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 SEP 1, 2011 and ending AUG 31, 2012

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termin-ated ☐ Amended return ☐ Applica-tion 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
SAME AS C ABOVE

D Employer identification number
11-2480339

E Telephone number
(718)287-2600

G Gross receipts $ 92,743,866.

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

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1977 M State of legal domicile: NY

## Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: CAMBA IS A MULTI-SERVICE AGENCY WORKING TO IMPROVE ECONOMIC CONDITIONS IN NYC THROUGH COMMUNITY WIDE

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 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 | 2053 |
| 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. |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | -81. |

| | | Prior Year | Current Year |
|---|---|---|---|
| Revenue 8 | Contributions and grants (Part VIII, line 1h) | 78,530,798. | 89,229,942. |
| 9 | Program service revenue (Part VIII, line 2g) | 2,919,023. | 3,371,419. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 7,924. | 8,863. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 82,375. | 113,467. |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 81,540,120. | 92,723,691. |
| Expenses 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,143,182. | 493,882. |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 46,130,416. | 50,824,079. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 364,257. | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 34,217,373. | 41,223,135. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 81,490,971. | 92,541,096. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 49,149. | 182,595. |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| Net Assets or Fund Balances 20 | Total assets (Part X, line 16) | 25,482,468. | 27,596,235. |
| 21 | Total liabilities (Part X, line 26) | 18,548,520. | 20,484,848. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 6,933,948. | 7,111,387. |

## 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 7/12/13

▶ JOANNE M. OPLUSTIL, EXEC DIR
Type or print name and title

Paid Preparer Use Only

| | | | | |
|---|---|---|---|---|
| Print/Type preparer's name: BARRY WECHSLER | Preparer's signature | Date: 7/9/13 | Check ☐ if self-employed | PTIN: P00293702 |
| Firm's name ▶ RAICH ENDE MALTER & CO., LLP | | | Firm's EIN ▶ | 11-2336434 |
| Firm's address ▶ 1375 BROADWAY NEW YORK, NY 10018 | | | Phone no. | 212-944-4433 |

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



SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

**Part III** Statement of Program Service Accomplishments

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

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.)
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,

4b (Code: ) (Expenses $ 10,028,861. including grants of $ 176,000.) (Revenue $ 0.)
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

4c (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

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

4e Total program service expenses ▶ 80,328,553.



SEE SCHEDULE O FOR CONTINUATION(S)

**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)? *If "Yes," complete Schedule A* | 1 | X | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors*? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | X | |
| 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? *If "Yes," complete Schedule C, Part III* | 5 | | X |
| 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? *If "Yes," complete Schedule D, Part I* | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | | X |
| 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? *If "Yes," complete Schedule D, Part VI* | 11a | X | |
| 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? *If "Yes," complete Schedule D, Part VII* | 11b | | X |
| 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? *If "Yes," complete Schedule D, Part VIII* | 11c | | X |
| 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? *If "Yes," complete Schedule D, Part IX* | 11d | X | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | X | |
| 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)? *If "Yes," complete Schedule D, Part X* | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII* | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional* | 12b | X | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| 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? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | X |
| 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? *If "Yes," complete Schedule G, Part I* | 17 | | X |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | X |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

**Part IV Checklist of Required Schedules** *(continued)*

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

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 56 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | 1c | X | |
| 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 | 2a | 2053 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | 2b | X | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) | | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? | | 3a | X | |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* | | 3b | X | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | 4a | | X |
| 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? | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | | X |
| 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? | | 6a | | X |
| 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? | | 7a | | X |
| 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? | | 7c | | X |
| 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? | | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | | X |
| 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? | | 13a | | |
| | **Note.** See the instructions for additional information the organization must report on Schedule O. | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | X |
| 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 line 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 ... X

## 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 | 1a | 12 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 12 | | |
| 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? | 2 | | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | | X |
| 6 | Did the organization have members or stockholders? | 6 | | | X |
| 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? | 7a | | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? | 8a | | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | 9 | | | X |

## 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? | 10a | | X |
| b | 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? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? *If "No," go to line 13* | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done* | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | X |
| b | 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? | 16b | | |

## Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NY

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ 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 during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

