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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2008

Open to Public Inspection

A Fo	r the	2008 ca	alendar yea	r, or tax year begini		and ending 08-31-20	09	D 5		
	C Name of organization CAMBA INC							D Employ	er ideni	tification number
☐ Ad	dress cl	ress change label or Doing Business As						11-24 E Telepho	80339	
☐ Na	me cha	ange	print or type. See	Doing business As						
Ini	tıal retu	ırn	Specific Instruc-			not delivered to street add	ress) Room/s	uite	287-26	\$ 68,033,860
Гте	mınatı	on	tions.	1720 CHURCH AVEN	JE			G GIOSS I	eceipts	\$ 66,033,660
☐ Arr	ended	return		City or town, state o		4				
Гар	plication	n pending		BROOKLYN, NY 112	26					
			F Nan	ne and address of P	rıncıpal Officer		H(a) Is	this a group r	eturn fo	nr.
				m oplustil				filiates?	ccarrir	⊤Yes ▽ No
				CHURCH AVENUE (LYN, NY 11226			Ш/Б) А.	re all affiliates i	naludad	?
I Ta	x-exen	npt status	▽ 501(c)	(3) - ((Insert no)	4947(a)(1) or \(\int \)	₅₂₇	1 ' '			See instructions)
J Web site: ► WW			/W CAMBA	O RG				Froup Exemption		
К Тур	e of or	ganızatıon	▽ Corporat	ion trust associati	on other ►		L Year o	of Formation 197	7 M St	tate of legal domicile NY
Pa	rt I	Sum	marv							
	1			e organization's mis	sion or most sig	nıfıcant actıvıtıes				
2						O IMPROVE ECONO			YC THF	ROUGH
Ě		COMM	UNITY WID	DE INFO AND ACTI	ON PROGRAMS	S AND SUPPORT OF L	OCAL BUS	INESS		
E E	2	Check	this hox	if the organization d	iscontinued its o	operations or disposed	of more tha	an 25% of its a	assets	
Governance	3		,			:VI, line 1a)			3	11
	4		_	_		ng body (Part VI, line 1			4	11
Activities &	5			nployees (Part V , Iır	_		,		5	1,361
₹	6			lunteers (estimate					6	0
æ	7a	Totalg	ross unrela	ted business revent	ue from Part VIII	(, line 12, column (C)			7a	89,486
	ь	Net unr	elated busi	ness taxable ıncom	e from Form 990	-T, line 34			7b	-12,247
								Prior Year		Current Year
a.	8	Contri	butions and	d grants (Part VIII,	lıne 1h)			56,945,0	28	65,383,115
anue	9	Progra	im service	revenue (Part VIII,	line 2g)			2,658,3	36	2,543,207
Rayen	10			ne (Part VIII, colun	, ,,		39,2	31	12,893	
	11			art VIII, column (A				+	89,486	
	12	12)	revenue—a	ad lines 8 through 1	I (must equal P	art VIII, column (A), lı	ne	59,642,5	95	68,028,701
	13	Grants	and simila	ar amounts paid (Pa	rt IX, column (A), lines 1–3)		1,645,0	34	1,291,742
	14	Benefi	ts paid to o	r for members (Part	IX, column (A),	line 4)				0
ø	15	Saları 10)	es, other co	mpensation, emplo	yee benefits (Pa	rt IX, column (A), lines	5 –	35,298,5	66	41,917,514
Expenses	16a	•	sional fund	raising fees (Part I)	C. column (A.). lır	ne 11e)		00,200,0	+	0
÷	ь			penses, Part IX, column		·			+	
Ш	17	•	Part IX, column (A)		22,197,3	55	24,424,097			
	18		expenses—		59,140,9		67,633,353			
	19	Reven	ue less exp	enses Subtract lin	e 18 from line 12	2		501,6	40	395,348
<u>8</u> 88							Beg	inning of Year		End of Year
Sets San	20	Total	assets (Par	t X, line 16)				17,318,0	98	17,959,169
Net Assets or Fund Balances	21	Total	liabilities (F	Part X, line 26)				11,258,9	33	11,504,360
Z E	22	Netas	Net assets or fund balances Subtract line 21 from line 20							6,454,809
Pa	rt II	Sign	ature Blo	ock			·			
						turn, including accompanyir				
Plea	ise	***		correct, and complete L	eciaration of prepar	er (other than officer) is bas	1		preparer	nas any knowledge
Sign	1	I III	ature of office	er				2010-07-09 Date		
Her	е	joan	ine m oplustil	exec dır						
			e or print nam							
		Preparer				Date	Check If	Preparer's	PTIN (S	ee Gen Inst)
Paid		signatur	e 🚩				self- empolyed 🕨	Γ		
•	arer's		ame (or yours	BUCHBINDER TUNI	CK & COMPANY LLP	<u> </u>	l	EIN Þ		
Use Only if self-en address,			nployed), and ZIP + 4	ONE PENNSYLVANI	A PLAZA SUITE 5335					
				NEW YORK, NY 10)119			Phone no	(212	2) 695-5003
May	the IR	S discus	s this retu			See instructions) .			. /	✓ Yes No

P

1	Briefly describe the organization's mission
	CAMBA IS A MULTI-SERVICE AGENCY WORKING TO IMPROVE ECONOMIC CONDITIONS IN NYC THROUGH COMMUNITY WIDE INFO AND ACTION PROGRAMS AND SUPPORT OF LOCAL BUSINESS
2	Did the organization undertake any significant program services during the year which were not listed on
3	the prior Form 990 or 990-EZ?
3	services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 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 \$ 37,538,450 including grants of \$ 1,129,147) (Revenue \$ 594,713) HOUSING SERVICES AND DEVELOPMENT CAMBA believes that safe, decent and stable housing is critical to the long-term economic and social success of every individual and family. Approximately 3,000 persons each year receive housing-related services from CAMBA in the areas of emergency shelter, assistance in eviction prevention, grants to maintain housing, relocation into permanent housing and foreclosure prevention. Impact In 2009, CAMBA placed over 1,600 individuals and families into permanent housing and assisted over 2,500 families in avoiding eviction and remaining stably housed. During the same period, The Anna Gonzalez, a 100-unit supportive apartment building in Bushwick maintained occupancy standards. Morris Manor, a 46 unit supportive housing project located in the heart of Flatbush, completed construction and opened officially in October 2008. Morris Manor was fully leased up by the end of 2008 and has also maintained occupancy standards. In addition, Morris Manor received a 2009 Building Brooklyn Award for Best Affordable Design from the Brooklyn Chamber of Commerce. 97 Crooke Avenue, where we plan to construct 53 units of affordable and supportive housing, entered into the last phase of predevelopment activities in preparation for a December 2009 closing. Lastly, CAMBA Housing Ventures (CHV), with the New York City Health and Hospitals Corporation (HHC) and Kings County Hospital, finalized the two sites where CHV will develop 204 units of affordable and supportive housing on the Kings County Hospital Campus (KCHC) in the East Flatbush pricing, site design and meeting with community groups. CHV continued with site investigations such as a Phase I environmental assessment, schematic design and surveying CAMBA's HomeBase is a homelessness prevention program funded to provide services for residents of Brooklyn and Staten Island to resolve housing problems and avoid placement in emergency shelter. HomeBase provides the servi
4b	(Code) (Expenses \$ 10,289,940 including grants of \$ 96,410) (Revenue \$ 2,785) EDUCATION AND YOUTH DEVELOPMENT To ensure that Brooklyn residents have the skills and resources they need to support their families, CAMBA provides Adult and Family Literacy Programs targeted both to native-born U S citizens and immigrants from the Caribbean, Latin America, Eastern Europe, Asia and Africa Adult literacy programs help learners improve their English language skills while our civics classes help immigrants qualify for U S citizenship. Our Even Start Family Literacy Program at P S 139 in Flatbush provides onsite ESOL classes in collaboration with Community School District 22, Region 6. In addition to promoting literacy, Even Start provides training in basic parenting skills and encourages parents to read and learn along with their children to promote their children's learning, currosity and creative skills Impact. In 2009, CAMBA served approximately 1,500 individuals in its Adult and Family Literacy programs. Over 52% of those learners were promoted at least one educational level. Among adult literacy students who had such goals, 31% entered employment, 49% retained their employment, and 70% obtained their GED diploma. One hundred percent of the school-aged children in the Even Start Family Literacy Program were promoted to the next level and 90% of those children were reading at grade level at the end of the school year To achieve CAMBA's vision in which youth acquire the skills they need to successfully transition to a productive adulthood, we provide over 6,000 youth with after-school, adolescent pregnancy prevention, youth employment, academic enrichment, and counseling services. Based primarily in 24 public schools, CAMBA's youth development programs have been designed to promote the development of six core competencies cognitive and educational competence, personal and social competence, special interests and talents, leadership and citizenship, health and physical well-being, and preparation for work Impact. In 2
4c	(Code) (Expenses \$ 5,162,308 including grants of \$ 0) (Revenue \$ 1,403,915) HIV/AIDS SERVICES CAMBA provides a complete range of services to individuals and families affected by HIV/AIDS, including transitional and permanent housing, case management, life-skills training, acupuncture, counseling, and recreational and nutritional services. In addition, the Greater Brooklyn Health Coalition focuses on eliminating health care disparities and creating an agenda for action to make Brooklyn a healthier locale Impact. In 2009, CAMBA provided HIV/AIDS services to approximately 1,750 clients over the course of the year. Approximately 85-90% of these clients were connected to primary medical care. In addition, we provided 365 units of transitional and permanent housing to people living with HIV/AIDS and their family members. Further, CAMBA's Anti-Stigma Program delivered its message to over 3,500 Brooklyn residents.
	(Code) (Expenses \$ 6,228,958 including grants of \$ 66,185) (Revenue \$ 517,794)
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$) Total program sorruss expenses \$ 59.219.656. Must equal Part IX June 35. column (R)

