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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 private foundations)
 Do not enter social security numbers on this form as it may be made public
 Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY ACCESS INC % STEVEN COE 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 province, country, and ZIP or foreign postal code NEW YORK, NY 10004		G Gross receipts \$ 24,828,711
	F Name and address of principal officer STEVEN COE 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates 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

1 Briefly describe the organization's mission or most significant activities DEDICATED TO CREATING OPPORTUNITIES FOR INDIVIDUALS LIVING WITH MENTAL HEALTH CONCERNS TO LIVE LIVES OF THEIR OWN CHOOSING IN THE COMMUNITY OUR SIGNIFICANT ACTIVITIES (SEE SCH O)													
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets												
	<table border="1"> <tr> <td>3 Number of voting members of the governing body (Part VI, line 1a)</td> <td>16</td> </tr> <tr> <td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td> <td>16</td> </tr> <tr> <td>5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td> <td>395</td> </tr> <tr> <td>6 Total number of volunteers (estimate if necessary)</td> <td>18</td> </tr> <tr> <td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td> <td>0</td> </tr> <tr> <td>7b Net unrelated business taxable income from Form 990-T, line 34</td> <td>0</td> </tr> </table>		3 Number of voting members of the governing body (Part VI, line 1a)	16	4 Number of independent voting members of the governing body (Part VI, line 1b)	16	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	395	6 Total number of volunteers (estimate if necessary)	18	7a Total unrelated business revenue from Part VIII, column (C), line 12	0	7b Net unrelated business taxable income from Form 990-T, line 34
3 Number of voting members of the governing body (Part VI, line 1a)	16												
4 Number of independent voting members of the governing body (Part VI, line 1b)	16												
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	395												
6 Total number of volunteers (estimate if necessary)	18												
7a Total unrelated business revenue from Part VIII, column (C), line 12	0												
7b Net unrelated business taxable income from Form 990-T, line 34	0												
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year										
	9 Program service revenue (Part VIII, line 2g)	2,451,219	1,681,910										
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,461	5,879										
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	925,241	1,161,487										
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,883,244	24,623,186										
	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)		14,300,706	15,410,342										
16a Professional fundraising fees (Part IX, column (A), line 11e)		63,600	119,750										
b Total fundraising expenses (Part IX, column (D), line 25) \rightarrow 757,404													
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		10,196,158	9,338,741										
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	24,560,464	24,868,833											
19 Revenue less expenses Subtract line 18 from line 12	322,780	-245,647											
Net Assets or Fund Balances		Beginning of Current Year	End of Year										
	20 Total assets (Part X, line 16)	10,997,551	12,453,794										
	21 Total liabilities (Part X, line 26)	4,485,165	6,843,453										
22 Net assets or fund balances Subtract line 21 from line 20	6,512,386	5,610,341											

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	2016-02-10 Date
	CAL HEDIGAN CEO Type or print name and title	

Paid Preparer Use Only	Prnt/Type preparer's name Paul Hammerschmidt	Preparer's signature Paul Hammerschmidt	Date	Check <input type="checkbox"/> if self-employed	PTIN P01384178
	Firm's name \rightarrow BDO USA LLP			Firm's EIN \rightarrow	
	Firm's address \rightarrow 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 AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

COMMUNITY ACCESS EXPANDS OPPORTUNITIES FOR PEOPLE LIVING WITH MENTAL HEALTH CONCERNS TO RECOVER FROM TRAUMA AND DISCRIMINATION THROUGH AFFORDABLE HOUSING, TRAINING, ADVOCACY, AND HEALING-FOCUSED SERVICES WE ARE BUILT ON THE SIMPLE TRUTH THAT PEOPLE ARE EXPERTS IN THEIR OWN LIVES VALUES - Human Rights - Peer Expertise - Self-Determination - Harm Reduction - Healing and Recovery - Harm Reduction - Healing and Recovery

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 16,277,853 including grants of \$ 0) (Revenue \$ 17,442,492)

