	3	19,963,967
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	19,963,967

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	20,936,250
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 XIV)	2d	109,136
e	Add lines 2a through 2d	2e	109,136
3	Subtract line 2e from line 1	3	20,827,114
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	20,827,114

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
PART X, LINE 2		COMMUNITY ACCESS, INC (THE "REPORTING ORGANIZATION") HAS NOT TAKEN AN UNCERTAIN TAX POSITION THAT WOULD REQUIRE PROVISION OF A LIABILITY UNDER ACCOUNTING STANDARDS CODIFICATION ("ASC") 740, "ACCOUNTING FOR U UNCERTAINTY IN INCOME TAXES" UNDER ASC 740, AN ORGANIZATION MUST RECOGNIZE THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION THE REPORTING ORGANIZATION DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE THE FINANCIAL STATEMENT EFFECTS FOR UNRECOGNIZED TAX POSITIONS THE REPORTING ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO ADDITIONALLY, THE REPORTING ORGANIZATION HAS FILED INTERNAL REVENUE SERVICE FORM 990 INFORMATION RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE SO REQUIRED FOR THE YEAR ENDED JUNE 30, 2011, THERE WAS NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENT OF ACTIVITIES MANAGEMENT BELIEVES THAT THE REPORTING ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATION FOR THE YEARS PRIOR TO 2008
PART XII, LINE 2D AND PART XIII, LINE 2D		SPECIAL EVENT EXPENSES \$109,136

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization COMMUNITY ACCESS INC

Employer identification number 23-7399839

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and e-mail solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Rows include JJKO DESIGN, TIMOTHY RUNION, THE WHELAN GROUP, and Total.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

NY
Dotted lines for listing states.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>GALA</u> (event type)	_____ (event type)	<u>0</u> (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	499,209			499,209
	2 Less Charitable contributions	377,350			377,350
	3 Gross income (line 1 minus line 2)	121,859			121,859
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	109,136			109,136
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				109,136
11 Net income summary Combine lines 3 and 10 in column (d) ▶				12,723	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY ACCESS INC

Employer identification number

23-7399839

Part I Questions Regarding Compensation

Yes No

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

a Receive a severance payment or change-of-control payment from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

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

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)	STEVEN COE	(i) 144,224	(ii) 0	(iii) 0	1,510	15,101	160,835	
	(ii)	0	0	0	0	0	0	
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
COMMUNITY ACCESS INC

Employer identification number

23-7399839

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B		THE FORM 990 WILL BE PRESENTED AND REVIEWED WITH THE FINANCE COMMITTEE WHO WILL THEN REPORT TO THE BOARD OF DIRECTORS ON ITS CONTENT

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C		<p>THE AGENCY HAS A CONFLICT OF INTEREST POLICY THAT PERTAINS TO ALL EMPLOYEES SERVING ON THE EXECUTIVE MANAGEMENT TEAM AND MEMBERS OF THE BOARD OF DIRECTORS ANY MEMBER OF THE BOARD OF DIRECTORS WHO MAY BE INVOLVED IN A BUSINESS TRANSACTION IN WHICH THERE IS A POSSIBLE CONFLICT OF INTEREST IS REQUIRED TO REPORT IT TO THE BOARD PRESIDENT AND STAFF MEMBERS ARE REQUIRED TO REPORT IT TO THE CEO IF THE POSSIBLE CONFLICT INVOLVES THE CEO, IT SHOULD BE REPORTED TO THE BOARD PRESIDENT THE CEO OR, WHERE APPLICABLE, THE BOARD PRESIDENT, AFTER RECEIVING THE INFORMATION ABOUT A POSSIBLE CONFLICT OF INTEREST, WILL TAKE ACTION AS NECESSARY TO ASSURE THAT THE TRANSACTION IS COMPLETED IN THE BEST INTEREST OF THE AGENCY WITHOUT SUBSTANTIVE INVOLVEMENT OF THE PERSON WHO HAS THE POSSIBLE CONFLICT OF INTEREST ANY MEMBER OF THE BOARD OF DIRECTORS WHO IS INVOLVED IN A POSSIBLE CONFLICT OF INTEREST MUST 1) REFRAIN FROM VOTING ON ANY SUCH TRANSACTION, PARTICIPATING IN DELIBERATIONS CONCERNING IT, OR USE PERSONAL INFLUENCE IN ANY WAY IN THE MATTER 2) NOT BE COUNTED IN DETERMINING THE QUORUM FOR ANY VOTE WITH RESPECT TO AN AGENCY TRANSACTION IN WHICH THEY HAVE A POSSIBLE CONFLICT OF INTEREST THE CEO OR BOARD PRESIDENT WILL DISCLOSE A POTENTIAL CONFLICT OF INTEREST TO THE OTHER MEMBERS OF THE BOARD BEFORE ANY VOTE ON AN AGENCY TRANSACTION AND SUCH DISCLOSURE WILL BE RECORDED IN THE BOARD MINUTES OF THE MEETING AT WHICH IT WAS MADE</p>