Part IV Checklist of Required	S	Sc	che	du	les
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[4]{3}$	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νo
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV .	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Complian	ice				Table 1
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmitta	<i>i</i>				
	of U.S. Information Returns . Enter -0- if not applicable					
		1a	79			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments	to ven	dors and reportable	4 -		
2-	gaming (gambling) winnings to prize winners?	i .		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return		1,361			
b	If at least one is reported in 2a, did the organization file all required federal employ		,			
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file to			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more dur return?	ing the	year covered by this	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in So	chedule	0	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a over, a financial account in a foreign country (such as a bank account, securities account)?	_	·	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Financial Accounts.	Report c	of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time du	rıng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibite	d tax sl	helter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exen Tax Shelter Transaction?	npt Enti	ty Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo comore?	ontribut	ion of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services	provide	ed?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal prop	erty for	r which it was required to			
	file Form 8282?			7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to p benefit contract?		niums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a per	rsonal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	18899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization required?	n file a F	Form 1098-C as	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the year?		8			
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds	i.				
а			9a			
ь				9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
	Gross income from members or shareholders	 11a				
b	Gross income from other sources (Do not net amounts due or paid to other source against amounts due or received from them)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıeu	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Yes

2

3

4

5

6

7a

7Ь

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances,	
nrocesses or changes in Schedule O. See instructions	

	processes, or changes in Schedule O. See instructions.	_	
1a	Enter the number of voting members of the governing body	1a	11
ь	Enter the number of voting members that are independent	1b	11

Did any officer, director, trustee, or key employee	ha	ve	a fam	uly	rela	tıon	ship	or	a b	usır	ness	re					any
other officer, director, trustee, or key employee?	•	•	•	•	•	•	•	•		•	•	•	•	•	•	-	•

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?

Did the organization make any significant changes to its organizational documents since the prior Form 990 was
filed?

Did the organization become aware during the year of a material diversion of the organization's assets?	•	•	L
Does the organization have members or stockholders?			

	oes the organization have members, stockholders, or other persons who may elect one or more members of th	ıe
	overning body?	
.	ready designer of the governing body cubject to approval by members, stockholders, or other persons?	

D	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	•
	Did the organization contemporaneously document the meetings held or written actions undertaken during t	the
	year by the following	

of the organization contemporaneously abcument the meetings held of written actions andertaken during the	
year by the following	
the governing hody?	

Ь	each committee with authority to act on behalf of the governing body?	•	•	•		•	•	•	•	•	•	•	•
ı	Does the organization have local chapters, branches, or affiliates? .				•								

Ь	If "Yes," does the organization have written policies and procedures governing the activities of su	ch (cha	pter	·s,
	affiliates, and branches to ensure their operations are consistent with those of the organization?				

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All orga	nıza	itior	ns
must describe in Schedule O the process, if any, the organization uses to review the Form 990			

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached a	ıt
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O $\cdot\cdot\cdot\cdot$.	

8a	Yes	
8b	Yes	
9a		Νο
9b		
10	Yes	
11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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?	16a		Νο
b	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?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed NY
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. I another's website.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

TAXPAYER 1720 CHURCH AVENUE BROOKLYN,NY 11226 (718) 287-2600

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. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

The check this box in the organization and i	·	Posit	(C) chec	:k al			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei		Reportable compensation	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
						-			

Part VII Continued

(A) Name and Title (B) Average hours per week (B) Average hours per week (B) Average hours per week (C) (B) Reportable compensation from related organizations (W-2/1099-100) and (W-2/1099-100) are lated organization (W-2/1099-1000) are lated organization	ther Ion
(A) Name and Title (B) A verage hours per week (C) A verage hours per week (D) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (D) Reportable compensation from related organizations (W-2/1099-MISC) (W-2/1099-MISC)	and
	- 1 700
1b Total	54,783

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization►17

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

Section B. Independent Contractors

from the organization .

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
BUCHBINDER TUNICK & CO LLP ONE PENNSYLVANIA PLAZA NEW YORK, NY 10119	AUDITING	220,311
CM CONSULTING 91 CAMBRIDGE PLACE BROOKLYN, NY 11238	CONSULTING	115,200
2 Total number of independent contractors (including those in 1) who received more than \$	100,000 in compensation	2