HOUSING - COMMUNITY ACCESS WORKS TO ENSURE THAT LOW-INCOME PEOPLE WITH PSYCHIATRIC DISABILITIES AND WORKING FAMILIES CAN HAVE ACCESS TO QUALITY, AFFORDABLE HOUSING AND SUPPORT SERVICES WE PROVIDE SUPPORTIVE HOUSING TO OVER 1,000 INDIVIDUALS AND FAMILIES AT 20 BUILDINGS IN MANHATTAN, BROOKLYN AND THE BRONX, AND WE LEASE ADDITIONAL SCATTERED-SITE UNITS THROUGHOUT THE CITY OUR TENANTS ARE SOME OF NEW YORK'S MOST VULNERABLE - INCLUDING PEOPLE WITH HISTORIES OF HOMELESSNESS, VETERANS, PEOPLE LIVING WITH HIV/AIDS AND YOUTH AGING OUT OF FOSTER CARE WE ALSO PROVIDE ON-SITE STAFFING AND PROPERTY MANAGEMENT SERVICES IN PARTNERSHIP WITH OTHER AGENCIES TYPICALLY, IN OUR PERMANENT SUPPORTIVE HOUSING UNITS, 60% OF TENANTS ARE INDIVIDUALS LIVING WITH MENTAL HEALTH CONDITIONS AND THE REMAINING 40% ARE LOW-INCOME INDIVIDUALS AND FAMILIES THIS MODEL HAS PROVEN HIGHLY SUCCESSFUL IN PROMOTING COMMUNITY INTEGRATION WE KNOW THAT PEOPLE LIVING WITH MENTAL HEALTH CONCERNS CAN BECOME MEMBERS OF A COMMUNITY, NOT DEFINED BY THEIR DIAGNOSES, BUT RATHER VIEWED AS NEIGHBORS AND FRIENDS TENANTS ATTEST THAT THIS MIXED MODEL OF HOUSING GREATLY REDUCES THE STIGMA THEY HAVE PREVIOUSLY FELT

4b (Code) (Expenses \$ 971,569 including grants of \$ 0) (Revenue \$ 797,451)

TRAINING & EDUCATION - COMMUNITY ACCESS HAS TRANSFORMED THE LIVES OF THOUSANDS OF LOW-INCOME NEW YORKERS WITH PSYCHIATRIC DISABILITIES THROUGH TRAINING AND EDUCATION OUR CORE PHILOSOPHY IS THAT, WITH THE RIGHT SUPPORT, INDIVIDUALS CAN RECOVER FROM MENTAL ILLNESS AND LIVE INDEPENDENTLY IN THE COMMUNITY, INSTEAD OF CYCLING THROUGH COSTLY INSTITUTIONAL SETTINGS WE BELIEVE THE SYSTEM OF CARE WILL ONLY FUNDAMENTALLY CHANGE WHEN MAJORITIES OF THE PEOPLE DELIVERING THE CARE ARE FORMER USERS OF SERVICES FOR THIS REASON WE HAVE SET A TARGET TO HAVE AT LEAST 51% OF OUR STAFF HAVE A LIVED EXPERIENCE IN THE MENTAL HEALTH SYSTEM FOR SOME OF OUR SIGNATURE PROGRAMS, THE PERCENTAGE OF PEER-IDENTIFIED STAFF NOW EXCEEDS 90% IN 1995, COMMUNITY ACCESS INTRODUCED A MODEL FOR JOB TRAINING AND PLACEMENT OF INDIVIDUALS WITH A HISTORY OF MENTAL ILLNESS, HOMELESSNESS, SUBSTANCE USE, AND INCARCERATION WITH APPROXIMATELY 1,000 GRADUATES TO DATE, OUR HOWIE THE HARP ADVOCACY CENTER (HTH) PROVIDES OPPORTUNITIES FOR PEERS TO DEVELOP THE SKILLS AND KNOWLEDGE THEY NEED TO FIND JOBS IN HEALTH AND HUMAN SERVICES THE CENTER'S TRAINING CURRICULUM AND METHODS ARE UNEQUALLED IN U S AND HAVE HELPED HUNDREDS OF PEOPLE SECURE WELL-PAYING JOBS IN HOSPITALS, CLINICS, AND COMMUNITY-BASED AGENCIES A SATELLITE HTH PROGRAM IS NOW OPERATING IN ROTTERDAM BY PAMEIJER, A NATIONAL SOCIAL SERVICE AGENCY FOR PATIENTS WITH PSYCHIATRIC DISABILITIES IN THE NETHERLANDS BLUEPRINT SUPPORTED EDUCATION, A NEW PROGRAM, HELPS INDIVIDUALS LIVING WITH MENTAL ILLNESS TO PURSUE POST-SECONDARY EDUCATION COMMUNITY ACCESS ALSO OPERATES THE ART COLLECTIVE, WHICH USES ART AS HEALING TOOL FOR HELPING PEOPLE RECOVER FROM PSYCHIATRIC DISABILITIES, AND PET ACCESS, A POPULAR PET ADOPTION PROGRAM WHICH PROMOTES THE THERAPEUTIC BENEFITS OF PET OWNERSHIP