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A		DETERMINING THE CEO SALARY INCLUDES A REVIEW OF COMPARABILITY DATA, COMPENSATION SURVEYS AND APPROVAL BY THE BOARD OF DIRECTORS FORM 990, PART VI, SECTION B, LINE 15B DETERMINING SALARIES OF OTHER OFFICERS INCLUDES A REVIEW OF COMPARABILITY DATA AND COMPENSATION SURVEYS WITH AUTHORIZATION FOR ALL SALARY CHANGES

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 16B		THE ORGANIZATION DOES NOT CURRENTLY HAVE A WRITTEN POLICY OR PROCEDURE. JOINT VENTURE ARRANGEMENTS ARE REVIEWED BY SENIOR MANAGEMENT, LEGAL COUNSEL AND ARE PRESENTED TO THE BOARD OF DIRECTORS. A WRITTEN POLICY IS BEING PREPARED WITH GUIDELINES FOR EVALUATING JOINT VENTURE ARRANGEMENTS AND SAFEGUARDING THE ORGANIZATION'S TAX EXEMPT STATUS. THE POLICY WILL BE SUBMITTED TO THE BOARD OF DIRECTORS FOR APPROVAL.

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19		THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND ON ITS OWN WEBSITE

Identifier	Return Reference	Explanation
PART XI, LINE 5		RESTATEMENT OF NET ASSETS \$(2,705)

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JESSICA CATLOW TITLE SECRETARY HOURS 2

Identifier

Return Reference

Explanation

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME STEVEN COE TITLE CHIEF EXECUTIVE OFFICER HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CAROLYN HEDIGAN TITLE DEPUTY CEO HOURS 1

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY ACCESS INC

Employer identification number

23-7399839

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i	Yes	
1j		No
1k		No
1l		No
1m	Yes	
1n	Yes	
1o		No
1p	Yes	
1q		No
1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier**Return Reference****Explanation****Schedule R (Form 990) 2010**