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a					
ants Ints	ь	Membership d	ues					
Contributions, gifts, grants and other similar amounts	c	Fundraising ev	1b vents 1c					
<u>#5,≂</u>	d	Related organ	izations1d					
£ُر <u>≡</u>	e	Government gran	its (contributions) 1e	64,875,339				
bution ther s	f	All other contribut similar amounts r	cions, gifts, grants, and not included above	507,776				
를 등 등	g	Noncash cont	ributions included in					
S # C		lines 1a-1f \$						
	h	Total (Add lin	es 1a-1f)		65,383,115			
				Business Code				
Ē	2a	program Reimb 8	Fees	900,099	1,803,443	1,803,443		
eke Ek	ь	medicaid		900,099	739,764	739,764		
ě.	С							
ž	d							
کن ت	e							
Program Serwce Revenue	f	All other progi	ram service revenue					
_ <u>₹</u>	g	> \$ 2,543,207						
	3		come (including divi	· · · · · · · · · · · · · · · · · · ·	15,239			15,239
		other similar a	imounts)		15,239			15,239
	4	Income from inve	estment of tax-exempt be	ond proceeds				
	5	Royalties .						
			(ı) Real	(11) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco	ome or (loss)	▶				
	_	Conservation and a servert	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	2,813					
		assets other than inventory						
	ь	Less cost or other basis and	5,159					
	С	sales expenses Gain or (loss)	-2,346					
	d	Net gain or (lo	·		-2,346			-2,346
	8a	Gross income	from fundraising	. <u>•</u>				
ψ		events (not in						
Other Revenue		1c) See Part 1						
è,			e G ıf total exceeds					
<u>.</u>	ь		xpensesb					
ŧ	c		(loss) from fundrais					
0	9a	Gross Income		<u>►</u>				
		Complete Sche	e part IV , line 19 dule G if total					
		exceeds \$15,00						
	_		a					
	b c		xpensesb (loss) from gaming a	activities				
				▶				
	10a	Gross sales o returns and al	finventory, less lowances . a					
	ь	Less cost of	goods sold b					
	С	Net income or	(loss) from sales of	inventory				
		Miscellaneou	s Revenue	Business Code				
	11a	sales of africa	n art	453,000	89,486		89,486	
	ь							
	С							
	d	All other reve	nue					
	e	Total. Add line	es 11a-11d					
	12	Total Revenue	. Add lines 1h, 2g, 3	\$ 89,486	68,028,701	2,543,207	89,486	12,893
		8c,	.1e			. , .		,

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,291,742	1,291,742						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22								
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	1,336,443		1,336,443					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$								
7	Other salaries and wages	32,753,099	28,095,479		254,180				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	771,899	641,941	124,150	5,808				
9	Other employee benefits	4,284,711	3,941,715	304,682	38,314				
10	Payroll taxes	2,771,362	2,304,771	445,740	20,851				
11	Fees for services (non-employees)								
а	Management								
b	Legal	44,924	34,436	9,437	1,051				
c	Accounting	155,498	64,798	90,700					
d	Lobbying	42,000		42,000					
е	Professional fundraising See Part IV, line 17								
f	Investment management fees								
g	Other	1,594,753	1,382,311	82,831	129,611				
12	Advertising and promotion								
13	Office expenses	1,430,884	1,341,190	83,800	5,894				
14	Information technology								
15	Royalties								
16	Occupancy	5,748,953	5,587,270	161,683					
17	Travel	355,350	352,154	3,196					
18	Payments of travel or entertainment expenses for any Federal, state or local public officials								
19	Conferences, conventions and meetings	155,334	121,166	30,922	3,246				
20	Interest	163,205	1,423	161,782					
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	121,824		121,824					
23 24	Insurance	575,344	425,344	150,000					
	total expenses shown on line 25 below)								
а	Rent& Related Exp-Other	8,624,775	8,624,535	240					
b	Eqpt Purch/Maint/Rent	1,846,331	1,750,465	95,866					
С	Food and Meals	1,495,158	1,485,386	9,633	139				
d		1,087,428	1,081,846	3,613	1,969				
e	Assistance to Clients	519,191	519,191						
f	All other expenses	463,145	172,493	274,942	15,710				
25	Total functional expenses. Add lines 1 through 24f	67,633,353	59,219,656	7,936,924	476,773				
26	Joint Costs. Check 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
	1	Cash—non-interest-bearing			beginning of year	1	Ella or year
	2	Savings and temporary cash investments			892,999	_	539,383
	3	Pledges and grants receivable, net			12,047,531	3	13,064,381
	4	Accounts receivable, net			12,2 11,2 22	4	,
	5	Receivables from current and former officers, directors, trustees, other related parties Complete Part II of Schedule L		yees or		5	
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S	ction 4958			6	
	7	Notes and loans receivable, net			54,687	7	38,688
	8	Inventories for sale or use				8	
22	9	Prepaid expenses and deferred charges			270,789	9	380,847
Set	10a						
Assets		Land, buildings, and equipment cost basis	10a	872,140			
	Ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10b	468,234	333,825	10c	403,906
	11	Investments—publicly traded securities		<u>'</u>	999,862	11	1,060,239
	12	Investments—other securities See Part IV, line 11 Complete Pail Schedule D	rt VII of		559,674	12	570,144
	13	Investments—program-related See Part IV, line 11 Complete Pa	rt VIII			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule			2,158,731		1,901,581
		D			, ,	15	· ·
	16	Total assets. Add lines 1 through 15 (must equal line 34)			17,318,098	16	17,959,169
	17	Accounts payable and accrued expenses .			1,963,757	17	2,737,976
	18	Grants payable				18	
	19	Deferred revenue				19	
10	20	Tax-exempt bond liabilities				20	_
ě	21	Escrow account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ë		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			7,068,995	23	5,768,010
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			2,226,181	25	2,998,374
	26	Total liabilities. Add lines 17 through 25			11,258,933	26	11,504,360
s e s		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and complethrough 29, and lines 33 and 34.	ete lines 27	7			
auc	27	Unrestricted net assets			5,637,326	27	6,081,379
Balance	28	Temporarily restricted net assets			421,839	28	373,430
<u> </u>	29	Permanently restricted net assets				29	
r Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	l complet e				
S Of	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
ASS	32	Retained earnings, endowment, accumulated income, or other fur				32	
Net /	33	Total net assets or fund balances			6,059,165		6,454,809
Ż	34	Total liabilities and net assets/fund balances			17,318,098		17,959,169
Pa	rt XI	Financial Statements and Reporting		<u> </u>			

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 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?	2c	Yes	
3а	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?	3a	Yes	
b	If "Yes." did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493195009130

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

CAMBA	INC									_		
Do	rt I	Doncon	for Dublic C	haritu Status (to bo co	malatad	by all or			-2480339			
				harity Status (to be co ation because it is (Please					msuucu	10115)		
1	- Igaili			ation because it is (Flease nurches, or association of ch					'A \/;\			
2	<u>'</u>	•		•			Section 1	170(D)(1)(A)(1).			
	<u>'</u>			tion 170(b)(1)(A)(ii). (Attac		•	.: 170/L	L\/4\/A\/:	::\	h C - h - d l	- 11 \	
3	<u> </u>	•	·	e hospital service organizati			-				•	
4	1		-	zatıon operated ın conjunctı 	on with a i	nospitai d	escribea ii	n Section :	170(B)(1)	(A)(III). E	nter the	
_	_	· ·	name, city, and									
5	ı		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	<u> </u>	•	· -	overnment or governmental								
7	 			ally receives a substantial p		support fro	om a gove	rnmental u	ınıt or fron	n the gene	ral public	3
	_		-	o)(1)(A)(vi) (Complete Par	•							
8	<u>_</u>		•	oed in Section 170(b)(1)(A)		•	•					
9	ļ	_		ally receives (1) more than								SS
		•		ated to its exempt functions	-		•		•			
			•	estment income and unrelate			,			() from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10		An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (Se	ee instruci	tions)	
11	Г		•	and operated exclusively fo		, ,			,	•		
				orted organizations describe type of supporting organiza						Section 5	09(a)(3)	.Check
		a T					nes fre t nally Integ		'' d	Гтуре	III - Ot	her
e	Г	·	• •	rtify that the organization is	• •							
	•	•		agers and other than one or			•			•	•	
		section 50										
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ng organiz	zation,
g		check this		as the organization accepted	d any dift	or contrib	ution from	any of the				,
9		following pe		as the organization decepted	a any gne	or continu	acron mom	any or the				
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) bel	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(ii)	
		(iii) a 35%	controlled enti	ty of a person described in ((i) or (ii) al	bove?				11g(iii)	
h		Provide the	following inforr	mation about the organizatio	ns the org	janızatıon	supports				•	
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	1	nount of
		orted		(described on lines 1-9	_	ation in	_	inization		ation in .	supp	ort?
	O rgan	nızatıon		above or IRC section (See Instructions))		listed in verning		i) of your oort?		rganized US?		
				(See Histructions))		nent?	Supp	ייייייייייייייייייייייייייייייייייייייי	iii tile	03,		
					Yes	No	Yes	No	Yes	No	1	
							1 22	<u> </u>				
								 				