4c (Code) (Expenses \$ 3,664,376 including grants of \$ 0) (Revenue \$ 4,416,907)

TREATMENT SERVICES, ALTERNATIVES TO HOSPITALIZATION & CRISIS INTERVENTION - AT EAST VILLAGE ACCESS (EVA), COMMUNITY ACCESS OFFERS CURRICULUM-BASED, STRUCTURED OPPORTUNITIES FOR ADULTS LIVING WITH MENTAL ILLNESS TO BECOME KNOWLEDGEABLE ABOUT RECOVERY, EMPLOYMENT, HOUSING, LIFE SKILLS, AND SOCIAL OPPORTUNITIES USING PERSONALIZED RECOVERY ORIENTED SERVICES (PROS), THE PROGRAM HELPS PARTICIPANTS IDENTIFY THEIR STRENGTHS, OVERCOME BARRIERS, AND BUILD SKILLS FOR GOAL-SETTING, GROWTH, RECOVERY AND SELF-DIRECTED LIVING EVA HAS WORKED WITH MORE THAN 800 PEOPLE TO DATE IN JANUARY 2013, COMMUNITY ACCESS OPENED A CRISIS RESPITE CENTER (CRC), NEW YORK CITY'S FIRST ALTERNATIVE TO HOSPITALIZATION PROGRAM FOR INDIVIDUALS EXPERIENCING AN EMOTIONAL CRISIS THIS GROUND-BREAKING INITIATIVE PROVIDES AN ARRAY OF SERVICES INCLUDING PEER SUPPORT, WELLNESS SELF-MANAGEMENT, SELF-HELP TRAINING, AND LINKAGE TO MEDICAL AND PSYCHIATRIC SUPPORTS TO DATE, THE CRC HAS HELPED MORE THAN 400 PEOPLE MOVE THROUGH EMOTIONAL CRISES THE CRC ALSO HOUSES NEW YORK CITY'S FIRST PEER-OPERATED SUPPORT LINE 646-741-HOPE, A CONTACT POINT FOR NEW YORKERS EXPERIENCING EMOTIONAL DISTRESS TO CONNECT WITH PEOPLE WHO HAVE HAD SIMILAR EXPERIENCES

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

4e Total program service expenses 20,913,798

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 <i>Schedule B, Schedule of Contributors</i> (see instructions)? <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>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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 and XII</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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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</i> (see instructions) <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 hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 through 24d and complete Schedule K. If "No," go to line 25a</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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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	Yes	
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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		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 11b 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 or note to any line in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (16 members), 1b (16 independent), 2 (family relationship), 3 (delegation of control), 4 (governing documents), 5 (diversion of assets), 6 (members/stockholders), 7a (power to elect), 7b (governance decisions), 8a/b (meeting documentation), 9 (officer contact).

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/b (local chapters/policies), 11a/b (Form 990 distribution), 12a/b/c (conflict of interest policy), 13 (whistleblower policy), 14 (document retention), 15a/b (compensation review), 16a/b (joint venture arrangements).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 (states for Form 990), 18 (public inspection methods), 19 (governing documents availability), 20 (person with books/records: STEVEN COE, 2 WASHINGTON STREET 9TH FLOOR, NEW YORK, NY 10004).