TAXPAYER - 718-287-2600

1720 CHURCH AVENUE, BROOKLYN, NY 11226

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

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

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (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<br>SECRETARY/TREASURER | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (2) KATHERINE O'NEILL<br>PRESIDENT | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (3) PAUL GALLIGAN,ESQ.<br>MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (4) ALLAN F. KRAMER II<br>MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (5) GREGORY CELESTIN<br>MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) RUTH O'BRIEN<br>MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) TERENCE L. KELLEHER, ESQ<br>MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) CHRISTOPHER ZARRA<br>VICE PRESIDENT | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (9) CHARLES SCIBETTA JR, ESQ<br>MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) MATTHEW W. BOTWIN<br>MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) JULIA BEARDWOOD<br>MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) BERNARDO MAS<br>MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) JOANNE M. OPLUSTIL<br>EXECUTIVE DIRECTOR | 35.00 | | | X | | | | 344,376. | 0. | 91,218. |
| (14) VALERIE B-RICHARDSON<br>DEPUTY EXEC DIR | 35.00 | | | | X | | | 225,471. | 0. | 38,710. |
| (15) KATHLEEN A. MASTERS<br>DEPUTY EXEC DIR | 35.00 | | | | X | | | 210,159. | 0. | 40,030. |
| (16) SHARON BROWNE<br>DEPUTY EXEC DIR | 35.00 | | | | X | | | 210,317. | 0. | 47,027. |
| (17) THOMAS DAMBAKLY<br>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<br>ASST DEPUTY DIRECTOR | 35.00 | | | | | X | | 165,542. | 0. | 35,737. |
| (19) RANG T. NGO<br>CHIEF OF OPERATIONS | 35.00 | | | | | X | | 154,952. | 0. | 38,659. |
| (20) KATHY DROS<br>DEPUTY EXEC DIR | 35.00 | | | | | X | | 161,860. | 0. | 43,371. |
| (21) LESLIE HEWITT<br>CONTROLLER | 35.00 | | | | | X | | 142,770. | 0. | 17,432. |
| (22) DAVID ROWE<br>DIRECTOR OF HOUSING | 35.00 | | | | | X | | 155,631. | 0. | 7,639. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-total ▶ | | | | | | | | 1,968,682. | 0. | 397,683. |
| c Total from continuation sheets to Part VII, Section A ▶ | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) ▶ | | | | | | | | 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

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

**Section B.** Independent **Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. 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<br>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<br>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, | ACCOUNTING | 128,223. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 5

**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 84470005. | | | | |
| | 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 ▶ | 89229942. | | | |
| 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 ▶ | | | | |
| | | (i) Real / (ii) Personal | | | |
| | 6a Gross rents | | | | |
| | b Less: rental expenses | | | | |
| | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) ▶ | | | | |
| | | (i) Securities / (ii) Other | | | |
| | 7a Gross amount from sales of assets other than inventory 27,753. | | | | |
| | b Less: cost or other basis and sales expenses 20,175. | | | | |
| | c Gain or (loss) 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. ▶ | 92723691. | 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 accruals and 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 services. 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 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e 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 All other expenses | 1,163,184. | 120,808. | 1,028,943. | 13,433. |
| 25 Total functional expenses. Add lines 1 through 24e | 92,541,096. | 80,328,553. | 11,848,286. | 364,257. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

**Part X Balance Sheet**

| | | | (A) Beginning of year | | (B) 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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | | 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 ▶ [X] 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 ▶ [ ] 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 ... X

| | | | |
|---|---|---|---|
| 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 ... X

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

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

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

OMB No. 1545-0047

**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 described in **section 170(b)(1)(A)(i).**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| | | Yes | No |
|---|---|---|---|
| (i) | A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | 11g(i) | |
| (ii) | A family member of a person described in (i) above? | 11g(ii) | |
| (iii) | A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | |

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

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

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

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

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 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.") | 56945028. | 65383115. | 75093519. | 78530798. | 89229942. | 365182402 |
| 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 | 56945028. | 65383115. | 75093519. | 78530798. | 89229942. | 365182402 |
| 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 | | | | | | 365182402 |

## 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 | 56945028. | 65383115. | 75093519. | 78530798. | 89229942. | 365182402 |
| 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. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 365574065 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 7,495,875. |

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 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 | 99.89 % |
| 15 Public support percentage from 2010 Schedule A, Part II, line 14 | 15 | 99.81 % |

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 a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

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

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

### Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

### 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 **stop here.** 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 **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

**Schedule B** (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

# Schedule of Contributors

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

OMB No. 1545-0047

**2011**

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

**Organization type** (check one):

| Filers of: | Section: |
|---|---|
| Form 990 or 990-EZ | ☒ 501(c)( 3 ) (enter number) organization |
| | ☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation |
| | ☐ 527 political organization |
| Form 990-PF | ☐ 501(c)(3) exempt private foundation |
| | ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | ☐ 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule.**
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization: CAMBA, INC.

