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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 09-01-2011 and ending 08-31-2012

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization  
CAMBA INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)Room/suite

1720 CHURCH AVENUE

City or town, state or country, and ZIP + 4  
BROOKLYN, NY 11226

F Name and address of principal officer  
JOANNE M OPLUSTIL  
1720 CHURCH AVENUE  
BROOKLYN, NY 11226

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CAMBA.ORG

D Employer identification number

11-2480339

E Telephone number

(718) 287-2600

G Gross receipts \$ 92,743,866

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1977

M State of legal domicile NY

Part I	Summary																								
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities CAMBA IS A NON-PROFIT AGENCY THAT PROVIDES SERVICES THAT CONNECT PEOPLE WITH OPPORTUNITIES TO ENHANCE THEIR QUALITY OF LIFE</div></div>																								
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>																								
	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>12</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>12</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2011 (Part V, line 2a)</td><td>5</td><td>2,053</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>0</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>113,467</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>-81</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	3	12	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	2,053	6	Total number of volunteers (estimate if necessary)	6	0	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	113,467	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-81
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Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

JOANNE M OPLUSTIL EXEC DIR

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's taxpayer identification number (see instructions)  
P00293702

Firm's name (or yours if self-employed), address, and ZIP + 4

EIN ▶ 11-2336434

Phone no ▶ (212) 944-4433

BARRY WECHSLER

RAICH ENDE MALTER & CO LLP

1375 BROADWAY

NEW YORK, NY 10018

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

## Part III Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission

CAMBA IS A NON-PROFIT AGENCY THAT PROVIDES SERVICES THAT CONNECT PEOPLE WITH OPPORTUNITIES TO ENHANCE THEIR QUALITY OF LIFE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code	(Expenses \$	58,951,363	including grants of \$	(Revenue \$	1,618,463 )
	<p>HOUSING CAMBA BELIEVES THAT SAFE, DECENT AND STABLE HOUSING IS CRITICAL TO THE LONG-TERM ECONOMIC AND SOCIAL SUCCESS OF EVERY INDIVIDUAL AND FAMILY. NEARLY 6,000 PERSONS EACH YEAR RECEIVE HOUSING-RELATED SERVICES FROM CAMBA IN THE AREAS OF EMERGENCY SHELTER, ASSISTANCE IN EVICTION PREVENTION, RELOCATION INTO PERMANENT HOUSING AND FORECLOSURE PREVENTION IMPACT. IN 2012, CAMBA PLACED OVER 1,500 INDIVIDUALS AND FAMILIES INTO SAFE, STABLE PERMANENT HOUSING AND ASSISTED OVER 4,000 FAMILIES IN AVOIDING EVICTION AND REMAINING STABLY HOUSED. DURING THE SAME PERIOD, 880 WILLOUGHBY, 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, HAS ALSO MAINTAINED OCCUPANCY STANDARDS THROUGH AUGUST, 2012. 97 CROOKE AVENUE, A 53 UNIT AFFORDABLE AND SUPPORTIVE HOUSING DEVELOPMENT IN FLATBUSH, COMPLETED CONSTRUCTION AND RECEIVED FINAL CERTIFICATE OF OCCUPANCY APRIL 13, 2012. 97 CROOKE AVENUE ACHIEVED 100% LEASE UP APRIL 15, 2012. CAMBA HOUSING VENTURES (CHV) CONTINUED CONSTRUCTION AT CAMBA GARDENS, A 209 UNIT LEED-PLATINUM AFFORDABLE AND SUPPORTIVE HOUSING DEVELOPMENT BEING DEVELOPED ON THE KINGS COUNTY HOSPITAL CAMPUS (KCHC) IN WINGATE BROOKLYN, AND WAS 37% COMPLETE AS OF AUGUST 31, 2012. CAMBA GARDENS REPRESENTS A NATIONAL MODEL OF COLLABORATION BETWEEN A PUBLIC HOSPITAL, NON-PROFIT AFFORDABLE HOUSING DEVELOPER AND A SERVICE PROVIDER. CHV IS THE NON-PROFIT DEVELOPMENT PARTNER WITH HUDSON COMPANIES AND RELATED COMPANIES FOR GATEWAY ELTON, A 197-UNIT AFFORDABLE HOUSING DEVELOPMENT IN EAST NEW YORK. GATEWAY ELTON PHASE I WAS 95% COMPLETE AS OF AUGUST 31, 2012. CHV CONTINUED THE INTERVIEW PROCESS WITH THE NEW YORK CITY HOUSING AUTHORITY (NYCHA) REGARDING THE PROPOSED DEVELOPMENT OF 100 UNITS OF SUPPORTIVE AND AFFORDABLE HOUSING ON A NYCHA PARKING LOT AT VAN DYKE HOUSES IN BROWNSVILLE BROOKLYN. CHV BEGAN THE FUNDER LEGAL REVIEW PROCESS, AS PREPARATION FOR A PROJECTED WINTER 2013 CLOSING OF GATEWAY ELTON PHASE II, AN ADDITIONAL 175 AFFORDABLE HOUSING UNITS.</p>					

