

Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization COMMUNITY ACCESS, INC.		D Employer identification number 23-7399839
		Doing Business As		E Telephone number (212) 780-1400
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2 WASHINGTON STREET, 9TH FLOOR		G Gross receipts \$ 20,987,457.
		City or town, state or country, and ZIP + 4 NEW YORK, NY 10004		
		F Name and address of principal officer: STEVEN COE, 2 WASHINGTON STREET, 9TH FLOOR NEW YORK, NY 10004		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)		
J Website: WWW.COMMUNITYACCESS.ORG		H(c) Group exemption number ▶		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1974 M State of legal domicile: NY	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ASSIST PEOPLE WITH PSYCHIATRIC DISABILITIES TO MAKE THE TRANSITION FROM SHELTERS AND INSTITUTIONS TO INDEPENDENT LIVING AND PROVIDE HOUSING AND SUPPORT SERVICES AND ADVOCATE FOR THE RIGHTS OF PEOPLE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of employees (Part V, line 2a)	5	347
	6 Total number of volunteers (estimate if necessary)	6	15
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,447,567.	5,415,450.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,914,523.	14,591,041.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,275.	35,964.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	917,591.	869,023.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	19,287,956.	20,911,478.
	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)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	9,924,670.	11,303,529.
	b Total fundraising expenses, Part IX, column (D), line 25 ▶ 791,498.	284,702.	134,642.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,753,513.	7,054,356.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,962,885.	18,492,527.
19 Revenue less expenses. Subtract line 18 from line 12	3,325,071.	2,418,951.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	8,725,103.	12,481,637.
	22 Net assets or fund balances. Subtract line 21 from line 20.	3,908,137.	5,245,720.
		4,816,966.	7,235,917.

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 _____ Date _____

▶ Type or print name and title _____

Paid Preparer's Use Only	Preparer's signature ▶ <i>[Signature]</i>	Date 5/14/11	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P01384178
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BDO USA, LLP 100 PARK AVENUE, NEW YORK, NY 10017		EIN ▶ 13-5381590	Phone no. ▶ 212-885-8000	

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.* Form 990 (2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box. X
 - If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization COMMUNITY ACCESS, INC.	Employer identification number 23-7399839
	Number, street, and room or suite no. if a P.O. box, see instructions. 2 WASHINGTON STREET, 9TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10004	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of LEONARD CHAVIS
Telephone No. FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until .

5 For calendar year , or other tax year beginning , and ending .

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension

INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN IS NOT YET AVAILABLE FROM THIRD PARTIES.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

BDO USA, LLP-ATTN: PAUL E. HAMMERSCHMIDT
100 PARK AVENUE,
NEW YORK, NY 10017

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
ATTACHMENT 3

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 12,754,312. including grants of \$ _____) (Revenue \$ 13,824,665.)
ATTACHMENT 4

4b (Code: _____) (Expenses \$ 2,012,499. including grants of \$ _____) (Revenue \$ 1,487,756.)
ATTACHMENT 5

4c (Code: _____) (Expenses \$ 167,310. including grants of \$ _____) (Revenue \$ 0.)
OTHER PROGRAMS

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

4e Total program service expenses ▶ 14,934,121.

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 contain various organizational requirements and their status (Yes/No/X).

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No responses. Includes questions 1a through 12b regarding IRS filings, employee counts, foreign accounts, and charitable trusts.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (14); 1b Enter the number of voting members that are independent (14); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X); 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: LEONARD CHAVIS, 2 WASHINGTON STREET, 9TH FLOOR NEW YORK, NY 10004 212-780-1400

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

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN CHASE PRESIDENT	1.00	X		X				0.	0.	0.
KAREN ROTH VICE PRESIDENT	1.00	X		X				0.	0.	0.
JESSICA CATLOW (FROM 9/2009) SECRETARY	1.00	X		X				0.	0.	0.
DAVID PERRY (THRU 11/09) SECRETARY	1.00	X		X				0.	0.	0.
JOSHUA AUERBACH (THRU 6/2010) TREASURER	1.00	X		X				0.	0.	0.
CAROLE DARDEN-LLOYD BOARD MEMBER	1.00	X						0.	0.	0.
SANDY GANSBERG (FROM 11/2009) BOARD MEMBER	1.00	X						0.	0.	0.
JAMES GOLDEN BOARD MEMBER	1.00	X						0.	0.	0.
DR CYNTHIA B GREEN BOARD MEMBER	1.00	X						0.	0.	0.
PHILIPP HECKER BOARD MEMBER	1.00	X						0.	0.	0.
DAVID KUPERBERG BOARD MEMBER	1.00	X						0.	0.	0.
STEPHANIE NICKERSON (FROM 9/2009) BOARD MEMBER	1.00	X						0.	0.	0.
CATHERINE G PATSOS BOARD MEMBER	1.00	X						0.	0.	0.
ANASTASIA P VOURNAS BOARD MEMBER	1.00	X						0.	0.	0.
RAMESH SHAH BOARD MEMBER	1.00	X						0.	0.	0.
CURTIS WOOD (THRU 3/2010) BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL BRESCIA BOARD MEMBER	1.00	X					0.	0.	0.	
STEVEN COE CHIEF EXECUTIVE OFFICER	40.00			X			138,919.	0.	19,696.	
ELIZABETH GLASS CHIEF PROGRAM OFFICER	40.00			X			110,662.	0.	8,104.	
LEONARD CHAVIS CHIEF FINANCIAL OFFICER	40.00			X			112,872.	0.	8,540.	
CAROLYN HEDIGAN CHIEF OPERATING OFFICER	40.00			X			113,641.	0.	8,540.	
SUSAN MATHER CHIEF DEVELOPMENT OFFICER	40.00			X			115,969.	0.	427.	
DARIN ALTILIO DIRECTOR OF OPERATIONS	40.00					X	108,045.	0.	19,130.	
1b Total							700,108.	0.	64,437.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **6**