Total

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	kea the box o	n line 5, 7, or	8 of Part I.)				
	ublic Support	, ,						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	40,325,324	45,237,340	48,616,167	56,945,028	(55,383,115	256,506,974
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
	ıts behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the							
4	organization without charge Total. Add line 1-3	40,325,324	45,237,340	48,616,167	56,945,028		55,383,115	256,506,974
4 5	The portion of total contribution by each	10,323,321	13,237,310	10,010,107	30,313,020		,3,303,113	230,300,371
3	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line 4							256,506,974
	<u> </u>							
	otal Support endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(0)	2008	(f) Total
	, , , , , , , , , , , , , , , , , , , ,	40,325,324	19,491	48,616,167	56,945,028		55,383,115	256,506,974
7	A mounts from line 4 Gross income from interest, dividends,	+0,323,324	17,471	40,010,107	30,743,020		3,303,113	230,300,374
8	payments received on securities loans,							
	rents, royalties and income from similar	63,623	19,491	31,551	39,231		12,893	166,789
	sources							
9	Net income from unrelated business							
	activities, whether or not the business is	102,972	106,621	115,855	84,967		89,486	499,901
	regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							257,173,664
12	Gross receipts from related activities, etc	(See instruction	s)	<u>'</u>	•	12		10,247,736
13	First Five Years. If the Form 990 is for the			fourth or fifth	tav vearas a 5		31	
13	organization, check this box and stop here	organization 3 in	st, second, time	a, ioureii, or iiitii	tax year as a 5	01(0)(٠,	► □
								•
C	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		99.740 %
15	Public Support Percentage for 2007 Sched	ule A, Part IV-A	, lıne 26f			15		99.930 %
16a	33 1/3% Test - 2008. If the organization did	d not check the b	oox on line 13, a	nd line 14 is 33	1/3% or more,	check	this box	
	and stop here. The organization qualifies as		· ·		•			▶ ▽
b	33 1/3% Test - 2007. If the organization di			•	.5 is 33 1/3% o	r more	, check th	
	box and stop here. The organization qualifie							. ⊢
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fac organization meets the "facts and circumst							w the
ь	10% Facts and Circumstances Test - 2007.							. ,
_	more, and if the organization meets the "fac							
	the organization meets the "facts and circu	mstances" test	The organizatio	n qualifies as a	publicly suppor	ted or	ganızatıon	► □
18	Private Foundation. If the organization did	not check the bo	x on line 13, 16	a, 16b, 17a or :	17b, check this	box ar	nd see	- -
	instructions							▶□

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	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						
12	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 fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income						
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)							
	Facts and Circumstances Test							

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 11-2480339

Name: CAMBA INC

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Ada											
		(C) Position (check all that apply)							(E)	(F) Estimated	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	amount of other compensation from the organization and related organizations	
REVEREND DANIEL RAMM , SECRETARY/TREASURER	2 00	X		х				0	0	0	
KATHERINE O'NEILL , PRESIDENT	3 00	X		Х				0	0	0	
paul galliganesq , mEMBER	1 00	Х						0	0	0	
ALLAN fKRAMER II , MEMBER	1 00	Х						0	0	0	
GREGORY CELESTIN , MEMBER	1 00	Х						0	0	0	
RUTH O'BRIEN , mEMBER	1 00	X						0	0	0	
terence l kelleher esq , member	1 00	Х						0	0	0	
CHRISTOPHER ZARRA , VICE PRESIDENT	1 00	×		х				0	0	0	
HELEN k SPONTAK cpa , MEMBER	1 00	Х						0	0	0	
CHARLES SCIBETTA jr esq , MEMBER	1 00	Х						0	0	0	
matthew w botwin , mEMBER	1 00	Х						0	0	0	
JOANNE M OPLUSTIL , EXECUTIVE DIRECTOR	35 00			х				296,223	0	103,270	
VALERIE B-RICHARDSON , DEPUTY EXEC DIR	35 00				x			204,504	0	48,650	
kathleen a masters , DEPUTY EXEC DIR	35 00				Х			179,117	0	53,338	
sharon browne , DEPUTY EXEC DIR	35 00				Х			178,538	0	44,477	
thomas dambakly , chief financial officer	35 00				Х			172,268	0	36,846	
claire harding keefe , asst deputy director	35 00					Х		145,629	0	34,676	
rang t ngo , chief of operations	35 00					Х		143,707	0	45,288	
kathy dros , dEPUTY EXEC DIR	35 00					Х		141,928	0	43,792	
mary ann lanzetta , dEPUTY EXEC DIR	35 00					Х		127,748	0	20,064	
mıchael erhard , asst deputy dırector	35 00					Х		114,325	0	24,382	

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes." to Form 990, Part IV, Line 5 (Proxy Tax)