4b	(Code	(Expenses \$	10,028,861	including grants of \$	176,000 )	(Revenue \$	0 )
	<p>EDUCATION AND YOUTH DEVELOPMENT TO ENSURE THAT BROOKLYN RESIDENTS HAVE THE SKILLS AND RESOURCES THEY NEED TO SUPPORT THEIR FAMILIES, CAMBA PROVIDES ADULT 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 AND MATH SKILLS WHILE OUR CIVICS CLASSES HELP IMMIGRANTS QUALIFY FOR U S CITIZENSHIP OUR YOUNG ADULT LITERACY PROGRAM STARTED IN 2008 AND TARGETS YOUNG ADULTS, AGES 16 THROUGH 24, WHO ARE OUT OF SCHOOL, UNEMPLOYED AND READING AT A FOURTH OR FIFTH GRADE LEVEL MANY PARTICIPANTS ARE PARENTS WHO HAVE TO JUGGLE CHILDCARE AND OTHER FAMILY ISSUES AND ALSO MAY NEED HELP WITH INCOME SUPPORT OR HOUSING BY DEALING WITH EACH STUDENT AS A WHOLE PERSON, THE NUMBER OF THESE YOUNG ADULTS WHO MOVE ON TO OBTAIN THEIR GED IS MAXIMIZED IMPACT IN 2012, CAMBA SERVED 1,341 INDIVIDUALS IN ITS ADULT LITERACY PROGRAMS FORTY-THREE PERCENT OF THOSE LEARNERS WERE PROMOTED AT LEAST ONE EDUCATIONAL LEVEL AMONG ADULT LITERACY STUDENTS WHO HAD SUCH GOALS, 78% ENTERED EMPLOYMENT, 59% RETAINED THEIR EMPLOYMENT, AND 79% ENTERED A POST-SECONDARY EDUCATION OR TRAINING PROGRAM AS FOR OUR YOUNG ADULT LITERACY PROGRAM, 85% OF THE 94 STUDENTS FINISHED THEIR PROGRAM, AND 49% OF THEM WERE PROMOTED AT LEAST ONE EDUCATIONAL LEVEL TO ACHIEVE CAMBA'S VISION IN WHICH YOUTH ACQUIRE THE SKILLS THEY NEED TO SUCCESSFULLY TRANSITION TO A PRODUCTIVE ADULTHOOD, WE PROVIDE OVER 9,000 YOUTH WITH AFTER-SCHOOL, ADOLESCENT PREGNANCY PREVENTION, YOUTH EMPLOYMENT, ACADEMIC ENRICHMENT, AND COUNSELING SERVICES BASED PRIMARILY IN 30 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 2012, CAMBA'S AFTER-SCHOOL PROGRAMS KEPT ABOUT 2,000 CHILDREN SAFE AND ENGAGED IN CREATIVE LEARNING ACTIVITIES WHILE THEIR PARENTS WORKED MORE THAN 800 HIGH SCHOOL STUDENTS GAINED HANDS-ON WORK EXPERIENCE THROUGH SUBSIDIZED INTERNSHIPS AND SUMMER JOBS AT CASCADES HIGH SCHOOL, A SMALL SCHOOL FOR OVERAGE/UNDER-CREDITED YOUTH, CAMBA SUPPORTED 245 STUDENTS, 68% OF GRADUATING SENIORS EITHER ENROLLED IN POST-SECONDARY EDUCATION OR WERE EMPLOYED</p>						

<b>4c</b>	(Code ) (Expenses \$ 3,900,153 including grants of \$ ) (Revenue \$ 247,219 )
	HIV/AIDS SERVICES CAMBA PROVIDES A COMPLETE RANGE OF SERVICES TO INDIVIDUALS AND FAMILIES AFFECTED BY CONDITIONS SUCH AS HUNGER, HIV/AIDS, MENTAL ILLNESS, AND SUBSTANCE ABUSE OUR PROGRAMMING INCLUDES TRANSITIONAL AND PERMANENT HOUSING, CASE MANAGEMENT, LIFE-SKILLS TRAINING, 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 2012, CAMBA PROVIDED HEALTHY GROCERIES TO 5,000 INDIVIDUALS AND FAMILIES IN NEED EACH MONTH AT OUR BEYOND HUNGER EMERGENCY FOOD PANTRY IN ADDITION, CAMBA PROVIDED HIV/AIDS SERVICES TO APPROXIMATELY 900 CLIENTS AND THEIR COLLATERALS OVER THE COURSE OF THE YEAR APPROXIMATELY 95% OF THESE CLIENTS WERE CONNECTED TO PRIMARY MEDICAL CARE MOREOVER, WE ENROLLED MORE THAN 400 MEN AND WOMEN IN DIABETES SELF-MANAGEMENT, FITNESS AND NUTRITION PROGRAMS, HELPING THEM TO LOSE WEIGHT, MONITOR THEIR BLOOD SUGAR, INCREASE EXERCISE AND EAT MORE FRUITS AND VEGETABLES

(Code	) (Expenses \$	3,484,172	including grants of \$	10,500 ) (Revenue \$	)
<p>FAMILY SUPPORT CAMBA'S FAMILY SERVICES PROGRAMS ARE DESIGNED TO USE EACH FAMILY'S STRENGTHS TO DEVELOP SOLUTIONS TO PROBLEMS WHICH AFFECT THE FAMILY'S FUNCTIONING OUR SERVICES INCLUDE FOSTER CARE PREVENTION AND PROGRAMS TO IMPROVE HEALTH OUTCOMES FOR PREGNANT AND NEWLY PARENTING FAMILIES WE 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 2012, CAMBA SUPPORTED MORE THAN 350 NEW PARENTS THROUGH OUR HEALTHY FAMILIES HOME VISITING PROGRAM, CONNECTING 96% OF PARTICIPANTS TO A JOB, EDUCATIONAL PROGRAM OR JOB TRAINING PROGRAM BY THEIR BABY'S SECOND BIRTHDAY OUR FOSTER CARE PREVENTION SERVICES REACHED 300 FAMILIES, 97% OF WHICH KEPT THEIR CHILDREN LIVING AT HOME</p>					