Software ID:
Software Version:
EIN: 23-7399839
Name: COMMUNITY ACCESS INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
ACCESS HOUSE INC 2 WASHINGTON STREET 9TH FL NEW YORK, NY10004 13-3215436	HOUSING	NY	501(C)(3)	7		Yes	
347 EAST 4TH STREET HDFC INC 2 WASHINGTON STREET 9TH FL NEW YORK, NY10004 13-3453944	HOUSING	NY	501(C)(3)	9		Yes	
202 WEST 108 STREET HDFC INC 2 WASHINGTON STREET 9TH FL NEW YORK, NY10004 43-2085508	HOUSING	NY	501(C)(3)	9		Yes	
BROADWAY ACCESS MANAGEMENT CORP 2 WASHINGTON STREET 9TH FL NEW YORK, NY10004 13-3894581	REAL ESTATE	NY	501(C)(2)	N/A		Yes	
BROADWAY ACCESS HOLDING CORP 2 WASHINGTON STREET 9TH FL NEW YORK, NY10004 13-3894580	TITLE OWNER	NY	501(C)(2)	N/A		Yes	
258 EAST 4TH STREET HDFC 2 WASHINGTON STREET 9TH FL NEW YORK, NY10004 13-3612911	HOUSING	NY	501(C)(3)	PF		Yes	
107-109 AVENUE D HDFC CORP 2 WASHINGTON STREET 9TH FL NEW YORK, NY10004 13-3581305	HOUSING	NY	501(C)(3)	PF		Yes	
COMMUNITY ACCESS HDFC 2 WASHINGTON STREET 9TH FL NEW YORK, NY10004 27-1199372	HOUSING	NY	501(C)(3)			Yes	
COMMUNITY RECOVERY HOUSES HDFC 2 WASHINGTON STREET 9TH FL NEW YORK, NY10004 27-3235862	HOUSING	NY	501(C)(3)			Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
258 EAST 4TH STREET INC 2 WASHINGTON STREET 9TH FL NEW YORK, NY10004 13-3726996	HOUSING	NY	CAI	C CORP	0	0	100 000 %
107-109 AVENUE D INC 2 WASHINGTON STREET 9TH FL NEW YORK, NY10004 13-3642790	HOUSING	NY	CAI	C CORP	0	0	100 000 %
GOUVERNEUR COURT INC 2 WASHINGTON STREET 9TH FL NEW YORK, NY10004 13-3683260	HOUSING	NY	CAI	C CORP	0	0	100 000 %
910 DEKALB AVENUE INC 2 WASHINGTON STREET 9TH FL NEW YORK, NY10004 61-1415076	HOUSING	NY	CAI	C CORP	0	0	100 000 %
1363 FRANKLIN AVENUE INC 2 WASHINGTON STREET 9TH FL NEW YORK, NY10004 72-1559355	HOUSING	NY	CAI	C CORP	0	0	100 000 %
CHICA INC 2 WASHINGTON STREET 9TH FL NEW YORK, NY10004 05-0559777	HOUSING	NY	CAI	C CORP	0	0	100 000 %
772 EAST 168TH STREET CORPORATION 2 WASHINGTON STREET 9TH FL NEW YORK, NY10004 20-1750552	HOUSING	NY	CAI	C CORP	0	0	100 000 %
29 EAST 2ND STREET CORPORATION 2 WASHINGTON STREET 9TH FL NEW YORK, NY10004 13-4190249	HOUSING	NY	CAI	C CORP	0	0	100 000 %
1750 DAVIDSON AVENUE GP INC 2 WASHINGTON STREET 9TH FL NEW YORK, NY10004 34-2042221	HOUSING	NY	CAI	C CORP	0	0	100 000 %
1710 VYSE AVENUE GP CORP 2 WASHINGTON STREET 9TH FL NEW YORK, NY10004 27-1418693	HOUSING	NY	CAI	C CORP	0	0	100 000 %
GOUVERNEUR COURT HOLDING INC 2 WASHINGTON STREET 9TH FL NEW YORK, NY10004 13-3686532	HOUSING	NY	CAI	C CORP	0	0	100 000 %
29 EAST 2ND STREET CA COMMERCIAL CORP 2 WASHINGTON STREET 9TH FL NEW YORK, NY10004 26-3898763	HOUSING	NY	CAI	C CORP	0	0	100 000 %
29 EAST 2ND STREET CS COMMERCIAL CORP 2 WASHINGTON STREET 9TH FL NEW YORK, NY10004	HOUSING	NY	CAI	C CORP	0	0	100 000 %
NEW YORK RECOVERY NETWORK INC 2 WASHINGTON STREET 9TH FL NEW YORK, NY10004 38-3698982	HEALTH CARE	NY	CAI	C CORP	0	0	100 000 %
1854 CEDAR AVENUE HDFC 2 WASHINGTON STREET 9TH FL NEW YORK, NY10004 26-3788059	HOUSING	NY	CAI	C CORP	0	0	100 000 %
1710 VYSE AVENUE HDFC 2 WASHINGTON STREET 9TH FL NEW YORK, NY10004 27-1296664	HOUSING	NY	CAI	C CORP	0	0	100 000 %
CHICA HOUSING DEVELOPMENT FUND CORP 2 WASHINGTON STREET 9TH FL NEW YORK, NY10004 90-0074445	HOUSING	NY	CAI	C CORP	0	0	100 000 %
29 EAST 2ND STREET HDFC INC 2 WASHINGTON STREET 9TH FL NEW YORK, NY10004 06-1620625	HOUSING	NY	CAI	C CORP	0	0	100 000 %
772 EAST 168TH HFDC INC 2 WASHINGTON STREET 9TH FL NEW YORK, NY10004 84-1658921	HOUSING	NY	CAI	C CORP	0	0	100 000 %
910 DEKALB HDFC 2 WASHINGTON STREET 9TH FL NEW YORK, NY10004 61-1415075	HOUSING	NY	CAI	C CORP	0	0	100 000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
1363 FRANKLIN HDFC 2 WASHINGTON STREET 9TH FL NEW YORK, NY10004 72-1559352	HOUSING	NY	CAI	C CORP	0	0	100 000 %

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2010

Department of the Treasury Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

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.

Table with 2 columns: Description, Amount. Rows 1-5 for Section 179 election details.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Rows 6-13 for listed property details.

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)

Table with 2 columns: Description, Amount. Rows 14-16 for special depreciation allowance.

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

Section A

Table with 2 columns: Description, Amount. Rows 17-18 for MACRS deductions.

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i for general depreciation system.

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows 20a-c for alternative depreciation system.

Part IV Summary (see instructions)

Table with 2 columns: Description, Amount. Rows 21-23 for summary totals.

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25**

26 Property used more than 50% in a qualified business use

27 Property used 50% or less in a qualified business use

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29**

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) for Vehicle 1 through 6. Rows include 30-33 (miles driven) and 34-36 (availability and use).

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table for Section C with questions 37-41 and Yes/No columns.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

Table for Section VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2010 tax year (see instructions)

43 Amortization of costs that began before your 2010 tax year **43**

44 Total. Add amounts in column (f) See the instructions for where to report **44**