2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? 4 Was a correction made? 5 If "Yes," describe in Part IV Part IC To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.) 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt function activities 3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization, such as a separate political contributions received and promptly and directly delivered to a separate political organization in Information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from filing organization in Information Informatio	. S∈	ection 501(c)(4), (5), or (6) orga	anizations complete Part III	(· · · · · · · · · · · · · · · · · · ·		
To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.) Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures 3					Employer ider	ntification number
reganizations. (See the instructions for Schedule C for details.) Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part 1-3 To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.) Enter the amount of any excise tax incurred by the organization under section 4955 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? Yes No If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? Yes No If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? Yes No If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? Yes No If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? Yes No If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? To be completed by all organizations exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount directly expended by the filing organization for section 527 exempt function activities To be completed by all organization's internal funds contributed to other organizations for section 527 exempt function activities Solution of the filing organization's internal funds contributed to other organization for section 527 exempt function activities Solution of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b Old the filing organization file Form 1120-POL for this year? Yes No						
political expenditures Volunteer hours To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.) Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? Yes No Was a correction made? To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.) Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount directly expended by the filing organization for section 527 exempt function activities Total offerect and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Ves No State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization's internal funds if none, enter -0- (a) Name (b) Address (c) EIN (d) Amount paid from filing organization if organization in the real variety delivered to a separate political organization's own internal funds or were and promptly and directly delivered to a separate political organization's own internal funds or were and promptly and directly delivered to a separate political organization's own internal funds or were and promptly and directly delivered to a separate political organization's own internal funds or were and promptly and directly delivered to a separate political organization's own internal funds or were and promptly and directly delivered to a separate	Par				n 501(c) and section	527
3 Volunteer hours Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.) 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? 4 Was a correction made? 5 If "Yes," describe in Part IV Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.) 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt function activities 3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organizations own internal funds or were political contributions received and promptly and directly delivered to a separate political granization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) A mount paid from filing organization's internal funds if none, enter -0- 8 enter -0- 9 enter -0-	1	Provide a description of the	organization's direct and indirect po	litical campaign ac	tivities in Part IV	
Part I-E) To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.) 1	2	Political expenditures				\$
for Schedule C for details.) 1. Enter the amount of any excise tax incurred by the organization under section 4955 2. Enter the amount of any excise tax incurred by organization managers under section 4955 3. If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? 4. Was a correction made? 4. Was a correction made? 5. Tyes No. 6. If "Yes," describe in Part IV Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). 6. See the instructions for Schedule C for details.) 1. Enter the amount directly expended by the filing organization for section 527 exempt function activities 2. Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities 3. Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b 4. Did the filing organization file Form 1120-POL for this year? 5. State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization. In Part IV (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's internal funds If none enter -0- 9	3	V olunteer hours				
2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? 4 Was a correction made? 5 If "Yes," describe in Part IV Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.) 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt function activities 3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's internal funds If none, enter -0- enter -0- enter -0- enter -0- enter -0- enter -0-	Par			ot under sectio	n 501(c)(3). (See the	instructions
1 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? Yes No	1	Enter the amount of any exc	ise tax incurred by the organization	under section 495	5	\$
4a Was a correction made? b If "Yes," describe in Part IV Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.) 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt function activities 3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization is contributions received and promptly and directly delivered to a separate political organization in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from filing organization in Part IV (e) Amount of political organization in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from enter -0- and promptly and directly delivered to separate political organization in Finone, enter -0- enter -0- enter -0- enter -0-	2	Enter the amount of any exc	ise tax incurred by organization man	agers under sectio	on 4955	\$
b If "Yes," describe in Part IV Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.) 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) A mount paid from enter -0- (e) A mount of political organization if none enter -0- (e) A mount of political organization if none enter -0-	3	If the organization incurred	ın a section 4955 tax, did it file Form	n 4720 for this yea	r [?]	┌ Yes
See the instructions for Schedule C for details.) 1	4a	Was a correction made?				┌ Yes
(See the instructions for Schedule C for details.) 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's internal funds. If none, enter -0- enter -0- enter -0- (e) Amount of political organization If none enter -0-						
2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's internal funds. If none enter -0-enter	Par			ot under sectio	n 501(c), except sec	tion 501(c)(3).
Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's internal funds. If none, enter -0- enter -0- enter -0- enter -0-	1	Enter the amount directly ex	xpended by the filing organization for	section 527 exem	pt function activities	\$
## 1120-POL, line 17b ## Did the filing organization file Form 1120-POL for this year? ## State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name	2			buted to other orga	anizations for section	\$
State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) A mount paid from filing organization's internal funds. If none, enter -0- enter -0- enter -0- enter -0-	3		exempt function expenditures Add lii	nes 1 and 2 and en	ter here and on Form	\$
were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's internal funds If none, enter -0- enter -0- (e) Amount of political contributions receive and promptly and directly delivered to separate political organization If none enter -0-	4	Did the filing organization fil	e Form 1120-POL for this year?			┌ Yes
filing organization's internal funds. If none, enter -0-	5	were made Enter the amour political contributions receive	al funds or were as a separate			
		(a) Name	(b) Address	(c) EIN	filing organization's internal funds If none,	directly delivered to a separate political organization If none,
For Paperwork Reduction Act Notice, see the instructions for Form 990. Cat No 50084S Schedule C (Form 990 or 990-EZ) 20		Danarwark Poduction & ct. Not.	ice see the instructions for Form 00%	Cat No 5	00845 Sabadula C.	Form 990 or 990 E7\ 300

To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)					
<u> </u>					
Limits on Lo	bbying Expenditures—	(a) Filing Organization's Totals	(b) A ffiliated Group Totals		
Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)				
Total lobbying expenditures to influe	nce a legislative body (direct lobbying)				
Total lobbying expenditures (add line	es 1a and 1b)				
Other exempt purpose expenditures					
Total exempt purpose expenditures	(add lines 1c and 1d)				
columns—					
or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e				
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000				
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000				
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000				
Over \$17,000,000	\$1,000,000				
Grassroots nontaxable amount (ente	r 25% of line 1f)				
Subtract line 1g from line 1a Enter -	0- if line g is more than line a				
Subtract line 1f from line 1c Enter -	O- if line f is more than line c				
If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form 4720 repo	orting	┌ Yes ┌ No		
	Check If the filing organization Check If the filing organization Limits on Low (The term "expenditures to influe Total lobbying expenditures to influe Total lobbying expenditures (add line Other exempt purpose expenditures Total exempt purpose expenditures to Lobbying nontaxable amount Enter to columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 Grassroots nontaxable amount (enter Subtract line 1g from line 1a Enter Subtract line 1f from line 1c Enter If there is an amount other than zero	(election under section 501(h)). (See the instructions for Schedule C for detect of the filing organization belongs to an affiliated group (heck of the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$225,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a Enter -0 - if line g is more than line a Subtract line 1ffrom line 1c Enter -0 - if line g is more than line a Subtract line 1ffrom line 1c Enter -0 - if line f is more than line 2 If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reported the subtract line 1 file of the subtract line 1 file form 20 either line 1 file of line 1 file file file file file file file file	Cleck If the filing organization belongs to an affiliated group If the filing organization belongs to an affiliated group If the filing organization belongs to an affiliated group If the filing organization checked box A and "Imited control" provisions apply		

	Lobbying Expendit	ures During 4	1-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
с	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B	To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form	
	5768 (election under section 501(h)). (See the instructions for Schedule C for details.)	

legis refei a Volu	ng the year, did the filing organization attempt to influence foreign, national, state or local lation, including any attempt to influence public opinion on a legislative matter or endum, through the use of	Yes	No	A mount
legis refei a Volu	lation, including any attempt to influence public opinion on a legislative matter or endum, through the use of			
h Daid	nteers?		No	
D Falu	staff or management (include compensation in expenses reported on lines c through i)?		Νo	
c Med	a advertisements?		Νo	
d Mail	ngs to members, legislators, or the public?		Νo	
e Publ	cations, or published or broadcast statements?		Νo	
f Gran	ts to other organizations for lobbying purposes?		Νo	
g Dire	et contact with legislators, their staffs, government officials, or a legislative body?	Yes		42,000
h Rallı	es, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i Othe	r activities If "Yes," describe in Part IV		Νo	
j Tota 1	l lines 1c through			42,000
2a Did	he activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Y	es" enter the amount of any tax incurred under section 4912			
c If "Y	es" enter the amount of any tax incurred by organization managers under section 4912		ļ	
d If th	e filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current Year	2a \$	
b	Carryover from last year	2b \$	
c	Total	2c \$	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
	expenditure next year?	4 \$	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
Part IV , Supplemental Information		part II-b, line 1(g) - lobbying activities MEETINGS AND CONSULTATIONS REGARDING LEGISLATIVE MATTERS AND VARIOUS PROGRAM AND OPERATIONS ISSUES

1 \$

Part IV Supplemental Information						
Ident if ier	Return Reference	Explanation				

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ▶ Attach to Form 990. To be completed by organizations that

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Inspection **Employer identification number** Name of the organization CAMBA INC 11-2480339