(Code	(Expenses \$	2,350,035	including grants of \$	(Revenue \$	)
<p>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, AND COMPUTER TRAINING IMPACT. IN 2012, CAMBA TAUGHT 700 BUSINESS OWNERS AND ASPIRING ENTREPRENEURS SMALL-BUSINESS MANAGEMENT SKILLS, FROM SOCIAL MARKETING TO FINANCIAL REPORTING TO CREDIT REPAIR. CAMBA LOANED MORE THAN \$150,000 TO LOCAL ENTREPRENEURS, CREATING OR PRESERVING NEARLY 50 JOBS 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 DISCONNECTED YOUTH, OUR OUT-OF-SCHOOL YOUTH 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 2012, CAMBA SERVED 1,450 BROOKLYN RESIDENTS, 68% OF WHOM WERE NON-CITIZENS IMMIGRANTS (REFUGEES, ASYLEES, OR PERMANENT RESIDENTS). CAMBA CONNECTED 605 LOW-INCOME ADULTS TO JOBS WITH AN AVERAGE WAGE OF MORE THAN \$9.50 PER HOUR. CAMBA TRAINED AND PLACED 166 ADULTS IN FULL-TIME SECURITY GUARD POSITIONS. OTHER GRADUATES OF OUR SECURITY OFFICER TRAINING SCHOOL SELF-PLACED INTO THE FIELD. ONE THIRD OF OUR SECURITY GUARD TRAINING GRADUATES ARE WOMEN.</p>					



















LEGAL SERVICES CAMBA LEGAL SERVICES (CLS) PROVIDES FREE LEGAL COUNSEL AND REPRESENTATION TO NEARLY 3,000 POOR AND WORKING POOR NEW YORKERS EACH YEAR IN THE AREAS OF HOUSING LAW, FORECLOSURE PREVENTION, DOMESTIC VIOLENCE, CONSUMER LAW, PUBLIC BENEFITS, AND IMMIGRATION LAW CLS 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 2012, CLS ASSISTED MORE THAN 900 IMMIGRANTS, INCLUDING OVER 150 WHO SUBMITTED CITIZENSHIP APPLICATIONS CLS ELIMINATED \$250,000 IN CONSUMER DEBT THROUGH LEGAL REPRESENTATION AND FINANCIAL COUNSELING FOR MORE THAN 700 INDIVIDUALS THROUGH OUR SERVICES, MORE THAN 200 HOMEOWNERS WHO WERE AT RISK OF FORECLOSURE WERE ABLE TO STAY IN THEIR HOMES CLS REPRESENTED NEARLY 250 DOMESTIC VIOLENCE VICTIMS IN A VARIETY OF LEGAL MATTERS, INCLUDING IMMIGRATION, FAMILY LAW, CONSUMER DEBT AND HOUSING

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 7,448,176 including grants of \$ 329,316 ) (Revenue \$ )

<b>4e</b>	<b>Total program service expenses</b>	<b>\$ 80,328,553</b>
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Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	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? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> 	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</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 U S ? <i>If "Yes," complete Schedule F, Part II and IV.</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 U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i> . . . . .	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> . . . . .	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . .	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>		
		YesNo
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a56
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1cYes
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. .	2a2,053
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2bYes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3aYes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3bYes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4aNo
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5aNo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5bNo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6aNo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b
7	Organizations that may receive deductible contributions under section 170(c).	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7aNo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7cNo
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7eNo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7fNo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8
9	Sponsoring organizations maintaining donor advised funds.	
a	Did the organization make any taxable distributions under section 4966?	9a
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b
10	Section 501(c)(7) organizations. Enter	
a	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	
a	Gross income from members or shareholders.	11a
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b
c	Enter the aggregate amount of reserves on hand.	13c
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14aNo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	NY
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made 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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REVEREND DANIEL RAMM SECRETARY/TREASURER	2 00	X		X				0	0	0
(2) KATHERINE O'NEILL PRESIDENT	3 00	X		X				0	0	0
(3) PAUL GALLIGANESQ MEMBER	1 00	X						0	0	0
(4) ALLAN F KRAMER II MEMBER	1 00	X						0	0	0
(5) GREGORY CELESTIN MEMBER	1 00	X						0	0	0
(6) RUTH O'BRIEN MEMBER	1 00	X						0	0	0
(7) TERENCE L KELLEHER ESQ MEMBER	1 00	X						0	0	0
(8) CHRISTOPHER ZARRA VICE PRESIDENT	1 00	X		X				0	0	0
(9) CHARLES SCIBETTA JR ESQ MEMBER	1 00	X						0	0	0
(10) MATTHEW W BOTWIN MEMBER	1 00	X						0	0	0
(11) JULIA BEARDWOOD MEMBER	1 00	X						0	0	0
(12) BERNARDO MAS MEMBER	1 00	X						0	0	0
(13) JOANNE M OPLUSTIL EXECUTIVE DIRECTOR	35 00			X				344,376	0	91,218
(14) VALERIE B-RICHARDSON DEPUTY EXEC DIR	35 00				X			225,471	0	38,710
(15) KATHLEEN A MASTERS DEPUTY EXEC DIR	35 00				X			210,159	0	40,030
(16) SHARON BROWNE DEPUTY EXEC DIR	35 00				X			210,317	0	47,027
(17) THOMAS DAMBAKLY CHIEF FINANCIAL OFFICER	35 00				X			197,604	0	37,860