Employer identification number: 11-2480339

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|---|---|---|
| 1 | NYC DEPARTMENT OF EDUCATION<br>52 CHAMBERS STREET<br>NEW YORK, NY 10007 | $ 3,428,175. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II if there is a noncash contribution.) |
| 2 | NYC DEPARTMENT OF HOMELESS SERVICES<br>33 BEAVER STREET 17TH FLOOR<br>NEW YORK, NY 10004 | $ 46,968,642. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II if there is a noncash contribution.) |
| 3 | NYC DEPT OF HEALTH & MENTAL HYGIENE<br>125 WORTH STREET<br>NEW YORK, NY 10013 | $ 7,070,305. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II if there is a noncash contribution.) |
| 4 | NYC DEPT OF YOUTH & COMMUN DEVELOPMENT<br>156 WILLIAM STREET 6TH FLOOR<br>NEW YORK, NY 10038 | $ 5,391,152. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II if there is a noncash contribution.) |
| 5 | NYC HUMAN RESOURCES ADMINISTRATION<br>180 WATER STREET 17TH FLOOR<br>NEW YORK, NY 10038 | $ 8,432,042. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II if there is a noncash contribution.) |
| 6 | PUBLIC HEALTH SOLUTIONS<br>220 CHURCH STREET 5TH FLOOR<br>NEW YORK, NY 10013 | $ 2,124,591. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II if there is a noncash contribution.) |

Name of organization

CAMBA, INC.

Employer identification number

11-2480339

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|---|---|---|
| 7 | NYS OFFICE OF TEMP & DISABILITY ASSISTANCE<br>40 NORTH PEARL STREET<br>ALBANY, NY 12243 | $ 2,457,620. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II if there is a noncash contribution.) |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II if there is a noncash contribution.) |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II if there is a noncash contribution.) |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II if there is a noncash contribution.) |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II if there is a noncash contribution.) |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II if there is a noncash contribution.) |

Name of organization: CAMBA, INC.

Employer identification number: 11-2480339

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| | | $ | |

Name of organization: CAMBA, INC.

Employer identification number: 11-2480339

**Part III** *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once.) ▶ $ _____

Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

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, Part V, line 35c (Proxy Tax), then**

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

Name of 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 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? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ 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 function 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? ☐ Yes ☐ 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. | | |

| 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? ☐ Yes ☐ 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 nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable 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)).

| *For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.* | (a) Yes | (a) No | (b) Amount |
|---|---|---|---|
| 1 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: | | | |
| a Volunteers? | | X | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | X | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | | X | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | 98,068. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | | X | |
| j Total. Add lines 1c through 1i | | | 98,068. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d 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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | |
|---|---|---|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible 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; Part II-A; and Part II-B, line 1. Also, complete this part for any additional 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, 8, 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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

| | | Held at the End of the Tax Year |
|---|---|---|
| a | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ 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 |
|---|---|---|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | |

2a Did the organization include an amount on 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 Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

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

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

4 Describe in Part 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 through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 1,015,731. |

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ | | |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ | | |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|---|
| (1) MISCELLANEOUS RECEIVABLES | 199,627. |
| (2) SECURITY DEPOSITS | 936,205. |
| (3) DUE FROM AFFLIATES | 3,359,182. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶ | 4,495,014. |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|---|
| (1) Federal income taxes | |
| (2) REFUNDABLE ADVANCES | 4,336,672. |
| (3) DEFERRED COMPENSATION PAYABLE - | |
| (4) 457 PLAN | 1,867,683. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ | 6,204,355. |

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to this organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited 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 through 8 | 9 | -5,156. |
| 10 | Excess or (deficit) for the year per audited 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 must 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 must 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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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

**Part XIV Supplemental Information** *(continued)*

BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR THE FISCAL YEAR 2012.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.**

▶ **Attach to Form 990.**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization

CAMBA, INC.

**Employer identification number** 11-2480339

**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? ..... [X] 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. Part II can be duplicated if additional space is needed ..... ▶ [ ]

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC 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 CORPORATION - 76 WADSWORTH AVENUE - NEW YORK, NY 10033 | 13-2972415 | 501(C)(3) | 39,000. | 0. | | | LEGAL SERVICES FOR THE WORKING POOR |
| WOMENS HOUSING & ECONOMIC DEV CO 50 E. 168 ST. BRONX, NY 10452 | 11-3099604 | 501(C)(3) | 20,353. | 0. | | | RELOCATION AND EMPLOYMENT ASSISTANCE |
| ECUMENICAL COMMUNITY DEV ORG 443 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 VINCENT 6301 RIVERDALE AVE. BRONX, NY 10471 | 13-1740445 | 501(C)(3) | 10,500. | 0. | | | ASSISTANCE TO REFUGEES |
| MFY LEGAL SERVICES,INC. 299 BROADWAY,4TH FLOOR NEW YORK, NY 10007 | 13-2622748 | 501(C)(3) | 192,816. | 0. | | | FORECLOSURE PREVENTION |
| URBAN JUSTICE CENTER 123 WILLIAM STREET, 16TH FLOOR NEW YORK, NY 10038 | 13-3442022 | 501(C)(3) | 39,000. | 0. | | | LEGAL SERVICES FOR THE WORKING POOR |