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEPHEN CHASE PRESIDENT	1 0 0 0	X		X			0	0	0	
(2) CATHERINE G PATSOS VICE PRESIDENT	1 0 4 0	X		X			0	0	0	
(3) ELISE CHOWDHRY TREASURER	1 0 0 0	X		X			0	0	0	
(4) MARY MASSIMO SECRETARY	1 0 0 0	X		X			0	0	0	
(5) MARTHA DABAGIAN FROM 115 BOARD MEMBER	1 0 0 0	X					0	0	0	
(6) THEODORE FRANCAVILLA BOARD MEMBER	1 0 0 0	X					0	0	0	
(7) SANDY GANSBERG THRU 615 BOARD MEMBER	1 0 0 0	X					0	0	0	
(8) JAMES GOLDEN BOARD MEMBER	1 0 0 0	X					0	0	0	
(9) DR CYNTHIA B GREEN BOARD MEMBER	1 0 0 0	X					0	0	0	
(10) PHILIPP HECKER BOARD MEMBER	1 0 0 0	X					0	0	0	
(11) DAVID KUPERBERG THRU 714 BOARD MEMBER	1 0 0 0	X					0	0	0	
(12) JULIE LOWY BOARD MEMBER	1 0 0 0	X					0	0	0	
(13) BARBARA MALATESTA BOARD MEMBER	1 0 0 0	X					0	0	0	
(14) ADIL NATHANI BOARD MEMBER	1 0 0 0	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) RAMESH SHAH BOARD MEMBER	1 0 0 0	X						0	0	0
(16) ABBOT STILLMAN FROM 115 BOARD MEMBER	1 0 0 0	X						0	0	0
(17) CAROL WHITCOMB BOARD MEMBER	1 0 0 0	X						0	0	0
(18) DAN WURTZEL FROM 1114 BOARD MEMBER	1 0 0 0	X						0	0	0
(19) STEVEN COE CHIEF EXECUTIVE OFFICER	40 0 4 5			X				189,578	0	13,911
(20) CAROLYN HEDIGAN DEPUTY CEO	40 0 2 0					X		144,676	0	6,989
(21) ALYSIA PASCARIS DEPUTY CEO	40 0 0 0					X		137,971	0	1,380
(22) JOHN WILLIAMS DIR OF DEVELOPMENT & COMMUN	40 0 0 0					X		114,610	0	6,845
(23) Morenike Williams DIRECTOR OF ADMIN SERVICES	40 0 0 0					X		112,386	0	13,436
(24) Maureen Frnar Strategic Planning Officer	40 0 0 0					X		109,674	0	13,454

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	808,895	0	56,015

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
BTQ LLC, 80 BROAD ST NEW YORK, NY 10004	FINANCIAL SERVICES	767,000
BDO USA LLP, 100 PARK AVE NEW YORK, NY 10017	ACCOUNTING	138,278