	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>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

23-7399839

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	247,850.					
	d Related organizations	1d	3,941,408.					
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	1,226,192.					
	g Noncash contributions included in lines 1a-1f: \$		3,166.					
	h Total. Add lines 1a-1f			5,415,450.				
Program Service Revenue			Business Code					
	2a GOVERNMENT FEES/CONTRACTS		624200	9,635,689.	9,635,689.			
	b MEDICARE/MEDICAID		624200	3,372,378.	3,372,378.			
	c CLIENT FEES		624200	1,333,900.	1,333,900.			
	d SOCIAL SERVICE RESERVE		624200	50,000.	50,000.			
	e JOB TRAINING INCOME		624200	99,780.	99,780.			
	f All other program service revenue		624200	99,294.	99,294.			
	g Total. Add lines 2a-2f			14,591,041.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			35,126.			35,126.	
	4 Income from investment of tax-exempt bond proceeds . . .			0.				
	5 Royalties			0.				
		(i) Real	(ii) Personal					
	6a Gross Rents							
	b Less: rental expenses							
	c Rental income or (loss)							
	d Net rental income or (loss)				0.			
		(i) Securities	(ii) Other					
	7a Gross amount from sales of assets other than inventory			10,659.				
	b Less: cost or other basis and sales expenses			9,821.				
	c Gain or (loss)			838.				
	d Net gain or (loss)				838.		838.	
	8a Gross income from fundraising events (not including \$ 247,850. of contributions reported on line 1c). See Part IV, line 18	a	ATCH 6		152,301.			
	b Less: direct expenses	b			66,158.			
c Net income or (loss) from fundraising events .		ATCH 7		86,143.		86,143.		
9a Gross income from gaming activities. See Part IV, line 19	a							
b Less: direct expenses	b							
c Net income or (loss) from gaming activities				0.				
10a Gross sales of inventory, less returns and allowances	a							
b Less: cost of goods sold	b							
c Net income or (loss) from sales of inventory				0.				
Miscellaneous Revenue			Business Code					
11a MANAGEMENT FEES		624200	721,380.	721,380.				
b MISCELLANEOUS INCOME		900099	61,500.			61,500.		
c								
d All other revenue								
e Total. Add lines 11a-11d			782,880.					
12 Total Revenue. See instructions			20,911,478.	15,312,421.	0.	183,607.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	704,844.		704,844.	
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	8,310,565.	6,547,875.	1,323,072.	439,618.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	77,915.	61,464.	12,344.	4,107.
9 Other employee benefits	1,523,992.	1,151,948.	295,078.	76,966.
10 Payroll taxes	686,213.	505,496.	146,943.	33,774.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	37,072.	12,449.	24,623.	
c Accounting	52,130.		52,130.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	134,642.			134,642.
f Investment management fees	0.			
g Other	356,590.	149,904.	159,342.	47,344.
12 Advertising and promotion	0.			
13 Office expenses	495,835.	293,726.	188,692.	13,417.
14 Information technology	115,238.	83,226.	26,543.	5,469.
15 Royalties	0.			
16 Occupancy	1,491,842.	900,300.	591,542.	
17 Travel	65,005.	55,861.	8,713.	431.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	155,598.	84,137.	54,139.	17,322.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization . . .	398,947.		398,947.	
23 Insurance	0.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>CLIENT HOUSING AND COSTS</u>	2,168,108.	2,168,108.		
b <u>CLIENT FOOD AND SUPPLIES</u>	1,171,511.	1,171,511.		
c <u>EQUIPMENT REPAIRS/MAINT.</u>	471,936.	327,758.	140,769.	3,409.
d <u>DUES AND SUBSCRIPTIONS</u>	25,122.	11,032.	9,977.	4,113.
e <u>BAD DEBT EXPENSE</u>	21,050.		18,300.	2,750.
f All other expenses	28,372.	1,409,326.	-1,389,090.	8,136.
25 Total functional expenses. Add lines 1 through 24f	18,492,527.	14,934,121.	2,766,908.	791,498.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	640,989.	1	1,446,134.
	2 Savings and temporary cash investments		2	1,256,050.
	3 Pledges and grants receivable, net	494,305.	3	759,200.
	4 Accounts receivable, net	1,151,175.	4	1,533,217.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	1,771,801.	7	0.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	74,970.	9	33,033.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,142,090.		
	b Less: accumulated depreciation	10b 2,076,268.	10c	5,065,822.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	663,588.	15	2,388,181.
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,725,103.	16	12,481,637.	
Liabilities	17 Accounts payable and accrued expenses	1,444,802.	17	2,557,269.
	18 Grants payable	150,117.	18	226,481.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,313,218.	23	2,461,970.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,908,137.	26	5,245,720.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,235,146.	27	7,185,917.
	28 Temporarily restricted net assets	581,820.	28	50,000.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	4,816,966.	33	7,235,917.	
34 Total liabilities and net assets/fund balances	8,725,103.	34	12,481,637.	