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 ..... ▶

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule I (Form 990) (2011)**

132101 01-27-12

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|---|---|---|---|---|---|---|
| HOUSING CONSERVATION COORDINATORS, INC. - 777 TENTH AVENUE - NEW YORK, NY 10019 | 51-0141489 | 501(C)(3) | 24,000. | 0. | | | LEGAL SERVICES FOR THE WORKING POOR |
| GODDARD RIVERSIDE COMMUNITY CENTER 593 COULMBUS AVENUE NEW YORK, NY 10024 | 13-1893908 | 501(C)(3) | 24,000. | 0. | | | LEGAL SERVICES FOR THE WORKING POOR |
| OASIS CHILDREN'S SERVICES 20 JAY STREET BROOKLYN, NY 11201 | 13-4122873 | 501(C)(3) | 176,000. | 0. | | | SUMMER EDUCATIONAL PROGRAM FOR CHILDREN |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**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. Part III can be duplicated 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.

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.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2011**

Open to Public Inspection

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. | | |
| | ☐ First-class or charter travel | | |
| | ☐ Travel for companions | | |
| | ☐ Tax indemnification and gross-up payments | | |
| | ☐ Discretionary spending account | | |
| | ☐ Housing allowance or residence for personal use | | |
| | ☐ Payments for business use of personal residence | | |
| | ☐ Health or social club dues or initiation fees | | |
| | ☐ Personal services (e.g., maid, chauffeur, chef) | | |
| **b** | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ..... 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. | | |
| | ☐ Compensation committee | | |
| | ☐ Independent compensation consultant | | |
| | ☐ Form 990 of other organizations | | |
| | ☐ Written employment contract | | |
| | ☒ Compensation survey or study | | |
| | ☒ Approval by the board or compensation committee | | |
| **4** | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | |
| **a** | Receive a severance payment or change-of-control payment? ..... 4a | | X |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... 4b | X | |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? ..... 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | |
| | **Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.** | | |
| **5** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | |
| **a** | The organization? ..... 5a | | X |
| **b** | Any related organization? ..... 5b | | X |
| | 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 | | X |
| **b** | Any related organization? ..... 6b | | X |
| | 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 | | X |
| **8** | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III ..... 8 | | X |
| **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 duplicate copies if additional space is needed.

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name | | (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 as deferred in prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | (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. |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

SCHEDULE O
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization
CAMBA, INC.

Employer identification number
11-2480339

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INFO AND ACTION PROGRAMS AND SUPPORT OF LOCAL BUSINESS

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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.

Name of the organization
CAMBA, INC.

Employer identification number
11-2480339

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

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

Name of the organization: CAMBA, INC.

Employer identification number: 11-2480339

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.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

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.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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.

EXPENSES $ 3,484,172. INCLUDING GRANTS OF $ 10,500. REVENUE $ 0.

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.

EXPENSES $ 2,350,035. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

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.

Name of the organization: CAMBA, INC.

Employer identification number: 11-2480339

EXPENSES $ 1,613,969. INCLUDING GRANTS OF $ 318,816. REVENUE $ 0.

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.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

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.

FORM 990 SCHEDULE R PART V

LINE 1D - LOAN AND LOAN GUARANTEE

LOAN GUARANTEE $2,125,109

Name of the organization: CAMBA, INC.

Employer identification number: 11-2480339

| | |
|---|---|
| TOTAL LINE 1D - SONGEA | $2,125,109 |
| LOAN GUARANTEE | $ 339,286 |
| TOTAL LINE 1D - 1720 | $ 339,286 |

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization
CAMBA, INC.

Employer identification number
11-2480339

**Part I** **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | (g) No |
|---|---|---|---|---|---|---|---|
| CAMBA LEGAL SERVICES,INC - 11-3153831<br>1720 CHURCH AVENUE 2ND FL<br>BROOKLYN, NY 11226 | ASSIST INDIVIDUALS&FAMILIES AT RISK OF BECOMING HOMELESS | NEW YORK | 501(C)(3) | 7 | N/A | | X |
| CAMBA ECONOMIC DEVELOPMENT CORPORATION -<br>11-3546930, 1720 CHURCH AVENUE 2ND FL,<br>BROOKLYN, NY 11226 | PROMOTE ECONOMIC & HUMAN DEVELOPMENT OF FAMILIES IN UNDERSERVED COMMUNITIES | NEW YORK | 501(C)(3) | 7 | N/A | | X |
| CAMBA HOUSING VENTURES, INC. - 55-0881162<br>1720 CHURCH AVENUE 2ND FL<br>BROOKLYN, NY 11226 | ACT AS AFFORDABLE HOUSING CORP-ACQUIRE LAND,FINANCE& OVERSEE CONSTRUCTION | NEW YORK | 501(C)(3) | 9 | N/A | | X |
| SONGEA HOLDING CORPORATION - 31-1717153<br>1720 CHURCH AVENUE 2ND FL<br>BROOKLYN, NY 11226 | HOLDING TITLE TO REAL PROPERTY | NEW YORK | 501(C)(2) | | N/A | | X |