Pa	organizations Maintaining Donor Actions organization answered "Yes" to Form 99		unds or Accounts. Complete if the
	organization answered Tes to Form 55	(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 advi	sors in writing that the assets held in don	oradvised
	funds are the organization's property, subject to the		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?	efit of the donor or donor advisor or other	☐ Yes ☐ No
Pa	t II Conservation Easements. Complete		o Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space	on or pleasure)	historically importantly land area rtified historic structure
2	Complete lines 2a-2d if the organization held a quali on the last day of the tax year	ified conservation contribution in the form	of a conservation easement
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	s	2b
С	Number of conservation easements on a certified hi	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	d by the organization during
	the taxable year 🕨		
4	Number of states where property subject to conserva	ation easement is located ►	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	g the periodic monitoring, inspection, viola	ations, and Yes No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year 🕨
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports contained balance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financial nents	statements that describes
Par	Complete if the organization answered '		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ii	
	(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, histofollowing amounts required to be reported under SFA		or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990, Part X		▶ \$

Part	Organizations Maintaining Co	llections of Art, His	tori	<u>cal Treasur</u>	es, or Othe	<u>r Similar Asse</u>	ts (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	records, check any of th	ne fol	owing that are	a significant u	se of its collection	ı	
а	Public exhibition	d	Γ	Loan or excha	ange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's co Part XIV	llections and explain ho	w the	y further the or	ganızatıon's ex	empt purpose in		
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to						Yes	┌ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an am				nization answ	ered "Yes" to Fo	rm 99	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermediary	for c	ontributions or	other assets r		Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table						
						A mou	nt	
c	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fo					Γ,	Yes	No
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete						- V	
4_	D	(a)Current Year (b)Prior	rear (c)Iwo	Years Back (d)	Three Years Back (e)	Four Ye	ars Back
1a	Beginning of year balance							
b	Contributions							
с	Investment earnings or losses							
d	Grants or scholarships							
е	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						
а	Board designated or quasi-endowment							
ь	Permanent endowment							
c	Term endowment ▶							
3a	Are there endowment funds not in the posses	sion of the organization	thata	are held and ad	ministered for	the		
	organization by						Yes	No
	(i) unrelated organizations					3a(i)		
	(ii) related organizations					3a(ii)		
	If "Yes" to 3a(II), are the related organization	·				3b		
4	Describe in Part XIV the intended uses of the	-			137 1 - 40			
Par	t VI Investments—Land, Buildings	s, and Equipment. S		•	'			
	Description of investment			a) Cost or other sis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
1-2	Land					<u> </u>		
Ia	Buildings							
	· ·				ı			
b	Leasehold improvements			71,642		64,783		6,859
b c	•			71,642 474,735		64,783 305,071		
b c d e	Leasehold improvements	· · · · · · · · · · · · · · · · · · ·		474,735 325,763				6,859 169,664 227,383

Part VIII Investments—Other Securities.	see Form 990, Part X, line 12.	
(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
	+	
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) F	
Part VIII Investments—Program Related.	See Form 990, Part X, line 1	3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) becompained of investment type	(5) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13		
Part IX Other Assets. See Form 990, Part >		
	scription	(b) Book value
Miscellaneous Receivables		18,000
Security Deposits		184,205
Due from Affiliates		1,699,376
		-
		· ·
		-
Total. (Column (b) should equal Form 990, Part X, col.(B) I		1,901,581
Part X Other Liabilities. See Form 990, Part X		> 1,901,581
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
Refundable Advances	1,966,216	
DEFERRED COMPENSATION PAYABLE-457 PLAN	1,032,158	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶ 2,998,374	

Par	Reconciliation of Ch	nange in Net Assets from Forn	n 990	to I	<u>Financial Stateme</u>	nts	
1	Total revenue (Form 990, Part \	/III, column (A), line 12)				1	68,028,701
2	Total expenses (Form 990, Part IX, column (A), line 25)						67,633,353
3	Excess or (deficit) for the year		3	395,348			
4	Net unrealized gains (losses) or		4	296			
5	Donated services and use of fac					5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	
9	Total adjustments (net) Add lin	es 4 - 8				9	296
10	• , ,	per financial statements. Combine lines	: 3 and	a		10	395,644
		evenue per Audited Financial			nts With Revenue i		<u>'</u>
1	Total revenue, gains, and othe	-					68,028,997
	statements					1	
2	A mounts included on line 1 bu	t not on Form 990, Part VIII, line 12			Ī		
а	Net unrealized gains on invest	ments	·	2a	296		
b	Donated services and use of fa	acilities	.	2b			
c	Recoveries of prior year grants			2c			
d	Other (Describe in Part XIV)			2d			
e	Add lines 2a through 2d .					2e	296
3	Subtract line 2e from line 1 .			•		3	68,028,701
4	Amounts included on Form 990	O, Part VIII, line 12, but not on line 1			1		
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b		4a			
b	Other (Describe in Part XIV)			4b			
С						4c	0
5		d 4c. (This should equal Form 990, Part				5	68,028,701
		(penses per Audited Financial		eme	nts With Expenses	T	
1		audited financial statements				1	67,633,353
2	Donated services and use of fa	not on Form 990, Part IX, line 25	1	7-			
a b	Prior year adjustments		· ·	2a 2b			
	, ,		.	2D 2c			
C C		Part IX, line 25	}	2c 2d		-	
d	Other (Describe in Part XIV)		• L	Zu		2e	0
е 3	Add lines 2a through 2d Subtract line 2e from line 1 .					3	67,633,353
3 4), Part IX, line 25, but not on line 1:		•			07,033,353
		ided on Form 990, Part VIII, line 7b	1	4a			
a b				4a 4b		-	
	Add lines 4a and 4b		. [40		4c	0
с 5		d 4c. (This should equal Form 990, Par	rt I line	. 10		5	67,633,353
	t XIV Supplemental Info		11, 11116	= 10	<u>,</u>		07,033,353
Com	plete this part to provide the des	criptions required for Part II, lines 3, 5 Part XII, lines 2d and 4b, and Part XII				art XIV	/, lines 1b and 2b,
	Ident if ier	Return Reference			Explanat	ion	

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493195009130

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

lame of the organization						Employer identi	fication number
CAMBA INC						11-2480339	
Part I General Inform	nation on Gran	ts and Assistance				'	
 Does the organization main the selection criteria used Describe in Part IV the organization 	to award the gran	ts or assistance?					ר Yes Γו
Form 990, Part I' Part IV and Sche	V, line 21 for an dule I-1 if addit	y recipient that rece	ived more than \$5,00		tes. Complete if the oif no one recipient rec	eived more than \$5, —	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
saint vincents catholic medical centers450 W 33 ST NY,NY 10001	13-4077996	501(c)(3)	431,915				Housing support and drop-in services
WOMENS HOUSING & ECONOMIC DEV CO50 E 168 ST BRONX,NY 10452	11-3099604	501(c)(3)	312,421				Relocation and employment assistance
ECUMENICAL COMMUNITY DEV ORG443 W 125 ST NY,NY 10027	13-3160099	501(c)(3)	290,873				Relocation and employment assistance
COLLEGE OF MOUNT SAINT VINCENT6301 RIVERDALE AVE BRONX,NY 10471	13-1740445	501(c)(3)	66,185				Assistance to refugees
RESEARCH FOUNDATION of STATE UNIV of NYPO BOX 9 ALBANY,NY 12201	14-1368361	501(c)(3)	25,524				A dolescent pregnancy prevention
FUND FOR THE CITY OF NEW YORK121 SIXTH AVE NY,NY 10013	13-2612524	501(c)(3)	23,961				A dolescent pregnancy prevention
center for urban community services198 east 121 st NY,NY 10035	13-3687891	501(c)(3)	47,823				Emergency shelter
sunset park health councilinc dba lutheran family health centers150 55th street brooklyn, NY 112202559	20-2508411	501(c)(3)	22,338				A dolescent pregnancy prevention
mfy legal servicesinc299 broadway4th floor new york,NY 10007	13-2622748	501(c)(3)	46,115				Foreclosure prevention
nyc department of education 52 chambers st new york, NY 10007			24,587				Learning to work
2 Enter total number of sect				_	_		9
organizations							▶ 1