Part XI Financial Statements and Reporting

	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?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

COMMUNITY ACCESS, INC.

Employer identification number

23-7399839

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III - Functionally integrated d Type III - Other

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

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

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	792,390.	1,471,688.	1,162,476.	5,447,567.	5,415,450.	14,289,571.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	792,390.	1,471,688.	1,162,476.	5,447,567.	5,415,450.	14,289,571.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f),						
6 Public support. Subtract line 5 from line 4.						14,289,571.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	792,390.	1,471,688.	1,162,476.	5,447,567.	5,415,450.	14,289,571.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	218,155.	21,663.	46,997.	31,901.	35,126.	353,842.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	384,470.	425,842.	336,506.	208,156.	147,643.	1,502,617.
11 Total support. Add lines 7 through 10						16,146,030.
12 Gross receipts from related activities, etc. (see instructions)					12	64,138,691.
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 2009 (line 6, column (f) divided by line 11, column (f))	14	88.50 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	66.19 %
16a 33 1/3 % support test - 2009. 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 - 2008. 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 - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19 a 33 1/3 % support tests - 2009. 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 - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
SPECIAL EVENT REVENUE	327,867.	288,144.	212,157.	68,157.	86,143.	982,468.
MISCELLANEOUS	56,603.	137,698.	124,349.	139,999.	61,500.	520,149.
TOTALS	<u>384,470.</u>	<u>425,842.</u>	<u>336,506.</u>	<u>208,156.</u>	<u>147,643.</u>	<u>1,502,617.</u>

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

2009

Name of the organization

COMMUNITY ACCESS, INC.

Employer identification number

23-7399839

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **COMMUNITY ACCESS, INC.**

Employer identification number

23-7399839

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BROADWAY ACCESS HOLDING CORPORATION 2 WASHINGTON STREET, 9TH FL NEW YORK, NY 10004	\$ 3,941,408.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ROBIN HOOD FOUNDATION 826 BROADWAY NEW YORK, NY 10003	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

- 3 Using the organization's 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 XIV.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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?
b If "Yes," explain the arrangement in Part XI V and complete the following table:
Table with columns: 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?
b If "Yes," explain the arrangement in Part XI V.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 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 year end balance held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

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

Table with 10 rows for Part XI reconciliation. Line 1: Total revenue (20,911,478). Line 2: Total expenses (18,492,527). Line 3: Excess or (deficit) for the year (2,418,951). Lines 4-9: Adjustments. Line 10: Excess or (deficit) per audited financial statements (2,418,951).

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

Table with 5 main rows for Part XII reconciliation. Line 1: Total revenue (21,171,760). Lines 2-5: Adjustments to reconcile audited revenue to return revenue. Line 5: Total revenue (20,911,478).

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

Table with 5 main rows for Part XIII reconciliation. Line 1: Total expenses (18,845,883). Lines 2-5: Adjustments to reconcile audited expenses to return expenses. Line 5: Total expenses (18,492,527).

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

PART XI, XII AND XIII:

SCHEDULE D, PARTS XI, XII AND XIII RECONCILE THE FINANCIAL INFORMATION AS REPORTED ON THE TRIAL BALANCE FOR COMMUNITY ACCESS, INC. WHICH IS INCLUDED IN A CONSOLIDATED FINANCIAL STATEMENT.

PART XII, LINE 2D:

SPECIAL EVENT EXPENSES: \$66,158.

NET REVENUE FROM CONSOLIDATED AFFILIATES: \$194,124.

PART XIII, LINE 2D:

SPECIAL EVENT EXPENSES: \$66,158.