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c	367,389				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,314,521				
	g	Noncash contributions included in lines 1a-1f \$ 1g	37,366				
	h	Total. Add lines 1a-1f 1h	1,681,910				
Program Service Revenue	2a	GOVERNMENT FEES/CONTRACTS					
		Business Code					
		624200	14,549,028	14,549,028			
	b	MEDICARE/MEDICAID	624200	5,226,305	5,226,305		
	c	CLIENT FEES	624200	1,667,845	1,667,845		
	d	REAL ESTATE DEVELOPERS FEE	624200	285,732	285,732		
	e	SOCIAL SERVICE RESERVE	624200	45,000	45,000		
f	All other program service revenue						
g	Total. Add lines 2a-2f 2g		21,773,910				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) 3		5,879		5,879	
	4	Income from investment of tax-exempt bond proceeds 4		0			
	5	Royalties 5		0			
	6a	Gross rents	(i) Real				
			(ii) Personal				
			b	Less rental expenses			
			c	Rental income or (loss)	0	0	
	d	Net rental income or (loss) 6d		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			b	Less cost or other basis and sales expenses			
			c	Gain or (loss)			
	d	Net gain or (loss) 7d		0			
	8a	Gross income from fundraising events (not including \$ 367,389 of contributions reported on line 1c) See Part IV, line 18 8a	a	205,525			
			b	Less direct expenses 8b	205,525		
c			Net income or (loss) from fundraising events 8c		0		
9a	Gross income from gaming activities See Part IV, line 19 9a	a					
		b	Less direct expenses 9b				
		c	Net income or (loss) from gaming activities 9c		0		
10a	Gross sales of inventory, less returns and allowances 10a	a					
		b	Less cost of goods sold 10b				
		c	Net income or (loss) from sales of inventory 10c		0		
Miscellaneous Revenue		Business Code					
11a	MANAGEMENT FEES	624200	882,940	882,940			
b	MISCELLANEOUS INCOME	900099	278,547		278,547		
c							
d	All other revenue 11d						
e	Total. Add lines 11a-11d 11e		1,161,487				
12	Total revenue. See Instructions 12		24,623,186	22,656,850	0	284,426	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	213,460	21,346	106,730	85,384
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	11,747,691	10,214,785	1,241,421	291,485
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	110,958	94,402	13,862	2,694
9	Other employee benefits	2,302,373	1,937,074	298,514	66,785
10	Payroll taxes	1,035,860	867,564	136,275	32,021
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	962	962		
c	Accounting	793,487	678,716	114,771	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	119,750			119,750
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	491,378	201,422	264,687	25,269
12	Advertising and promotion	0			
13	Office expenses	581,554	449,891	102,999	28,664
14	Information technology	0			
15	Royalties	0			
16	Occupancy	2,044,326	1,521,260	470,040	53,026
17	Travel	55,903	48,259	7,644	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	247,357		247,357	
23	Insurance	0			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	PARTICIPANT EXPENSE	4,630,072	4,622,068	8,004	
b	STAFF EXPENSE	254,144	131,124	117,627	5,393
c	BAD DEBT EXPENSE	67,700		67,700	
d	EVENTS & OTHER FUND COSTS	4,601			4,601
e	All other expenses	167,257	124,925		42,332
25	Total functional expenses. Add lines 1 through 24e	24,868,833	20,913,798	3,197,631	757,404
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	2,145,372	1	1,876,782
	2 Savings and temporary cash investments	1,024,918	2	1,026,970
	3 Pledges and grants receivable, net	756,576	3	550,000
	4 Accounts receivable, net	2,531,351	4	3,780,226
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	250,000	7	250,000
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	520,336	9	400,580
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 5,216,609		
	b Less accumulated depreciation	10b 4,057,049	1,126,509	10c 1,159,560
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	2,642,489	15	3,409,676
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,997,551	16	12,453,794	
Liabilities	17 Accounts payable and accrued expenses	3,005,250	17	3,037,047
	18 Grants payable	896,720	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	600,000
	24 Unsecured notes and loans payable to unrelated third parties	565,000	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	18,195	25	3,206,406
	26 Total liabilities. Add lines 17 through 25	4,485,165	26	6,843,453
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,003,636	27	5,351,591
	28 Temporarily restricted net assets	508,750	28	258,750
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	6,512,386	33	5,610,341	
34 Total liabilities and net assets/fund balances	10,997,551	34	12,453,794	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,623,186
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,868,833
3	Revenue less expenses Subtract line 2 from line 1	3	-245,647
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,512,386
5	Net unrealized gains (losses) on investments	5	4,288
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-660,686
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,610,341

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2014

Open to Public Inspection

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,458,368	1,245,025	1,657,322	2,451,219	1,681,910	8,493,844
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	1,458,368	1,245,025	1,657,322	2,451,219	1,681,910	8,493,844
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)						1,851,737
6 Public support. Subtract line 5 from line 4						6,642,107

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	1,458,368	1,245,025	1,657,322	2,451,219	1,681,910	8,493,844
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,262	14,943	4,956	5,461	5,879	35,501
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	110,206	124,962	87,422	106,367	278,547	707,504
11 Total support. Add lines 7 through 10						9,236,849
12 Gross receipts from related activities, etc. (see instructions)					12	105,043,675
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	71 909 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	69 905 %
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2014. 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—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. _____			
b From 2010. _____			
c From 2011. _____			
d From 2012. _____			
e From 2013. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. _____			
b From 2011. _____			
c From 2012. _____			
d From 2013. _____			
e From 2014. _____			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

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 include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements..., 2 Complete lines 2a through 2d..., 3 Number of conservation easements..., 4 Number of states..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116..., 1b If the organization elected, as permitted under SFAS 116..., 2 If the organization received or held works of art, historical treasures, or other similar assets...