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

Schedule R (Form 990) 2011

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SEE PART VII FOR CONTINUATIONS41

**Part V** Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization? Yes | (g) Section 512(b)(13) controlled organization? No |
|---|---|---|---|---|---|---|---|
| CAMBA PRIMARY HEALTH CARE CENTER, INC. - 11-3355019, 1720 CHURCH AVENUE 2ND FL, BROOKLYN, NY 11226 | HEALTH CARE SERVICES | NEW YORK | 501(C)(3) | 7 | N/A | | X |
| CHURCH AVENUE DISTRICT MANAGEMENT ASSOCIATION, INC. - 11-2835403, 1720 CHURCH AVENUE 2ND FL, BROOKLYN, NY 11226 | PROMOTE GENERAL WELFARE OF PEOPLE IN THE CHURCH AVENUE DISTRICT PLAN | NEW YORK | 501(C)(3) | 7 | N/A | | X |

**Part III** **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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? Yes | (h) Disproportionate allocations? No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) General or managing partner? No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 880 WILLOUGHBY LP - 22-3877551, 1720 CHURCH AVENUE 2ND FL, BROOKLYN, NY 11226 | SUPPORTIVE HOUSING | NY | CAMBA HOUSING VENTURES, INC. | | | | | X | N/A | | X | |
| CHV 1247 FLATBUSH AVENUE LP - 20-3770301, 1720 CHURCH AVENUE 2ND FL, BROOKLYN, NY 11226 | SUPPORTIVE HOUSING | NY | CAMBA HOUSING VENTURES, INC. | | | | | X | N/A | | X | |
| CHV 97 CROOKE AVE LP - 27-1560899, 1720 CHURCH AVENUE 2ND FL, BROOKLYN, NY 11226 | SUPPORTIVE HOUSING | NY | CAMBA HOUSING VENTURES, INC. | | | | | X | N/A | | X | |

**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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 |
|---|---|---|---|---|---|---|---|
| 1720 CHURCH HOLDING CORPORATION - 43-2067901 1720 CHURCH AVENUE 2ND FL BROOKLYN, NY 11226 | RENTAL OF REAL ESTATE | NY | | C CORP | 123,100. | 379,014. | 100% |

**Part V** **Transactions With Related Organizations** (Complete if the organization answered "Yes" to 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 of this schedule.

| | | | Yes | No |
|---|---|---|---|---|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | 1a | | X |
| b | Gift, grant, or capital contribution to related organization(s) | 1b | | X |
| c | Gift, grant, or capital contribution from related organization(s) | 1c | | X |
| d | Loans or loan guarantees to or for related organization(s) | 1d | X | |
| e | Loans or loan guarantees by related organization(s) | 1e | X | |
| f | Sale of assets to related organization(s) | 1f | | X |
| g | Purchase of assets from related organization(s) | 1g | | X |
| h | Exchange of assets with related organization(s) | 1h | | X |
| i | Lease of facilities, equipment, or other assets to related organization(s) | 1i | | X |
| j | Lease of facilities, equipment, or other assets from related organization(s) | 1j | X | |
| k | Performance of services or membership or fundraising solicitations for related organization(s) | 1k | | X |
| l | Performance of services or membership or fundraising solicitations by related organization(s) | 1l | | X |
| m | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1m | | X |
| n | Sharing of paid employees with related organization(s) | 1n | X | |
| o | Reimbursement paid to related organization(s) for expenses | 1o | X | |
| p | Reimbursement paid by related organization(s) for expenses | 1p | X | |
| q | Other transfer of cash or property to related organization(s) | 1q | X | |
| r | Other transfer of cash or property from related organization(s) | 1r | | X |

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

| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| (1) SONGEA HOLDING CORPORATION | D | 2,125,109. | ACTUAL COST |
| (2) SONGEA HOLDING CORPORATION | E | 7,374. | ACTUAL COST |
| (3) SONGEA HOLDING CORPORATION | J | 493,663. | ACTUAL COST |
| (4) SONGEA HOLDING CORPORATION | N | 96,307. | ACTUAL COST |
| (5) SONGEA HOLDING CORPORATION | P | 150,000. | ACTUAL COST |
| (6) SONGEA HOLDING CORPORATION | Q | 66,000. | ACTUAL COST |