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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CLAIRE HARDING KEEFE ASST DEPUTY DIRECTOR	35 00					X		165,542	0	35,737
(19) RANG T NGO CHIEF OF OPERATIONS	35 00					X		154,952	0	38,659
(20) KATHY DROS DEPUTY EXEC DIR	35 00					X		161,860	0	43,371
(21) LESLIE HEWITT CONTROLLER	35 00					X		142,770	0	17,432
(22) DAVID ROWE DIRECTOR OF HOUSING	35 00					X		155,631	0	7,639
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								1,968,682	0	397,683

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	10
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		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	No

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LUTHERAN FAMILY HEALTH CENTER 150 55TH STREET BROOKLYN, NY 11220	SUBCONTRACTOR	433,940
OASIS CHILDREN'S SERVICES LLC 20 JAY STREET SUITE 802 BROOKLYN, NY 11201	SUBCONTRACTOR	293,795
MFY LEGAL SERVICES LLC 299 BROADWAY NEW YORK, NY 10007	SUBCONTRACTOR	267,284
PROJECT RENEWAL INC 200 VARICK STREET 9TH FLOOR NEW YORK, NY 10014	SUBCONTRACTOR	142,879
BUCHBINDER TUNICK & COMPANY LLP ONE PENNSYLVANIA PLAZA SUITE 5335 NEW YORK, NY 10119	ACCOUNTING	128,223
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>5</b>		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . .	1d					
	e	Government grants (contributions)	1e	84,470,005				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,759,937				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f . . . . .			89,229,942			
Program Service Revenue			Business Code					
	2a	PROGRAM REIMB & FEES	900099	3,371,419	3,371,419			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .			3,371,419			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .			1,285		1,285	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties . . . . .						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) . . . . .						
	7a	(i) Securities		(ii) Other				
		27,753						
		20,175						
		7,578						
	d	Net gain or (loss) . . . . .			7,578		7,578	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .		a				
	b	Less direct expenses . . . . .		b				
	c	Net income or (loss) from fundraising events . .						
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .		a				
	b	Less direct expenses . . . . .		b				
	c	Net income or (loss) from gaming activities . .						
	10a	Gross sales of inventory, less returns and allowances . . . . .		a				
	b	Less cost of goods sold . . . . .		b				
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a	SPECIAL EVENTS		900099	113,467		113,467		
b								
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .			113,467				
12	Total revenue. See Instructions . . . . .			92,723,691	3,371,419	113,467	8,863	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)  
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	493,882	493,882		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,968,682		1,968,682	
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	37,751,533	32,476,825	5,146,646	128,062
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	11,103,864	9,074,307	1,993,459	36,098
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal	86,272	23,195	63,077	
c	Accounting	195,432	52,543	142,889	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	1,651,990	1,452,466	31,751	167,773
12	Advertising and promotion				
13	Office expenses	1,432,742	1,305,644	111,253	15,845
14	Information technology				
15	Royalties				
16	Occupancy	9,422,730	9,167,708	255,022	
17	Travel	360,765	357,455	3,310	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	212,415	196,347	15,624	444
20	Interest	264,469		264,469	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	269,077		269,077	
23	Insurance	1,044,613	645,285	399,328	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	RENT& RELATED EXP-OTHER	19,320,062	19,318,562	1,500	
b	EQPT PURCH/MAINT/RENT	2,375,212	2,261,714	111,400	2,098
c	OTHER PGM SUPPLIES&EXP	1,836,465	1,799,764	36,197	504
d	FOOD AND MEALS	1,587,707	1,582,048	5,659	
e					
f	All other expenses	1,163,184	120,808	1,028,943	13,433
25	Total functional expenses. Add lines 1 through 24f	92,541,096	80,328,553	11,848,286	364,257
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	
	2	Savings and temporary cash investments . . . . .			2,779,698	2	3,253,647
	3	Pledges and grants receivable, net . . . . .			16,183,805	3	16,081,254
	4	Accounts receivable, net . . . . .				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .			10,686	7	10,686
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			937,250	9	602,115
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	2,063,779			
	b	Less: accumulated depreciation . . . . .	10b	1,048,048	627,611	10c	1,015,731
	11	Investments—publicly traded securities . . . . .			1,679,693	11	1,907,597
	12	Investments—other securities. See Part IV, line 11 . . . . .			230,099	12	230,191
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			3,033,626	15	4,495,014
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			25,482,468	16	27,596,235	
Liabilities	17	Accounts payable and accrued expenses . . . . .			5,253,085	17	5,277,608
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			8,517,534	23	9,002,885
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .			4,777,901	25	6,204,355
	26	Total liabilities. Add lines 17 through 25 . . . . .			18,548,520	26	20,484,848
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets . . . . .			6,511,892	27	6,742,934
28		Temporarily restricted net assets . . . . .			422,056	28	368,453
29		Permanently restricted net assets . . . . .				29	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds . . . . .				30	
31		Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
32		Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
33		Total net assets or fund balances . . . . .			6,933,948	33	7,111,387
34	Total liabilities and net assets/fund balances . . . . .			25,482,468	34	27,596,235	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	92,723,691
2	Total expenses (must equal Part IX, column (A), line 25)	2	92,541,096
3	Revenue less expenses Subtract line 2 from line 1	3	182,595
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,933,948
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-5,156
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7,111,387