NET EXPENSES FROM CONSOLIDATED AFFILIATES: \$287,198.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2009

**Open To Public
Inspection**

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 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			
JJKO DESIGN	DESIGN		X	0.	6,015.	
TIMOTHY RUNION	CONSULTANT		X	0.	10,800.	
JESSICA WEBER DESIGN, INC.	DESIGN		X	0.	15,277.	
THE WHELAN GROUP	STRATEGIC ADVICE		X	0.	102,550.	
Total				0.	134,642.	

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

NY,

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events (add col. (a) through col. (c))	
		GALA (event type)	(event type)	0 (total number)		
Revenue	1	Gross receipts	400,151.		400,151.	
	2	Less: Charitable contributions	247,850.		247,850.	
	3	Gross income (line 1 minus line 2)	152,301.		152,301.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	66,158.		66,158.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(66,158.)
	11	Net income summary. Combine line 3, column (d), and line 10				86,143.

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," explain: _____		
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
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? _____	12	

13 Indicate the percentage of gaming activity operated 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 ▶ -----

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

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?

17a

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

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 indemnification 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 on line 1a is 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) 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? **5a** Yes No
- b** Any related organization? **5b** Yes No
- 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? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" to line 6a or 6b, describe in Part III.

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use Schedule J-1 if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
STEVEN COE	(i)	138,919.			1,507.	18,189.	158,615.	
	(ii)	0.			0.	0.	0.	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990
Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

COMMUNITY ACCESS, INC.

Employer identification number

23-7399839

ATTACHMENT 2

FORM 990, PART I, LINE 8:

PRIOR AND CURRENT YEAR CONTRIBUTIONS INCLUDE REVENUE FROM THE SALE OF ONE
CONDOMINIUM UNIT EACH YEAR AT 666 BROADWAY WHICH WAS OWNED BY A
SUBSIDIARY WHO DONATED THE NET PROCEEDS TO COMMUNITY ACCESS. THIS IS
REPORTED AS REVENUE FROM A RELATED ORGANIZATION IN PART VIII LINE 1(D).

FORM 990, PART VI, SECTION B, LINE 11A:

THE FORM 990 WILL BE PRESENTED AND REVIEWED WITH THE FINANCE COMMITTEE
WHO WILL THEN REPORT TO THE BOARD OF DIRECTORS ON ITS CONTENT.

FORM 990, PART VI, SECTION B, LINE 12C:

THE AGENCY HAS A CONFLICT OF INTEREST POLICY THAT PERTAINS TO ALL
EMPLOYEES SERVING ON THE EXECUTIVE MANAGEMENT TEAM AND MEMBERS OF THE
BOARD OF DIRECTORS. ANY MEMBER OF THE BOARD OF DIRECTORS WHO MAY BE
INVOLVED IN A BUSINESS TRANSACTION IN WHICH THERE IS A POSSIBLE CONFLICT
OF INTEREST IS REQUIRED TO REPORT IT TO THE BOARD PRESIDENT AND STAFF
MEMBERS ARE REQUIRED TO REPORT IT TO THE CEO. IF THE POSSIBLE CONFLICT
INVOLVES THE CEO, IT SHOULD BE REPORTED TO THE BOARD PRESIDENT. THE CEO
OR, WHERE APPLICABLE, THE BOARD PRESIDENT, AFTER RECEIVING THE
INFORMATION ABOUT A POSSIBLE CONFLICT OF INTEREST, WILL TAKE ACTION AS
NECESSARY TO ASSURE THAT THE TRANSACTION IS COMPLETED IN THE BEST
INTEREST OF THE AGENCY WITHOUT SUBSTANTIVE INVOLVEMENT OF THE PERSON WHO
HAS THE POSSIBLE CONFLICT OF INTEREST. ANY MEMBER OF THE BOARD OF

Name of the organization COMMUNITY ACCESS, INC.	Employer identification number 23-7399839
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ATTACHMENT 2 (CONT'D)

DIRECTORS WHO IS INVOLVED IN A POSSIBLE CONFLICT OF INTEREST MUST:

1) REFRAIN FROM VOTING ON ANY SUCH TRANSACTION, PARTICIPATING IN DELIBERATIONS CONCERNING IT, OR USE PERSONAL INFLUENCE IN ANY WAY IN THE MATTER.

2) NOT BE COUNTED IN DETERMINING THE QUORUM FOR ANY VOTE WITH RESPECT TO AN AGENCY TRANSACTION IN WHICH THEY HAVE A POSSIBLE CONFLICT OF INTEREST.