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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 Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		25,250		25,250
b Buildings		2,699,412	1,878,619	820,793
c Leasehold improvements				
d Equipment		1,725,804	1,698,239	27,565
e Other		766,143	480,191	285,952
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,159,560

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	24,627,474
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	4,288	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	4,288
3	Subtract line 2e from line 1		3	24,623,186
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	24,623,186

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	24,868,833
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	24,868,833
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	24,868,833

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

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, "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 THERE ARE 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 IRS FORM 990 TAX RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHEN IT IS REQUIRED FOR THE YEAR ENDED JUNE 30, 2015, 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 EXAMINATIONS FOR YEARS PRIOR TO 2012

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2014

**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.

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

Department of the Treasury
Internal Revenue Service

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. Form 990-EZ filers are not required to complete this part.

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

- a** Mail solicitations
- b** Internet and email 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 (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(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
		Yes	No			
1 Kathy Walling	EVENT PLANNER		No		31,289	
2 JJKO DESIGN	DESIGN		No		88,461	
3						
4						
5						
6						
7						
8						
9						
10						
Total					119,750	

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

NY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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)	<u></u> (event type)	<u>0</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	572,914			572,914
	2 Less Contributions	367,389			367,389
	3 Gross income (line 1 minus line 2)	205,525			205,525
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	69,906			69,906
	7 Food and beverages	121,069			121,069
	8 Entertainment	2,550			2,550
	9 Other direct expenses	12,000			12,000
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(205,525)
11 Net income summary Subtract line 10 from line 3, column (d) ▶					

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))
		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 Subtract line 7 from line 1, column (d) ▶					

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

a Is the organization licensed to conduct 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 conduct 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 activities conducted in

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

14 Enter 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 of the third party

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 Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2014

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, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY ACCESS INC

Employer identification number

23-7399839

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|---|---|
| <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?
- 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), 501(c)(4), and 501(c)(29) organizations 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 Regulations 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 STEVEN COE, CHIEF EXECUTIVE OFFICER	(i)	189,578	0	0	1,943	11,968	203,489	0
	(ii)	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0
2 CAROLYN HEDIGAN, DEPUTY CEO	(i)	144,676	0	0	1,487	5,502	151,665	0
	(ii)	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0

Part III Supplemental Information

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

Return Reference**Explanation**

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2014

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITY ACCESS INC

Employer identification number 23-7399839

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Row 9 is filled with 'X', '4', '37,366', and 'MARKET QUOTATION'. Row 4 is redacted.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

Table with 3 columns: Question, Yes, No. Row 30a: 'During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years...' Yes/No. Row 31: 'Does the organization have a gift acceptance policy...' Yes/No. Row 32a: 'Does the organization hire or use third parties...' Yes/No. Row 33: 'If the organization did not report an amount in column (c) for a type of property...' Yes/No.

Part III Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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Schedule M (Form 990) (2014)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2014