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, F	art IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

		-	-	-	
(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

occinational para rapid	o de maritional para Tapio					
Ident if ier	Return Reference	Explanation				
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 Grants to subrecipients are made under government programs and are based upon the subrecipients' reports of specific services provided and compliance with other contractual requirements				

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DLN: 93493195009130

OMB No 1545-0047

2008

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Schedule J (Form 990)

Department of the Treasury

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

Compensation Information

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Internal Revenue Service Name of the organization **Employer identification number** CAMBA INC 11-2480339 **Questions Regarding Compensation**

					Yes	No
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to		,			
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	\sqcap	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a writt provision of all the expenses described above? If "No,			1b		
2	Did the organization require substantiation prior to rein officers, directors, trustees, and the CEO/Executive D		5 , ,	2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that		•			
	Compensation committee	\vdash	Written employment contract			1
	Independent compensation consultant	굣	Compensation survey or study		ĺ	
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa	rt V I	I, Section A, line 1a			
а	Receive a severance payment or change of control pay	ymen	nt?	4a		Νo
b	Participate in, or receive payment from, a supplementa	nqualified retirement plan?	4b		No	
c	Participate in, or receive payment from, an equity-base	ed co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde t	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must comp	plete	e lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of	ne 1a	a, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the net earnings of	ne 1 a	a, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," des			7		No
8	Were any amounts reported in Form 990, Part VII, pai subject to the initial contract exception described in R in Part III		•	8		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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-MI	SC compensation	(C) Deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	Denents	(B)(ı)-(D)	990 or Form 990-EZ
JOANNE M OPLUSTIL	(ı) (ıı)	296,223			23,500	5,290	325,013	197,933
VALERIE B- RICHARDSON	(ı) (ıı)	204,504			15,500	337	220,341	137,835
kathleen a masters	(I)	179,117			23,500	1,150	203,767	119,449
sharon browne	(I)	178,538			14,976	288	193,802	120,823
thomas dambakly	(I)	172,268			2,600	309	175,177	117,490
claire harding keefe	(ı) (ıı)	145,629			15,500	98	161,227	98,682
rang t ngo	(I) (II)	143,707			23,500	1,583	168,790	
kathy dros	(I) (II)	141,928			20,000	1,583	163,511	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
-		
	·	

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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

DLN: 93493195009130

Open to Public Inspection

Name of the organization CAMBA INC

Employer identification number

11-2480339

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	FAMILY SUPPORT SERVICES CAMBA's family services programs are designed to utilize each family's strengths to develop solutions to problems which affect the family's functioning. Our services include foster care prevention, programs to improve health outcomes for pregnant and newly parenting families, nutrition education and an emergency food pantry. We also offer a range of services for victims of domestic violence, sexual assault and other violent crimes. These include individual and group counseling, conflict resolution, support groups, advocacy and a rape crisis hotline. Impact. In 2009, our food pantry provided emergency food to over 2,000 individuals and families each month. Seventy-four percent of the new mothers enrolled in Healthy Families breastfed their infants for at least three months, a rate that is significantly higher than the Statewide average of 46%. Expenses \$ 3209301 including grants of \$ 0. Revenue \$ 517794.

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	ECONOMIC DEVELOPMENT CAMBA promotes economic revitalization in Central Brooklyn by providing services tailored to the needs of low-income, immigrant and minority entrepreneurs. Our services include one-on-one counseling, entrepreneurial training and technical assistance, access to grants and micro-loans, computer training, and trainings specifically for clients who want to open home-based daycare programs. Impact. In 2009, 53 new businesses were started. 16 existing businesses had increased sales for combined new revenue of \$600,000. For low-income individuals who want to attain economic self-sufficiency, CAMBA offers assessment, job training, job search assistance, and job placement services that lead to employment in high-demand fields, such as private security, customer service, and human services. For unemployed individuals who need to improve their English language skills, we combine job training and placement services with English for Speakers of Other Languages (ESOL) classes. For disconnected youth, our REACH Program provides case management, occupational training, job placement, educational assistance and other services to help youth to develop the skills and maturity needed to attain self-sufficiency. Impact. In 2009, 650 low-income adults were directly placed in unsubsidized employment at an average wage of \$10.00 per hour for an average of 37 hours per week. Sixty-one Central Brooklyn residents, forty percent of whom were women, were training as Security Officers and 50 were placed in paid employment. Fifty low-income adults were placed in jobs at Whole Foods. Markets after completion of CAMBA's Gourmet Food. Service. Retail Training Program.

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	LEGAL SERVICES CAMBA Legal Services provides Housing, Immigration, Public Benefits, Consumer and HIV related legal services in a community- based model to more than 1,500 poor and working poor clients each year CAMBA Legal Services attorneys and paralegals provide a full range of services including education, advice and litigation to solve legal problems. They also work collaboratively with other CAMBA staff members including social workers, educators and workforce development professionals to help clients achieve positive change in their lives. Impact. In 2009, CAMBA Legal Services prevented over 350 evictions. 221 citizenship applications were prepared. Our attorneys provided legal representation to clients in consumer debt matters that in total resulted in more than \$300,000 of consumer debt being expunged. More than 1,000 clients were assisted in immigration matters, while 92 clients received legal representation in consumer debt matters and none of them received judgments against them. Expenses \$507687 including grants of \$0. Revenue \$0.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The organization's board reviews the form 990 prior to its filing

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		A certification of the conflict of interest policy is performed annually

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The board of directors approve all top executive salaries who then inform the human resource department of all compensation changes

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request

ldentifier	Return Reference	Explanation
form 990, part xı,lıne 2c		The organization's process for the oversight of the audit of its financial statements and the selection of an independent accountant has not changed from the prior year

ld	lentifier	Return Reference	Explanation
form 9 r part			loan 38,688 loan guarantee 2,302,994 total line 1d - songea 2,341,682 ====== loan - 0- loan guarantee 304,760 total line 1d - 1720 304,760 =======

DLN: 93493195009130

OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Name of the organization **Employer identification number** CAMBA INC 11-2480339

Part I Identification of Disregarded Entities					
(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

(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
camba legal servicesinc 1720 CHURCH AVENUE 2ND FL brooklyn, NY11226 11-3153831	ASSIST INDIVIDUALS&FAMILIES AT RISK OF BECOMING HOMELESS with legal svcs	NY	501(C)(3)	7	N/A
CAMBA ECONOMIC DEVELOPMENT CORPoration 1720 CHURCH AVENUE 2ND FL brooklyn, NY11226 11-3546930	PROMOTE ECONOMIC & HUMAN DEVELOPMENT OF FAMILIES IN UNDERSERVED COMMUNITIES	NY	501(C)(3)	7	N/A
camba housing ventures inc 1720 CHURCH AVENUE 2ND FL brooklyn, NY11226 55-0881162	ACT AS AFFORDABLE HOUSING CORP-ACQUIRE LAND,FINANCE& OVERSEE CONSTRUCTION	NY	501(C)(3)	9	N/A
songea holding corporation 1720 CHURCH AVENUE 2ND FL brooklyn, NY11226 31-1717153	holding title to real property	NY	501(C)(2)		N/A
camba primary health care center inc 1720 CHURCH AVENUE 2ND FL brooklyn, NY11226 11-3355019	health care services	NY	501(C)(3)	7	N/A