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public  
Inspection

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

Part I

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

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

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	56,945,028	65,383,115	75,093,519	78,530,798	89,229,942	365,182,402
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	56,945,028	65,383,115	75,093,519	78,530,798	89,229,942	365,182,402
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						365,182,402

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	56,945,028	65,383,115	75,093,519	78,530,798	89,229,942	365,182,402
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	39,231	12,893	-10,513	7,924	8,865	58,400
9 Net income from unrelated business activities, whether or not the business is regularly carried on	84,967	89,486	94,428	64,382		333,263
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						365,574,065

12 Gross receipts from related activities, etc (See instructions )

127,495,875

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	99 890 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	99 810 %
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			



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

Facts And Circumstances Test

Explanation

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

▶ Complete if the organization is described below.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- 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 990-EZ, Part VI, line 47 (Lobbying Activities), then

- 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) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

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 a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

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 funds contributed to other organizations for section 527 exempt funtion activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were 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 funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check
- ☐
- if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check
- ☐
- if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	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														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)	
		Yes	No	Amount	
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
	<b>a</b> Volunteers?				No
	<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				No
	<b>c</b> Media advertisements?				No
	<b>d</b> Mailings to members, legislators, or the public?				No
	<b>e</b> Publications, or published or broadcast statements?				No
	<b>f</b> Grants to other organizations for lobbying purposes?				No
	<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		98,068	
	<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
	<b>i</b> Other activities? If "Yes," describe in Part IV		No		
<b>j</b> Total lines 1c through 1i			98,068		
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912				
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			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

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
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).		
a	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 (see instructions)	5	

Part IV

Supplemental Information

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.

Identifier	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

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
CAMBA INC

Employer identification number  
11-2480339

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

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

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  
► \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2011

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

3

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

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

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

5

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

☐ Yes

☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .				
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations . . . . .

3a(i)

☐ Yes

☐ No

(ii)

related organizations . . . . .

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

4

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .	71,642		67,495	4,147
d Equipment . . . . .	1,293,424		648,718	644,706
e Other . . . . .	698,713		331,835	366,878
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				1,015,731



Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	92,723,691
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	92,541,096
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	182,595
4	Net unrealized gains (losses) on investments	4	-5,156
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-5,156
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	177,439

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements . . . . .	1	92,718,535
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	-5,156
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	-5,156
3	Subtract line 2e from line 1 . . . . .	3	92,723,691
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	92,723,691

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements . . . . .	1	92,541,096
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	92,541,096
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	92,541,096

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
		THE ACCOUNTING STANDARD FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THE GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSISTION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE ORGANIZATION, AMONG OTHERS. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR THE FISCAL YEAR 2012.



Part I General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NORTHERN MANHATTAN IMPROVEMENT CORPORATION76 WADSWORTH AVENUE NEW YORK, NY 10033	13-2972415	501(C)(3)	39,000				LEGAL SERVICES FOR THE WORKING POOR
(2) WOMENS HOUSING & ECONOMIC DEV CO50 E 168 ST BRONX, NY 10452	11-3099604	501(C)(3)	20,353				RELOCATION AND EMPLOYMENT ASSISTANCE
(3) ECUMENICAL COMMUNITY DEV ORG443 W 125 ST NY, NY 10027	13-3160099	501(C)(3)	36,840	-68,627		REVERSAL OF ACCURAL	RELOCATION AND EMPLOYMENT ASSISTANCE
(4) COLLEGE OF MOUNT SAINT VINCENT6301 RIVERDALE AVE BRONX, NY 10471	13-1740445	501(C)(3)	10,500				ASSISTANCE TO REFUGEES
(5) MFY LEGAL SERVICESINC299 BROADWAY4TH FLOOR NEW YORK, NY 10007	13-2622748	501(C)(3)	192,816				FORECLOSURE PREVENTION
(6) URBAN JUSTICE CENTER123 WILLIAM STREET 16TH FLOOR NEW YORK, NY 10038	13-3442022	501(C)(3)	39,000				LEGAL SERVICES FOR THE WORKING POOR
(7) HOUSING CONSERVATION COORDINATORS INC777 TENTH AVENUE NEW YORK, NY 10019	51-0141489	501(C)(3)	24,000				LEGAL SERVICES FOR THE WORKING POOR
(8) GODDARD RIVERSIDE COMMUNITY CENTER593 COULMBUS AVENUE NEW YORK, NY 10024	13-1893908	501(C)(3)	24,000				LEGAL SERVICES FOR THE WORKING POOR
(9) OASIS CHILDREN'S SERVICES20 JAY STREET BROOKLYN, NY 11201	13-4122873	501(C)(3)	176,000				SUMMER EDUCATIONAL PROGRAM FOR CHILDREN

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

▶

3

Enter total number of other organizations listed in the line 1 table . . . . .