THE CEO OR BOARD PRESIDENT WILL DISCLOSE A POTENTIAL CONFLICT OF INTEREST TO THE OTHER MEMBERS OF THE BOARD BEFORE ANY VOTE ON AN AGENCY TRANSACTION AND SUCH DISCLOSURE WILL BE RECORDED IN THE BOARD MINUTES OF THE MEETING AT WHICH IT WAS MADE.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION IS DETERMINED BY REVIEWING INDEPENDENT SURVEYS, LOOKING AT COMPENSATION FOR SIMILAR POSITIONS IN COMPARABLE AGENCIES AND DETERMINING WHERE IN THAT RANGE THE AGENCY WILL BE. DOCUMENTATION IS MAINTAINED FOR THE DECISION-MAKING PROCESS. THE FINAL DECISION IS MADE BY THE SENIOR MANAGEMENT TEAM. THE BOARD OF DIRECTORS REVIEWS THE COMPENSATION OF THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 16B:

THE ORGANIZATION DOES NOT CURRENTLY HAVE A WRITTEN POLICY OR PROCEDURE. JOINT VENTURE ARRANGEMENTS ARE REVIEWED BY SENIOR MANAGEMENT, LEGAL COUNSEL AND ARE PRESENTED TO THE BOARD OF DIRECTORS. A WRITTEN POLICY WILL BE INSTITUTED WITH GUIDELINES FOR EVALUATING JOINT VENTURE ARRANGEMENTS AND SAFEGUARDING THE ORGANIZATION'S TAX EXEMPT STATUS.

Name of the organization COMMUNITY ACCESS, INC.	Employer identification number 23-7399839
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ATTACHMENT 2 (CONT'D)

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND
ON ITS OWN WEBSITE.

ATTACHMENT 3FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO ASSIST PEOPLE WITH PSYCHIATRIC DISABILITIES TO MAKE THE TRANSITION
FROM SHELTERS AND INSTITUTIONS TO INDEPENDENT LIVING AND PROVIDE
SAFE, AFFORDABLE HOUSING AND SUPPORT SERVICES AND ADVOCATE FOR THE
RIGHTS OF PEOPLE TO LIVE WITHOUT FEAR OR STIGMA.

ATTACHMENT 44A PROGRAM SERVICE

HOUSING - PROVIDED HOUSING AND SUPPORT SERVICES TO 972 PEOPLE WITH
MENTAL ILLNESS AND HOUSING TO OVER 200 LOW-INCOME FAMILIES AND
INDIVIDUALS. THE HOUSING PROGRAM IS ROOTED IN THE PHILOSOPHY THAT
PEOPLE WITH MENTAL ILLNESS HAVE THE CAPACITY TO LIVE PRODUCTIVE
AND DIGNIFIED LIVES IN THE COMMUNITY, IF AFFORDED THE
OPPORTUNITIES, SKILLS AND SUPPORTS THAT HELP THEM INTEGRATE AND
REMAIN IN THE COMMUNITY. THE ORGANIZATION BELIEVES THAT AN
INTEGRAL PART OF MENTAL HEALTH IS HAVING A PLACE TO CALL HOME.

TRANSITIONAL HOUSING - WHICH IS TIME-LIMITED AND LICENSED BY NEW

Name of the organization COMMUNITY ACCESS, INC.	Employer identification number 23-7399839
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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 4 (CONT'D)

YORK STATE OFFICE OF MENTAL HEALTH, INCLUDES A NETWORK OF OVER 35 APARTMENTS RENTED FROM PRIVATE LANDLORDS ACROSS THE CITY, MOSTLY IN MANHATTAN'S LOWER EAST SIDE, AND FIVE SMALL DWELLINGS WITH A COMMUNAL SETTING THAT WE LIKE TO CALL "THE HOUSES" WHICH ARE ALSO LOCATED IN MANHATTAN'S LOWER EAST SIDE. THE ORGANIZATION ASSUMED CONTROL OF THREE OF THE HOUSES FROM A COLLEAGUE AGENCY IN JANUARY 2010--EXPANDING THE NUMBER OF TRANSITIONAL HOUSING UNITS BY 54%--AN ADDITIONAL 52 BEDS, BRINGING THE TOTAL TO 148. THE ADDITIONAL BEDS IN TRANSITIONAL HOUSING WILL PROVIDE GREATER FLEXIBILITY IN MEETING THE NEEDS OF THE TARGET POPULATION, ALLOWING THE ORGANIZATION TO EXPLORE NEW MODELS OF RECOVERY SUCH AS CRISIS BEDS.

RESIDENTS OF THE TREATMENT APARTMENT PROGRAM (THE 35 APARTMENTS CITED ABOVE) RECEIVED SUPPORT IN THE FORM OF REGULAR VISITS FROM CASE MANAGERS DESIGNED TO FOCUS ON ATTAINMENT OF WORK, SOCIAL AND COMMUNITY LIVING GOALS AND PROVIDING ASSISTANCE WITH ACCESSING RESOURCES TO MEET THEIR INDIVIDUAL NEEDS AS THEY STRIVE TOWARD INDEPENDENT LIVING.