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign	(D) Direct controlling entity	(E) Predominant income(related, investment,	(F) Share of total income	(G) Share of end-of-year assets	(H Disprop allocat	rtionate	(I) Code V—UBI amount on Box 20 of K-1	Gene man	(J) eral or naging tner?
		country)		unrelated)			Yes	No		Yes	No
880 willoughby lp 1720 CHURCH AVENUE 2ND FL brooklyn, NY11226 22-3877551	supportive housing	NY	camba housing ventures inc					No		165	No
chv 1247 flatbush avenue lp 1720 CHURCH AVENUE 2ND FL brooklyn, NY11226 20-3770301	supportive housing	NY	camba housing ventures inc					No			No
	<u>. </u>				<u> </u>				<u> </u>		

14 change of Kelatea organizations raxable as a corporation of frast	Part IV	Identification of Related Organizations Taxable as a Corporation or Trust
--	---------	---

(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
rental of real estate	NY		С	138,439	544,399	100 000 %
						_
	Primary activity	Primary activity Legal domicile (state or foreign country)	Primary activity Legal domicile (state or entity foreign country) Direct controlling entity	Primary activity Legal domicile (state or foreign country) Direct controlling Type of entity (C corp, S corp, or trust)	Primary activity Legal domicile (state or foreign country) Direct controlling entity (C corp, S corp, or trust) Share of total income	(state or foreign country) (C corp, S corp, or trust) end-of-year assets

Part V Transactions with Related Organizations	
Note. Complete line 1 if any entity is listed in Parts II, III or IV	Ye

# B	Called Called Control of the Called C	
1 During the tax year, did the orgranization engage	in any of the following transactions with one	e or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to other organization(s)
- **c** Gift, grant, or capital contribution from other organization(s)
- **d** Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- Purchase of assets from other organization(s)
- Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- Reimbursement paid by other organization for expenses
- **q** Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

	Note. Complete line 1 if any entity is listed in Parts II, III or IV	Į.	Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1 b		No
c	Gift, grant, or capital contribution from other organization(s)	1 c		No
d	Loans or loan guarantees to or for other organization(s)	1d	Yes	
e	Loans or loan guarantees by other organization(s)	1e		No
	,			
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1 g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
	,			
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n	Sharing of paid employees	1n		No
	,			
o	Reimbursement paid to other organization for expenses	10		No
р	Reimbursement paid by other organization for expenses	1р		No
	,			
q	O ther transfer of cash or property to other organization(s)	1q	Yes	
r	O ther transfer of cash or property from other organization(s)	1r	Yes	
	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			
-	The district only of the district of the district of the district on the distr			

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)		
See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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

									_		
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?		
			Yes	No		Yes	No		Yes	No	
			•	•		•		Cabadul	D / Form		

Form 990, Schedule R, Part V - Transactions with Related Organizations	
(A)	
Name of other organization	

(A) Name of other organization	(B) Transaction type(a-r)
	D
1	D

type(u i)	
D	
D	

J

J

М

Μ

Μ

Μ

Q

Q

Q

Q

Q

R

A mount Involved

(C)

(\$)

2,341,682

304,760

382,088

24,000

36,000

48,000

8,917

10,718

258,781

35,680

6,741

217,189

102,689

59,548

(1) songea holding corporation (2) 1720 church holding corporation

CAMBA ECONOMIC DEVELOPMENT CORPoration

CAMBA ECONOMIC DEVELOPMENT CORPoration

songea holding corporation

camba legal servicesinc

songea holding corporation

camba housing ventures inc

songea holding corporation

camba housing ventures inc

chv 1247 flatbush avenue lp

880 willoughby lp

camba legal servicesinc

1720 church holding corporation

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

(11)

(12)

(13)

(14)

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Department of the Treasury Internal Revenue Service

DLN: 93493195009130

OMB No 1545-0172

Depreciation and Amortization (Including Information on Listed Property)

	▶	See separate instruction	s. 🕨 Attach	to your tax r	eturn.			Sequence No 67
Name(s) shown on retu	rn	Business or a	ctivity to which	this form re	lates	Iden	tifyin	g number
CAMBA INC		F 000 D-	10			١		20
Part I Election	n To Evnence	Form 990 Page Certain Property Un		170		11-2	24803	39
	•	isted property, comple			nplete Pai	rt I.		
		s for a higher limit for cert					1	250,000
2 Total cost of section	n 179 property pla	ced in service (see instru	ctions) .				2	
		y before reduction in limit		uctions) .			3	800,000
4 Reduction in limitat	tion Subtract line 3	from line 2 If zero or les	s, enter - 0 -				4	·
		line 4 from line 1 If zero	·	0- If married	d filing			
separately, see ins	•						5	
· · · · · · · · · · · · · · · · · · ·								
(2) Description of pro	nerty	(b) Cost	(business us	e (c) EI	lected	cost	
	- Description of pro			only)	(6) 21			4
6								4
7 1		- I 20			<u> </u>			┦
7 Listed property En				7				
		erty Addamounts in colu	umn (c), lines 6	and / .		•	8	
9 Tentative deductio							9	
•		n line 13 of your 2007 For					10	
11 Business income limitat	ion Enter the smaller of	f business income (not less that	n zero) or line 5 (se	ee instructions)		•	11	
12 Section 179 expen	se deduction Add I	ines 9 and 10, but do not	enter more tha	n line 11		•	12	
13 Carryover of disallo	owed deduction to 2	009 Add lines 9 and 10,	less line 12	. 13				
		below for listed proper						
		Allowance and Othe					1	(See instructions)
14 Special depreciation tax year (see instru		lified property (other than	listed property) placed in s	ervice durii	ng the	14	
15 Property subject to	•	alaction					15	
16 Other depreciation						•		121 024
		Do not include listed p	oroperty 1 (Se	oo instruction	nc \	<u> </u>	16	121,824
Partiti MACKS	Depreciation (ction A	e msu ucu)115.)			
17 MACRS deductions	for assets placed i	ın service in tax years be		2008 .			17	
		issets placed in service	_		o one or r	nore		
general asset ac						₽Ŭ		
		Service During 200	08 Tax Year				' recia	tion System
		(c) Basis for		1				•
(a) Classification o	f (b) Month and	depreciation	(d) Recovery				.	(g)Depreciation
property	year placed in service	(business/investment use	period	(e) Conven	tion (f)	Metho	'a	deduction
	3317133	only—see instructions)						
19a 3-year property								
b 5-year property								
c 7 - year property							\longrightarrow	
d 10-year property							\rightarrow	
e 15-year property								
f 20-year property			25			<u> </u>	\rightarrow	
g 25-year property			25 yrs	MM		S/L S/L	-+	
h Residential rental property			27 5 yrs 27 5 yrs	M M M M		5/L S/L	\longrightarrow	
i Nonresidential real			39 yrs	MM		S/L	-+	
property			33 713	MM		S/L	-+	
Se	ction C—Assets Pla	ced in Service During 2008	8 Tax Year Usin	1			 ı Syst∢	em
20a Class life				1		S/L		
b 12-year			12 yrs			S/L		
c 40-year			40 yrs	ММ		S/L		
	nary (See instru							
21 Listed property En	ter amount from line	e 28				•	21	
		14 through 17, lines 19 turn Partnerships and S c			ne 21 Ente	r here	22	121,824
	bove and placed in attributable to sec	service during the curren tion 263A costs		e 23				

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 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 (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 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 Yes No Yes No Yes No Yes No Yes No Yes No 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 Yes No **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** (b) (e)

(d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44