▶

**Part III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part 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)Amount of cash grant	(d)Amount 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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	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

Software ID:  
Software Version:  
EIN: 11-2480339  
Name: CAMBA INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN MANHATTAN IMPROVEMENT CORPORATION76 WADSWORTH AVENUE NEW YORK, NY 10033	13-2972415	501(C)(3)	39,000				LEGAL SERVICES FOR THE WORKING POOR
WOMENS HOUSING & ECONOMIC DEV CO50 E 168 ST BRONX,NY 10452	11-3099604	501(C)(3)	20,353				RELOCATION AND EMPLOYMENT ASSISTANCE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ECUMENICAL COMMUNITY DEV ORG443 W 125 ST NY, NY 10027	13- 3160099	501(C)(3)	36,840	-68,627		REVERSAL OF ACCURAL	RELOCATION AND EMPLOYMENT ASSISTANCE
COLLEGE OF MOUNT SAINT VINCENT6301 RIVERDALE AVE BRONX, NY 10471	13- 1740445	501(C)(3)	10,500				ASSISTANCE TO REFUGEES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MFY LEGAL SERVICES INC299 BROADWAY4TH FLOOR NEW YORK, NY 10007	13-2622748	501(C)(3)	192,816				FORECLOSURE PREVENTION
URBAN JUSTICE CENTER123 WILLIAM STREET 16TH FLOOR NEW YORK, NY 10038	13-3442022	501(C)(3)	39,000				LEGAL SERVICES FOR THE WORKING POOR

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOUSING CONSERVATION COORDINATORS INC 777 TENTH AVENUE NEW YORK, NY 10019	51-0141489	501(C)(3)	24,000				LEGAL SERVICES FOR THE WORKING POOR
GODDARD RIVERSIDE COMMUNITY CENTER 593 COULMBUS AVENUE NEW YORK, NY 10024	13-1893908	501(C)(3)	24,000				LEGAL SERVICES FOR THE WORKING POOR

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OASIS CHILDREN'S SERVICES20 JAY STREET BROOKLYN, NY 11201	13-4122873	501(C)(3)	176,000				SUMMER EDUCATIONAL PROGRAM FOR CHILDREN

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
CAMBA INC

Employer identification number  
11-2480339

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	



**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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOANNE M OPLUSTIL	(i)	344,376	0	0	76,070	15,148	435,594	0
	(ii)	0	0	0	0	0	0	0
(2) VALERIE B-RICHARDSON	(i)	225,471	0	0	26,730	11,980	264,181	0
	(ii)	0	0	0	0	0	0	0
(3) KATHLEEN A MASTERS	(i)	210,159	0	0	32,000	8,030	250,189	0
	(ii)	0	0	0	0	0	0	0
(4) SHARON BROWNE	(i)	210,317	0	0	25,785	21,242	257,344	0
	(ii)	0	0	0	0	0	0	0
(5) THOMAS DAMBAKLY	(i)	197,604	0	0	16,686	21,174	235,464	0
	(ii)	0	0	0	0	0	0	0
(6) CLAIRE HARDING KEEFE	(i)	165,542	0	0	14,698	21,039	201,279	0
	(ii)	0	0	0	0	0	0	0
(7) RANG T NGO	(i)	154,952	0	0	31,070	7,589	193,611	0
	(ii)	0	0	0	0	0	0	0
(8) KATHY DROS	(i)	161,860	0	0	29,576	13,795	205,231	0
	(ii)	0	0	0	0	0	0	0
(9) LESLIE HEWITT	(i)	142,770	0	0	10,014	7,418	160,202	0
	(ii)	0	0	0	0	0	0	0
(10) DAVID ROWE	(i)	155,631	0	0	0	7,639	163,270	0
	(ii)	0	0	0	0	0	0	0

**Part III**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011****Open to Public  
Inspection**Name of the organization  
CAMBA INC**Employer identification number**

11-2480339

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION'S BOARD REVIEWS THE FORM 990 PRIOR TO ITS FILING
	FORM 990, PART VI, SECTION B, LINE 12C	A CERTIFICATION OF THE CONFLICT OF INTEREST POLICY IS PERFORMED ANNUALLY
	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
	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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -5,156
	FORM 990, PART XI, LINE 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
LINE 1D - LOAN AND LOAN GUARANTEE	FORM 990 SCHEDULE R PART V	LOAN GUARANTEE \$2,125,109 ----- TOTAL LINE 1D - SONGEA \$2,125,109 ===== LOAN GUARANTEE \$ 339,286 ----- TOTAL LINE 1D - 1720 \$ 339,286 =====

SCHEDULE R  
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CAMBA INC

Employer identification number  
11-2480339

Part I

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

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) CAMBA LEGAL SERVICESINC  1720 CHURCH AVENUE 2ND FL  BROOKLYN, NY 11226 11-3153831	ASSIST INDIVIDUALS&FAMILIES AT RISK OF BECOMING HOMELESS WITH LEGAL SVCS	NY	501(C)(3)	7	N/A		No
(2) CAMBA ECONOMIC DEVELOPMENT CORPORATION  1720 CHURCH AVENUE 2ND FL  BROOKLYN, NY 11226 11-3546930	PROMOTE ECONOMIC & HUMAN DEVELOPMENT OF FAMILIES IN UNDERSERVED COMMUNITIES	NY	501(C)(3)	7	N/A		No
(3) CAMBA HOUSING VENTURES INC  1720 CHURCH AVENUE 2ND FL  BROOKLYN, NY 11226 55-0881162	ACT AS AFFORDABLE HOUSING CORP-ACQUIRE LAND,FINANCE& OVERSEE CONSTRUCTION	NY	501(C)(3)	9	N/A		No
(4) SONGEA HOLDING CORPORATION  1720 CHURCH AVENUE 2ND FL  BROOKLYN, NY 11226 31-1717153	HOLDING TITLE TO REAL PROPERTY	NY	501(C)(2)		N/A		No
(5) CAMBA PRIMARY HEALTH CARE CENTER INC  1720 CHURCH AVENUE 2ND FL  BROOKLYN, NY 11226 11-3355019	HEALTH CARE SERVICES	NY	501(C)(3)	7	N/A		No
(6) CHURCH AVENUE DISTRICT MANAGEMENT ASSOCIATION INC  1720 CHURCH AVENUE 2ND FL  BROOKLYN, NY 11226 11-2835403	PROMOTE GENERAL WELFARE OF PEOPLE IN THE CHURCH AVENUE DISTRICT PLAN	NY	501(C)(3)	7	N/A		No