RESIDENTS OF "THE HOUSES" RECEIVED MORE INTENSIVE SUPPORTS AIMED AT HELPING THEM REGAIN BASIC SKILLS IN AREAS SUCH AS MEDICATION MANAGEMENT, DIFFICULTIES IN SOCIALIZATION, SELF-EXPRESSION, SELF-ADVOCACY, AND COMMUNICATION SKILLS. EACH HOUSE PROVIDES A NURTURING ENVIRONMENT, ONE THAT IS NON-RESTRICTIVE, SAFE, COMFORTABLE AND HOME-LIKE, ENABLING RESIDENTS TO MAKE THE TRANSITION FROM HOMELESSNESS AND INSTITUTIONAL LIVING TO MORE

Name of the organization COMMUNITY ACCESS, INC.	Employer identification number 23-7399839
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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 4 (CONT'D)

INDEPENDENT LIVING.

IN FY2010, APPROXIMATELY 25% OF RESIDENTS IN THE TRANSITIONAL HOUSING PROGRAMS WERE ABLE TO MOVE ON TO PERMANENT HOUSING.

SCATTERED-SITE APARTMENT PROGRAM - IN WHICH TENANTS EITHER LEASE APARTMENTS DIRECTLY FROM PRIVATE LANDLORDS USING A HOUSING SUBSIDY FROM OMH OR SUB-LEASE FROM THE AGENCY, STAFF WORKED WITH RESIDENTS TO FORMULATE PLANS DESIGNED TO HELP THEM MAINTAIN THEIR HOUSING AND ENGAGE IN THE COMMUNITY, CONNECTING WITH AVAILABLE RESOURCES.

PERMANENT HOUSING PROGRAM - CONSISTS OF NINE SITES THAT ARE OWNED AND MANAGED BY THE ORGANIZATION AND TWO SITES IN WHICH THE ORGANIZATION HAS PARTNERED WITH ANOTHER AGENCY TO PROVIDE THE PROPERTY MANAGEMENT WHILE THE REPORTING ORGANIZATION PROVIDES THE PROGRAM SERVICES. MOST OF THE PERMANENT HOUSING SITES ARE MIXED, INCLUDING LOW-INCOME FAMILIES AND INDIVIDUALS AS WELL AS PEOPLE WITH MENTAL ILLNESS. ON-SITE STAFF PROVIDE AN ARRAY OF SERVICES DESIGNED TO ASSIST TENANTS IN MAINTAINING THEIR HOUSING AND LIVE INDEPENDENTLY TO THE FULLEST EXTENT POSSIBLE; THIS INCLUDES CRISIS INTERVENTION, ASSESSMENT AND REFERRAL TO VARIOUS SERVICES AND SUPPORTS IN THE COMMUNITY (AND OTHER PROGRAMS WITHIN THE AGENCY), PRE-VOCATIONAL AND VOCATIONAL COUNSELING AND ACTIVITIES AIMED AT FOSTERING SOCIAL SUPPORTS AMONG ALL TENANTS.

ALL OF THE ORGANIZATIONS PERMANENT AND TRANSITIONAL HOUSING CONTINUES TO RUN EFFICIENTLY AND AT EXTREMELY HIGH RATES OF

Name of the organization COMMUNITY ACCESS, INC.	Employer identification number 23-7399839
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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 4 (CONT'D)

OCCUPANCY (OVER 95%). TO ENSURE CONTINUED SUCCESS, THE ORGANIZATION FORMED A WORKGROUP TO RE-EXAMINE AND ENHANCE THE EFFECTIVENESS OF SERVICES, PARTICULARLY AS OUR POPULATION AGES, AND TO FURTHER OUR CORE PHILOSOPHY OF INDIVIDUAL RECOVERY AND GROWTH.

AS OF JUNE 30, 2010, THE ORGANIZATION HAD THREE PROJECTS IN VARIOUS STAGES OF DEVELOPMENT WHICH WILL PROVIDE AN ADDITIONAL 217 UNITS HOUSING.

ATTACHMENT 54B PROGRAM SERVICE

TRAINING & EDUCATION

HOWIE THE HARP PEER ADVOCACY CENTER

THE HOWIE THE HARP PEER ADVOCACY CENTER (HTH CENTER), WHICH WAS CREATED IN 1995 TO PROVIDE EMPLOYMENT AND TRAINING OPPORTUNITIES FOR PEOPLE WITH MENTAL ILLNESS, CONTINUES TO BE AN INNOVATIVE PROGRAM THAT IS RUN BY AND FOR MENTAL HEALTH CONSUMERS.