**Open to Public
Inspection**

Name of the organization
COMMUNITY ACCESS INC

Employer identification number

23-7399839

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	
FORM 990, PART VI, SECTION B, LINE 12C	<p>THE AGENCY HAS A CONFLICT OF INTEREST POLICY THAT PERTAINS TO ALL KEY EMPLOYEES, OFFICERS, AND DIRECTORS ANY OF THESE INDIVIDUALS WHO MAY BE INVOLVED IN A TRANSACTION IN WHICH THE RE IS A POSSIBLE CONFLICT OF INTEREST (INCLUDING ANY RELATED PARTY TRANSACTION) IS REQUIRE D TO REPORT IT TO THE CHAIR OF THE BOARD'S GOVERNANCE COMMITTEE IF THE POSSIBLE CONFLICT INVOLVES THE GOVERNANCE COMMITTEE CHAIR, IT SHOULD BE REPORTED TO ANOTHER MEMBER OF THE CO MMITTEE THE GOVERNANCE COMMITTEE WILL DETERMINE WHETHER CONFLICT EXISTS AND, IF SO, WHETH ER THE TRANSACTION SHOULD BE PERMITTED ANY MEMBER OF THE GOVERNANCE COMMITTEE WHO IS INVO LVED IN A POSSIBLE CONFLICT OF INTEREST MUST REFRAIN FROM VOTING ON ANY SUCH TRANSACTION, PARTICIPATING IN DELIBERATIONS CONCERNING IT, OR USE PERSONAL INFLUENCE IN ANY WAY IN THE MATTER THE GOVERNANCE COMMITTEE WILL MAINTAIN A WRITTEN REGARD OF ANY MEETING AT WHICH A CONFLICT OF INTEREST IS DISCUSSED OR VOTED UPON</p>
FORM 990, PART VI, SECTION B, LINE 15A	<p>DETERMINING THE CEO SALARY INCLUDES A REVIEW OF COMPARABILITY DATA, COMPENSATION SURVEYS A ND 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</p>
FORM 990, PART VI, SECTION C, LINE 19	<p>THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND ON ITS OWN WEBSITE</p>
FORM 990, PART XI, LINE 9	<p>COMMUNITY ACCESS, INC 'S ("CAI") WHOLLY-OWNED SUBSIDIARIES, BROADWAY ACCESS HOLDING CORPOR ATION ("BAHC") AND BROADWAY ACCESS MANAGEMENT CORPORATION ("BAMC"), COLLECTIVELY OWNED AND MANAGED TWO CONDOMINIUM UNITS, WHICH PRIMARILY HOUSED CAI'S ADMINISTRATIVE OFFICES ONE O F THE UNITS WAS SOLD DURING FISCAL YEAR 2009, AND THE SECOND WAS SOLD IN 2010 THE SALES WERE RECOGNIZED UNDER THE ACCRUAL METHOD OF ACCOUNTING THE BOARD OF DIRECTORS OF CAI PASSE D A RESOLUTION ON JANUARY 20, 2015 TO DISSOLVE THE TWO CORPORATIONS EFFECTIVE JUNE 30, 201 4 CAI'S MANAGEMENT HAS AGREED TO TRANSFER ALL ASSETS OF \$35,540 AND WRITE OFF INTERCOMPAN Y RECEIVABLES FROM BAHC AND BAMC OF \$696,226, WHICH WERE PREVIOUSLY ELIMINATED DURING THE CONSOLIDATION EFFECTIVE JUNE 30, 2014 THE NET ASSETS BEGINNING OF THE YEAR WERE RECLASSIF IED TO INCLUDE THE NET EFFECT OF \$660,686 TRANSFERRED OVER FROM BAHC AND BAMC</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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 (if applicable) 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
(1) CA Concern LLC 2 WASHINGTON STREET 9TH FLOOR NEW YORK, NY 10004 80-0656037		NY			CAI

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 entity?	
						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	
See Additional Data Table												

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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

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

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, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

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

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BROADWAY ACCESS HOLDING CORP	S	35,540	FMV