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 880 WILLOUGHBY LP  1720 CHURCH AVENUE 2ND FL BROOKLYN, NY 11226 22-3877551	SUPPORTIVE HOUSING	NY	CAMBA HOUSING VENTURES INC					No			No	
(2) CHV 1247 FLATBUSH AVENUE LP  1720 CHURCH AVENUE 2ND FL BROOKLYN, NY 11226 20-3770301	SUPPORTIVE HOUSING	NY	CAMBA HOUSING VENTURES INC					No			No	
(3) CHV 97 CROOKE AVE LP  1720 CHURCH AVENUE 2ND FL BROOKLYN, NY 11226 27-1560899	SUPPORTIVE HOUSING	NY	CAMBA HOUSING VENTURES INC					No			No	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) 1720 CHURCH HOLDING CORPORATION 1720 CHURCH AVENUE 2ND FL BROOKLYN, NY 11226 43-2067901	RENTAL OF REAL ESTATE	NY		C	123,100	379,014	100 000 %

Part V

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

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

1

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

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

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

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

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

r

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

Yes

Yes

No

No

No

No

Yes

No

No

No

Yes

Yes

Yes

Yes

No

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

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

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.

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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**Software ID:**  
**Software Version:**  
**EIN:** 11-2480339  
**Name:** CAMBA INC

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
CAMBA LEGAL SERVICES INC  1720 CHURCH AVENUE 2ND FL BROOKLYN, NY 11226 11-3153831	ASSIST INDIVIDUALS&FAMILIES AT RISK OF BECOMING HOMELESS WITH LEGAL SVCS	NY	501(C) (3)	7	N/A		No
CAMBA ECONOMIC DEVELOPMENT CORPORATION  1720 CHURCH AVENUE 2ND FL BROOKLYN, NY 11226 11-3546930	PROMOTE ECONOMIC & HUMAN DEVELOPMENT OF FAMILIES IN UNDERSERVED COMMUNITIES	NY	501(C) (3)	7	N/A		No
CAMBA HOUSING VENTURES INC  1720 CHURCH AVENUE 2ND FL BROOKLYN, NY 11226 55-0881162	ACT AS AFFORDABLE HOUSING CORP-ACQUIRE LAND,FINANCE& OVERSEE CONSTRUCTION	NY	501(C) (3)	9	N/A		No
SONGEA HOLDING CORPORATION  1720 CHURCH AVENUE 2ND FL BROOKLYN, NY 11226 31-1717153	HOLDING TITLE TO REAL PROPERTY	NY	501(C) (2)		N/A		No
CAMBA PRIMARY HEALTH CARE CENTER INC  1720 CHURCH AVENUE 2ND FL BROOKLYN, NY 11226 11-3355019	HEALTH CARE SERVICES	NY	501(C) (3)	7	N/A		No
CHURCH AVENUE DISTRICT MANAGEMENT ASSOCIATION INC  1720 CHURCH AVENUE 2ND FL BROOKLYN, NY 11226 11-2835403	PROMOTE GENERAL WELFARE OF PEOPLE IN THE CHURCH AVENUE DISTRICT PLAN	NY	501(C) (3)	7	N/A		No

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of other organization		<b>(b)</b> Transaction type(a-r)	<b>(c)</b> Amount Involved (\$)	<b>(d)</b> Method of determining amount involved
<b>(1)</b>	SONGEA HOLDING CORPORATION	D	2,125,109	ACTUAL COST
<b>(2)</b>	SONGEA HOLDING CORPORATION	E	7,374	ACTUAL COST
<b>(3)</b>	SONGEA HOLDING CORPORATION	J	493,663	ACTUAL COST
<b>(4)</b>	SONGEA HOLDING CORPORATION	N	96,307	ACTUAL COST
<b>(5)</b>	SONGEA HOLDING CORPORATION	P	150,000	ACTUAL COST
<b>(6)</b>	SONGEA HOLDING CORPORATION	Q	66,000	ACTUAL COST
<b>(7)</b>	1720 CHURCH HOLDING CORPORATION	D	339,286	ACTUAL COST
<b>(8)</b>	1720 CHURCH HOLDING CORPORATION	J	24,000	ACTUAL COST
<b>(9)</b>	1720 CHURCH HOLDING CORPORATION	N	23,196	ACTUAL COST
<b>(10)</b>	1720 CHURCH HOLDING CORPORATION	O	24,000	ACTUAL COST
<b>(11)</b>	CAMBA LEGAL SERVICESINC	N	562,258	ACTUAL COST
<b>(12)</b>	CAMBA LEGAL SERVICESINC	P	670,190	ACTUAL COST
<b>(13)</b>	CAMBA ECONOMIC DEVELOPMENT CORPORATION	N	133,253	ACTUAL COST
<b>(14)</b>	CAMBA HOUSING VENTURES INC	N	283,991	ACTUAL COST
<b>(15)</b>	CAMBA HOUSING VENTURES INC	P	194,277	ACTUAL COST
<b>(16)</b>	880 WILLOUGHBY LP	N	247,250	ACTUAL COST
<b>(17)</b>	880 WILLOUGHBY LP	P	387,271	ACTUAL COST
<b>(18)</b>	CHV 1247 FLATBUSH AVENUE LP	N	125,620	ACTUAL COST
<b>(19)</b>	CHV 1247 FLATBUSH AVENUE LP	P	290,549	ACTUAL COST
<b>(20)</b>	CHV 97 CROOKE AVENUE LP	P	147,892	ACTUAL COST