FOR FY2010, THE HTH CENTER SERVED A TOTAL OF 267 PEOPLE-MANY WITH MULTIPLE (OR COMBINED) HISTORIES OF MENTAL ILLNESS, HOMELESSNESS, SUBSTANCE ABUSE AND INCARCERATION, PROVIDING TRAINING AND SUPPORT LEADING TO EMPLOYMENT AND OTHER POSITIVE LIFE CHANGES. OF THE 267

Name of the organization COMMUNITY ACCESS, INC.	Employer identification number 23-7399839
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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 5 (CONT'D)

PARTICIPANTS, 27 COMPLETED THE PEERS SPECIALIST TRAINING PROGRAM, 23 COMPLETED THE FORENSIC PEER SPECIALIST PROGRAM, 37 ATTENDED TO ACE PLACEMENT PROGRAM, 31 GRADUATES WERE PLACED IN INTERNSHIPS, 100 PREVIOUS GRADUATES CONTINUED TO RECEIVED RETENTION AND CAREER ADVANCEMENT SERVICES AND 49 GRADUATES WE PLACED IN COMPETITIVE EMPLOYMENT WITH AN AVERAGE WAGE OF \$12.00 AN HOUR FOR PART-TIME POSITIONS AND \$32,171 A YEAR FOR FULL-TIME POSITIONS. IN ADDITION, THE PROGRAM PROVIDED CONSULTATION AND ASSISTANCE TO RE-ENTRY/DISCHARGE PLANNING INITIATIVES AT DIFFERENT MENTAL HEALTH CARE FACILITIES ACROSS NEW YORK CITY.

CLUBHOUSE/EAST VILLAGE ACCESS

THE CLUBHOUSE PROGRAM, WHICH FIRST OPENED IN 1995, MANAGED TO SERVE 223 PEOPLE IN FY2010, DESPITE UNDERGOING SOME MAJOR CHANGES.

IT WAS RELOCATED TO A NEW FACILITY AT 242 EAST 2ND STREET AND RE-BRANDED AS EAST VILLAGE ACCESS (EVA) AS PART OF THE TRANSITION FROM A CLUBHOUSE TO A PERSONALIZED RECOVERY ORIENTED SERVICES (PROS) MODEL, WHICH IS LICENSED BY NYS OMH. THE ORGANIZATION DEVELOPED A CURRICULUM FOR THE NEW MODEL DESIGNED WITH THE GOAL OF DELIVERING REHABILITATIVE AND RECOVERY-FACILITATING SERVICES THAT HELP PARTICIPANTS WITH MENTAL ILLNESS ATTAIN GOALS THAT ARE

Name of the organization COMMUNITY ACCESS, INC.	Employer identification number 23-7399839
--	--

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 5 (CONT'D)

PERSONALLY MEANINGFUL, ROLE-BASED AND FOSTER SOCIAL INTEGRATION AND RECOVERY. EVA IS EXPECTED TO LAUNCH UNDER THE PROS MODEL IN THE EARLY PART OF FY2011.

IN FY2010, MEMBERS OF THE CLUBHOUSE PROGRAM PARTICIPATED IN:

- SELF-HELP SUPPORT GROUPS - THESE INCLUDE MEN'S GROUPS, WOMEN'S GROUPS, WELL RECOVERY ACTION PLANNING (WRAP), CAREER CLUB AND OTHER DISCUSSION GROUPS.
- GREENS GOUP - A FARMER'S MARKET COOPERATIVE IN WHICH FRESH PRODUCE WAS DELIVERED DIRECTLY FROM LOCAL FARMS. MEMBERS WERE INTRODUCED TO A VARIETY OF FRUITS AND VEGETABLES AND HOW TO HANDLE, STORE AND PREPARE THEM.
- HORTICULTURE GROUP - DEVELOPED AND TENDED AN INDOOR POTTED HERBS GARDEN. HERBS FROM THE GARDEN WERE USED IN PREPARING LUNCHESES.
- WELLNESS SELF-MANAGEMENT (WSM) - THE WSM APPROACH EMPHASIZES THE CONNECTION BETWEEN PHYSICAL AND MENTAL HELP.

THE ART COLLECTIVE

Name of the organization COMMUNITY ACCESS, INC.	Employer identification number 23-7399839
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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 5 (CONT'D)

THE ART COLLECTIVE, WHICH OPERATES OUT OF GOUVERNEUR COURT SITE,
CONTINUED TO PROVIDE SKILL DEVELOPMENT CLASSES IN LITERATURE,
WRITING, POETRY, COLLAGE, PAINTING AND BOOK ARTS. ART COLLECTIVE
MEMBERS HAD THEIR WORK EXHIBITED AT THE NEW YORK PUBLIC LIBRARY,
IN FINE ART BOOKSTORES AROUND THE CITY AND AT P.S.1.

ADVOCACY

IN FY2010, COMMUNITY ACCESS CONTINUED ITS LEADERSHIP ROLE IN THE
MENTAL HEALTH COMMUNITY, ENSURING THAT THE VOICE OF MENTAL HEALTH
CONSUMERS DOES NOT GET LOST.

- HELPED ORGANIZE A FORUM THAT CREATED THE FIRST EVER MENTAL
HEALTH RECIPIENT-RUN ADVISORY COUNCIL TO VESID IN NEW YORK CITY.