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

| | (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|---|
| (7) | 1720 CHURCH HOLDING CORPORATION | D | 339,286. | ACTUAL COST |
| (8) | 1720 CHURCH HOLDING CORPORATION | J | 24,000. | ACTUAL COST |
| (9) | 1720 CHURCH HOLDING CORPORATION | N | 23,196. | ACTUAL COST |
| (10) | 1720 CHURCH HOLDING CORPORATION | O | 24,000. | ACTUAL COST |
| (11) | CAMBA LEGAL SERVICES,INC | N | 562,258. | ACTUAL COST |
| (12) | CAMBA LEGAL SERVICES,INC | P | 670,190. | ACTUAL COST |
| (13) | CAMBA ECONOMIC DEVELOPMENT CORPORATION | N | 133,253. | ACTUAL COST |
| (14) | CAMBA HOUSING VENTURES, INC. | N | 283,991. | ACTUAL COST |
| (15) | CAMBA HOUSING VENTURES, INC. | P | 194,277. | ACTUAL COST |
| (16) | 880 WILLOUGHBY LP | N | 247,250. | ACTUAL COST |
| (17) | 880 WILLOUGHBY LP | P | 387,271. | ACTUAL COST |
| (18) | CHV 1247 FLATBUSH AVENUE LP | N | 125,620. | ACTUAL COST |
| (19) | CHV 1247 FLATBUSH AVENUE LP | P | 290,549. | ACTUAL COST |
| (20) | CHV 97 CROOKE AVENUE LP | P | 147,892. | ACTUAL COST |
| (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 |
| (24) | | | | |

**Part VII** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under section 512-514) | (e) Are all partners sec 501(c)(3) orgs ? Yes | (e) No | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) NO | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |

**Part VII Supplemental Information**

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

CAMBA LEGAL SERVICES, INC

PRIMARY ACTIVITY: ASSIST INDIVIDUALS&FAMILIES AT RISK OF BECOMING HOMELESS WITH LEGAL SVCS

Form **990-T**

Department of the Treasury
Internal Revenue Service

# Exempt Organization Business Income Tax Return
**(and proxy tax under section 6033(e))**

For calendar year 2011 or other tax year beginning SEP 1, 2011 , and ending AUG 31, 2012

OMB No. 1545-0687

**2011**

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

Print or Type

Name of organization ( ☐ Check box if name changed and see instructions.)
CAMBA, INC.

Number, street, and room or suite no. If a P.O. box, see instructions.
1720 CHURCH AVENUE

City or town, state, and ZIP code
BROOKLYN, NY 11226

D Employer identification number (Employees' trust, see instructions.)
11-2480339

E Unrelated business activity codes (See instructions.)
453000

C Book value of all assets at end of year
20,484,848.

F Group exemption number (See instructions.) ▶

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity. ▶ SALES OF AFRICAN ART SCULPTURES

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No

If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ TAXPAYER Telephone number ▶ 718-287-2600

## Part I Unrelated Trade or Business Income

| | | | (A) Income | (B) Expenses | (C) Net |
|---|---|---|---|---|---|
| 1a | Gross receipts or sales 113,467. b Less returns and allowances c Balance ▶ | 1c | 113,467. | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | 105,197. | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | 8,270. | | 8,270. |
| 4a | Capital gain net income (attach Schedule D) | 4a | | | |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | | |
| c | Capital loss deduction for trusts | 4c | | | |
| 5 | Income (loss) from partnerships and S corporations (attach statement) | 5 | | | |
| 6 | Rent income (Schedule C) | 6 | | | |
| 7 | Unrelated debt-financed income (Schedule E) | 7 | | | |
| 8 | Interest, annuities, royalties, and rents from controlled organizations (Sch. F) | 8 | | | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 9 | | | |
| 10 | Exploited exempt activity income (Schedule I) | 10 | | | |
| 11 | Advertising income (Schedule J) | 11 | | | |
| 12 | Other income (See instructions; attach schedule.) | 12 | | | |
| 13 | Total. Combine lines 3 through 12 | 13 | 8,270. | | 8,270. |

## Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

| | | | | |
|---|---|---|---|---|
| 14 | Compensation of officers, directors, and trustees (Schedule K) | | 14 | |
| 15 | Salaries and wages | | 15 | |
| 16 | Repairs and maintenance | | 16 | |
| 17 | Bad debts | | 17 | |
| 18 | Interest (attach schedule) | | 18 | |
| 19 | Taxes and licenses | | 19 | |
| 20 | Charitable contributions (See instructions for limitation rules.) | | 20 | |
| 21 | Depreciation (attach Form 4562) | 21 | | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | 22a | 22b | |
| 23 | Depletion | | 23 | |
| 24 | Contributions to deferred compensation plans | | 24 | |
| 25 | Employee benefit programs | | 25 | |
| 26 | Excess exempt expenses (Schedule I) | | 26 | |
| 27 | Excess readership costs (Schedule J) | | 27 | |
| 28 | Other deductions (attach schedule) SEE STATEMENT 1 | | 28 | 8,351. |
| 29 | **Total deductions.** Add lines 14 through 28 | | 29 | 8,351. |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | | 30 | -81. |
| 31 | Net operating loss deduction (limited to the amount on line 30) | | 31 | 0. |
| 32 | Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | | 32 | -81. |
| 33 | Specific deduction (Generally $1,000, but see instructions for exceptions.) | | 33 | 1,000. |
| 34 | **Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | | 34 | -81. |