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(21)	CHV 690-738	P	5,000	ACTUAL COST
(22)	CHURCH AVENUE DISTRICT MANAGEMENT ASSOCIATION INC	N	116,830	ACTUAL COST
(23)	CHURCH AVENUE DISTRICT MANAGEMENT ASSOCIATION INC	P	120,025	ACTUAL COST

Form

4562

Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment  
Sequence No 179

Department of the Treasury  
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return CAMBA INC	Business or activity to which this form relates  FORM 990 PAGE 10	Identifying number  11-2480339
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Part I Election To Expense Certain Property Under Section 179

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

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13		

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	151,604

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

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	151,604
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost	
25Special 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 -			
		%				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							29		

Section B—Information on Use of Vehicles

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

30 Total business/investment miles driven during the year ( <b>do not</b> include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	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 )		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				43	
44 <b>Total.</b> Add amounts in column (f) See the instructions for where to report				44	

Additional Data

Software ID:  
Software Version:  
EIN: 11-2480339  
Name: CAMBA INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code	) (Expenses \$	3,484,172	including grants of \$	10,500 ) (Revenue \$
FAMILY SUPPORT CAMBA'S FAMILY SERVICES PROGRAMS ARE DESIGNED TO USE EACH FAMILY'S STRENGTHS TO DEVELOP SOLUTIONS TO PROBLEMS WHICH AFFECT THE FAMILY'S FUNCTIONING OUR SERVICES INCLUDE FOSTER CARE PREVENTION AND PROGRAMS TO IMPROVE HEALTH OUTCOMES FOR PREGNANT AND NEWLY PARENTING FAMILIES WE 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 2012, CAMBA SUPPORTED MORE THAN 350 NEW PARENTS THROUGH OUR HEALTHY FAMILIES HOME VISITING PROGRAM, CONNECTING 96% OF PARTICIPANTS TO A JOB, EDUCATIONAL PROGRAM OR JOB TRAINING PROGRAM BY THEIR BABYS SECOND BIRTHDAY OUR FOSTER CARE PREVENTION SERVICES REACHED 300 FAMILIES, 97% OF WHICH KEPT THEIR CHILDREN LIVING AT HOME				
(Code	) (Expenses \$	2,350,035	including grants of \$	) (Revenue \$
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, AND COMPUTER TRAINING IMPACT IN 2012, CAMBA TAUGHT 700 BUSINESS OWNERS AND ASPIRING ENTREPRENEURS SMALL-BUSINESS MANAGEMENT SKILLS, FROM SOCIAL MARKETING TO FINANCIAL REPORTING TO CREDIT REPAIR CAMBA LOANED MORE THAN \$150,000 TO LOCAL ENTREPRENEURS, CREATING OR PRESERVING NEARLY 50 JOBS 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 DISCONNECTED YOUTH, OUR OUT-OF-SCHOOL YOUTH 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 2012, CAMBA SERVED 1,450 BROOKLYN RESIDENTS, 68% OF WHOM WERE NON-CITIZENS IMMIGRANTS (REFUGEES, ASYLEES, OR PERMANENT RESIDENTS) CAMBA CONNECTED 605 LOW-INCOME ADULTS TO JOBS WITH AN AVERAGE WAGE OF MORE THAN \$9 50 PER HOUR CAMBA TRAINED AND PLACED 166 ADULTS IN FULL-TIME SECURITY GUARD POSITIONS OTHER GRADUATES OF OUR SECURITY OFFICER TRAINING SCHOOL SELF-PLACED INTO THE FIELD ONE THIRD OF OUR SECURITY GUARD TRAINING GRADUATES ARE WOMEN				

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code	) (Expenses \$	1,613,969	including grants of \$ 318,816 ) (Revenue \$ )
LEGAL SERVICES CAMBA LEGAL SERVICES (CLS) PROVIDES FREE LEGAL COUNSEL AND REPRESENTATION TO NEARLY 3,000 POOR AND WORKING POOR NEW YORKERS EACH YEAR IN THE AREAS OF HOUSING LAW, FORECLOSURE PREVENTION, DOMESTIC VIOLENCE, CONSUMER LAW, PUBLIC BENEFITS, AND IMMIGRATION LAW CLS 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 2012, CLS ASSISTED MORE THAN 900 IMMIGRANTS, INCLUDING OVER 150 WHO SUBMITTED CITIZENSHIP APPLICATIONS CLS ELIMINATED \$250,000 IN CONSUMER DEBT THROUGH LEGAL REPRESENTATION AND FINANCIAL COUNSELING FOR MORE THAN 700 INDIVIDUALS THROUGH OUR SERVICES, MORE THAN 200 HOMEOWNERS WHO WERE AT RISK OF FORECLOSURE WERE ABLE TO STAY IN THEIR HOMES CLS REPRESENTED NEARLY 250 DOMESTIC VIOLENCE VICTIMS IN A VARIETY OF LEGAL MATTERS, INCLUDING IMMIGRATION, FAMILY LAW, CONSUMER DEBT AND HOUSING			