- WORKED WITH THE NYC DEPARTMENT OF CORRECTIONS TO HAVE MENTAL
HEALTH CONSUMERS WITH FORENSIC BACKGROUNDS INCLUDED IN TRAINING OF
CORRECTIONAL GUARDS, PROMOTING A GREATER UNDERSTANDING OF PEOPLE
WITH MENTAL ILLNESS WHO ARE INCARCERATED.

- ENCOURAGED TENANTS TO GET INVOLVED IN THEIR COMMUNITIES BY

Name of the organization

COMMUNITY ACCESS, INC.

Employer identification number

23-7399839

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 5 (CONT'D)

ATTENDING COMMUNITY BOARD MEETINGS. THIS CULMINATED IN ONE OF THE ORGANIZATIONS TENANTS BEING ACCEPTED AS A VOTING MEMBER OF A COMMITTEE ON HIS COMMUNITY BOARD.

- CO-SPONSORED THE 6TH ANNUAL NEW YORK CITY MENTAL HEALTH FILM FESTIVAL. THE FESTIVAL ATTRACTED WELL OVER 200 PEOPLE FROM ACROSS THE CITY TO SEE FILMS THAT FOCUSED ON THE EXPERIENCES OF PEOPLE IN THE MENTAL HEALTH SYSTEM. ONE OF THE FILM-MAKERS FEATURED IS CURRENTLY WORKING WITH RICHARD DREYFUS ON A FILM ABOUT THE STIGMA ASSOCIATED WITH MENTAL HEALTH CONSUMERS.

ATTACHMENT 6

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
GALA	247,850.
TOTAL	<u>247,850.</u>

ATTACHMENT 7

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
GALA	152,301.	66,158.	86,143.
TOTALS	<u>152,301.</u>	<u>66,158.</u>	<u>86,143.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2009

**Open to Public
Inspection**

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

Name of the organization

COMMUNITY ACCESS, INC.

Employer identification number

23-7399839

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
ACCESS HOUSE, INC. 13-3215436 2 WASHINGTON STREET, 9TH FL NEW YORK, NY 10004	HOUSING	NY	501 (C) (3)	7	N/A
347 EAST 4TH STREET HDFC, INC. 13-3453944 2 WASHINGTON STREET, 9TH FL NEW YORK, NY 10004	HOUSING	NY	501 (C) (3)	9	N/A
202 WEST 108 STREET HDFC, INC. 43-2085508 2 WASHINGTON STREET, 9TH FL NEW YORK, NY 10004	HOUSING	NY	501 (C) (3)	7	N/A
BROADWAY ACCESS MANAGEMENT CORP 13-3894581 2 WASHINGTON STREET, 9TH FL NEW YORK, NY 10004	REAL ESTATE	NY	501 (C) (2)	N/A	N/A
BROADWAY ACCESS HOLDING CORP 13-3894580 2 WASHINGTON STREET, 9TH FL NEW YORK, NY 10004	TITLE OWNER	NY	501 (C) (2)	N/A	N/A

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

Schedule R (Form 990) 2009

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?	
							Yes	No		Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
258 EAST 4TH STREET INC. 13-3726996 2 WASHINGTON STREET, 9TH FL NEW YORK, NY 10004	HOUSING	NY	CAI	C CORP			100.0000
107-109, INC. 13-3642790 2 WASHINGTON STREET, 9TH FL NEW YORK, NY 10004	HOUSING	NY	CAI	C CORP			100.0000
GOUVERNEUR COURT, INC. 13-3683260 2 WASHINGTON STREET, 9TH FL NEW YORK, NY 10004	HOUSING	NY	CAI	C CORP			100.0000
910 DEKALB AVENUE, INC. 2 WASHINGTON STREET, 9TH FL NEW YORK, NY 10004	HOUSING	NY	CAI	C CORP			100.0000
1363 FRANKLIN AVENUE, INC. 2 WASHINGTON STREET, 9TH FL NEW YORK, NY 10004	HOUSING	NY	CAI	C CORP			100.0000
CHICA, INC. 2 WASHINGTON STREET, 9TH FL NEW YORK, NY 10004	HOUSING	NY	CAI	C CORP			100.0000
772 EAST 168TH STREET CORPORATION 2 WASHINGTON STREET, 9TH FL NEW YORK, NY 10004	HOUSING	NY	CAI	C CORP			100.0000

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

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

	Yes	No
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		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)	X	
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets	X	
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses	X	
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

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

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

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7)		
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Attachment
Sequence No. **67**

Name(s) shown on return

Identifying number

COMMUNITY ACCESS, INC.

23-7399839

Business or activity to which this form relates

GENERAL DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

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

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	398,947.

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	398,947.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B - Information on Use of Vehicles

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

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2009 tax year (see instructions): 43 Amortization of costs that began before your 2009 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