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference**Explanation**

Additional Data

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 entity?	
						Yes	No
(1) ACCESS HOUSE INC 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004 13-3215436	HOUSING	NY	501(C)(3)	7		Yes	
(1) 347 EAST 4TH STREET HDFC INC 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004 13-3453944	HOUSING	NY	501(C)(3)	9		Yes	
(2) 202 WEST 108 STREET HDFC INC 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004 43-2085508	HOUSING	NY	501(C)(3)	9		Yes	
(3) 258 EAST 4TH STREET HDFC 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004 13-3612911	HOUSING	NY	501(C)(3)	PF		Yes	
(4) 107-109 AVENUE D HDFC CORP 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004 13-3581305	HOUSING	NY	501(C)(3)	PF		Yes	
(5) COMMUNITY ACCESS HDFC 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004 27-1199372	HOUSING	NY	501(C)(3)	9		Yes	
(6) COMMUNITY RECOVERY HOUSES HDFC 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004 27-3235862	HOUSING	NY	501(C)(3)	9		Yes	
(7) NEW YORK RECOVERY NETWORK INC 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004 38-3698982	HEALTH CARE	NY	501(C)(3)	7		Yes	
(8) GOUVERNEUR COURT HDFC 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004 45-4475604	HOUSING	NY	501(C)(3)	9		Yes	
(9) 1854 CEDAR AVENUE HDFC 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004 26-3788059	HOUSING	NY	501(C)(3)	7		Yes	
(10) 111 EAST 172ND STREET HDFC 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004 38-3925371	HOUSING	NY	PENDING			Yes	
(11) BROADWAY ACCESS MANAGEMENT CORP 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004 13-3894581	REAL ESTATE	NY	501(C)(2)			Yes	
(12) BROADWAY ACCESS HOLDING CORP 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004 13-3894580	TITLE OWNER	NY	501(C)(2)			Yes	
(13) 985 BRUCKNER BOULEVARD HDFC 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004 47-4558968	HOUSING	NY				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	(i) Section 512(b)(13) controlled entity?	
Yes	No								
258 EAST 4TH STREET INC 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004 13-3726996	HOUSING	NY	CAI	C CORP	16	489,234	100 000 %	Yes	
107-109 AVENUE D INC 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004 13-3642790	HOUSING	NY	CAI	C CORP	0	109,578	100 000 %	Yes	
910 DEKALB AVENUE INC 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004 61-1415076	HOUSING	NY	CAI	C CORP	0	453	100 000 %	Yes	
1363 FRANKLIN AVENUE INC 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004 72-1559355	HOUSING	NY	CAI	C CORP	0	-211	100 000 %	Yes	
CHICA INC 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004 05-0559777	HOUSING	NY	CAI	C CORP	0	-197	100 000 %	Yes	
772 EAST 168TH STREET CORPORATION 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004 20-1750552	HOUSING	NY	CAI	C CORP	0	-27	100 000 %	Yes	
29 EAST 2ND STREET CORPORATION 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004 13-4190249	HOUSING	NY	CAI	C CORP	1	-137	100 000 %	Yes	
1750 DAVIDSON AVENUE GP INC 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004 34-2042221	HOUSING	NY	CAI	C CORP	1	-164	100 000 %	Yes	
1710 VYSE AVENUE GP CORP 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004 27-1418693	HOUSING	NY	CAI	C CORP	0	-87	100 000 %	Yes	
29 EAST 2ND STREET CA COMMERCIAL CORP 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004 26-3898763	HOUSING	NY	CAI	C CORP	7,764	-2,349	100 000 %	Yes	
29 EAST 2ND STREET CS COMMERCIAL CORP 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004 26-4005029	HOUSING	NY	CAI	C CORP	7,763	-2,349	100 000 %	Yes	
1710 VYSE AVENUE HDFC 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004 27-1296664	HOUSING	NY	CAI	C CORP			100 000 %	Yes	
CHICA HOUSING DEVELOPMENT FUND CORP 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004 90-0074445	HOUSING	NY	CAI	C CORP			100 000 %	Yes	
29 EAST 2ND STREET HDFC INC 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004 06-1620625	HOUSING	NY	CAI	C CORP			100 000 %	Yes	
772 EAST 168TH HFDC INC 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004 84-1658921	HOUSING	NY	CAI	C CORP			100 000 %	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	(i) Section 512(b)(13) controlled entity?
Yes 910 DEKALB HDFC 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004 61-1415075	No HOUSING	NY	CAI	C CORP			100.000 %	Yes
1363 FRANKLIN HDFC 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004 72-1559352	HOUSING	NY	CAI	C CORP			100.000 %	Yes
CA 172ND STREET INC 2 WASHINGTON STREET 9TH FL NEW YORK, NY 10004 47-3849026	HOUSING	NY	CAI	C CORP			100.000 %	Yes