## Part III Tax Computation

| | | | |
|---|---|---|---|
| 35 | **Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and: | | |
| a | Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ (2) $ (3) $ | | |
| b | Enter organization's share of: (1) Additional 5% tax (not more than $11,750) $ (2) Additional 3% tax (not more than $100,000) $ | | |
| c | Income tax on the amount on line 34 ▶ | 35c | 0. |
| 36 | **Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶ | 36 | |
| 37 | **Proxy tax.** See instructions ▶ | 37 | |
| 38 | Alternative minimum tax | 38 | |
| 39 | **Total.** Add lines 37 and 38 to line 35c or 36, whichever applies | 39 | 0. |

## Part IV Tax and Payments

| | | | | | |
|---|---|---|---|---|---|
| 40a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 40a | | | |
| b | Other credits (see instructions) | 40b | | | |
| c | General business credit. Attach Form 3800 | 40c | | | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 40d | | | |
| e | **Total credits.** Add lines 40a through 40d | | | 40e | |
| 41 | Subtract line 40e from line 39 | | | 41 | 0. |
| 42 | Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) | | | 42 | |
| 43 | **Total tax.** Add lines 41 and 42 | | | 43 | 0. |
| 44a | Payments: A 2010 overpayment credited to 2011 | 44a | | | |
| b | 2011 estimated tax payments | 44b | | | |
| c | Tax deposited with Form 8868 | 44c | | | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 44d | | | |
| e | Backup withholding (see instructions) | 44e | | | |
| f | Credit for small employer health insurance premiums (Attach Form 8941) | 44f | | | |
| g | Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶ | 44g | | | |
| 45 | **Total payments.** Add lines 44a through 44g | | | 45 | |
| 46 | Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐ | | | 46 | |
| 47 | **Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed ▶ | | | 47 | 0. |
| 48 | **Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶ | | | 48 | 0. |
| 49 | Enter the amount of line 48 you want: **Credited to** 2012 estimated tax ▶ **Refunded** ▶ | | | 49 | |

## Part V Statements Regarding Certain Activities and Other Information (see instructions)

| | | Yes | No |
|---|---|---|---|
| 1 | At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ | | X |
| 2 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. | | X |
| 3 | Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $ | | |

## Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ COST

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | Inventory at beginning of year | 1 | 211,665. | 6 | Inventory at end of year | 6 | 198,622. |
| 2 | Purchases | 2 | 66,842. | 7 | **Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | 105,197. |
| 3 | Cost of labor | 3 | 24,624. | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes: | No: X |
| 4a | Additional section 263A costs | 4a | | | | | |
| b | Other costs (attach schedule) | 4b | 688. | | | | |
| 5 | **Total.** Add lines 1 through 4b | 5 | 303,819. | | | | |

**Sign Here**

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 taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of officer Date ▶ EXEC DIR Title

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes ☐ No

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| BARRY WECHSLER | | | | P00293702 |

Firm's name ▶ RAICH ENDE MALTER & CO., LLP — Firm's EIN ▶ 11-2336434

Firm's address ▶ 1375 BROADWAY NEW YORK, NY 10018 — Phone no. 212-944-4433

## Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

(1)
(2)
(3)
(4)

| | 2. Rent received or accrued | | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|---|
| | (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| Total | 0. | 0. | |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ 0.

## Schedule E - Unrelated Debt-Financed Income (see instructions)

| 1. Description of debt-financed property | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation (attach schedule) | 3. (b) Other deductions (attach schedule) |
|---|---|---|---|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |

| | 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
|---|---|---|---|---|---|
| (1) | | | % | | |
| (2) | | | % | | |
| (3) | | | % | | |
| (4) | | | % | | |
| | | | | Enter here and on page 1, Part I, line 7, column (A). | Enter here and on page 1, Part I, line 7, column (B). |
| Totals ▶ | | | | 0. | 0. |
| Total dividends-received deductions included in column 8 ▶ | | | | | 0. |

## Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Exempt Controlled Organizations

| 1. Name of controlled organization | 2. Employer identification number | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
|---|---|---|---|---|---|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|---|---|---|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |
| Totals ▶ | | | 0. | 0. |

## Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|---|---|---|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | Enter here and on page 1, Part I, line 9, column (A). | | | Enter here and on page 1, Part I, line 9, column (B). |
| Totals ▶ | 0. | | | 0. |

## Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | Enter here and on page 1, Part I, line 10, col. (A). | Enter here and on page 1, Part I, line 10, col. (B). | | | | Enter here and on page 1, Part II, line 26. |
| Totals ▶ | 0. | 0. | | | | 0. |

## Schedule J - Advertising Income (see instructions)

### Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) ▶ | 0. | 0. | | | | 0. |

### Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) Totals from Part I | 0. | 0. | | | | 0. |
| | Enter here and on page 1, Part I, line 11, col. (A). | Enter here and on page 1, Part I, line 11, col. (B). | | | | Enter here and on page 1, Part II, line 27. |
| Totals, Part II (lines 1-5) ▶ | 0. | 0. | | | | 0. |

## Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|---|---|---|---|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 ▶ | | | 0. |

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

# Depreciation and Amortization (Including Information on Listed Property) 990

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

**2011**

Attachment Sequence No. **179**

| Name(s) shown on return | Business or activity to which this form relates | Identifying number |
|---|---|---|
| CAMBA, INC. | FORM 990 PAGE 10 | 11-2480339 |

**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 | 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 | 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.)

| | | | |
|---|---|---|---|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | 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 instr. | 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? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ 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 |
|---|---|---|---|---|---|---|---|---|
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use | | | | | | 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.

| | (a) Vehicle | | (b) Vehicle | | (c) Vehicle | | (d) Vehicle | | (e) Vehicle | | (f) Vehicle | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 30 Total business/investment miles driven during the year (do not include commuting miles) | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | 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.

| | Yes | No |
|---|---|---|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | | |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? | | |

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

**Part VI** **Amortization**

| (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: | | | | | |
| | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2011 tax year | | | | 43 | |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | 44 | |

FORM 990-T OTHER DEDUCTIONS STATEMENT 1

| DESCRIPTION | AMOUNT |
|---|---|
| ADVERTISING OF EVENTS | 3,334. |
| CONSULTANTS | 2,175. |
| SUPPLIES AND MISCELLANEOUS | 2,522. |
| POSTAGE | 320. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 28 | 8,351. |

FORM 990-T COST OF GOODS SOLD - OTHER COSTS STATEMENT 2

| DESCRIPTION | AMOUNT |
|---|---|
| SHIPPING EXPENSES | 688. |
| TOTAL TO FORM 990-T, SCHEDULE A, LINE 4B | 688. |

2011 **CT-2** New York State Department of Taxation and Finance

# Corporation Tax Return Summary

Payment enclosed 8. 250.00

| | | | |
|---|---|---|---|
| 1 | Return type | 1. | CT13 |
| 2a | Employer ID number (EIN) | 2a. | 11-2480339 |
| 2b | File number (FCC) | 2b. | MM4 |
| 3 | Period beginning date *(mmddyy)* | 3. | 09-01-11 |
| 4 | Period ending date *(mmddyy)* | 4. | 08-31-12 |
| 5 | Amended *(Y=1; N=0)* | 5. | 0 |
| 6 | Address change *(Y=1; N=0)* | 6. | 0 |
| 7 | Final *(Y=1; N=0)* | 7. | 0 |
| 9 | NAICS code | 9. | 453000 |
| 10 | MTA indicator *(None = 0, Y =1, N = 2, Both = 3)* | 10. | 0 |
| 11a | Type of bank - Clearinghouse *(Y = 1, N = 0)* | 11a. | |
| 11b | Type of bank - Savings *(Y = 1, N = 0)* | 11b. | |
| 11c | Type of bank - Other commercial *(Y = 1, N = 0)* | 11c. | |
| 12 | Federal 1120-H filed *(Y = 1, N = 0)* | 12. | 0 |
| 13 | REIT/RIC indicator *(Y =1, N = 0)* | 13. | 0 |
| 14 | QSSS indicator *(Y = 1, N = 0)* | 14. | 0 |
| 15 | Form ID number | 15. | 40001111019 |
| 16 | Tax sub type | 16. | 26 |
| 17 | Tax due/MTA surcharge | 17. | 250.00 |
| 18 | Mandatory first installment (MFI) - no extension filed and tax due is over $1,000 | 18. | |
| 19 | Return a Gift to Wildlife | 19. | |
| 20 | Breast Cancer Research and Education Fund | 20. | |
| 21 | Prostate Cancer Research, Detection, and Education Fund | 21. | |
| 22 | 9/11 Memorial | 22. | |
| 23 | Volunteer Firefighting & EMS Recruitment Fund | 23. | |
| 24 | Balance due | 24. | 250.00 |
| 25 | Amount of overpayment credited to next period - NYS | 25. | |
| 26 | Refund of overpayment | 26. | |
| 27 | Refund of unused tax credits | 27. | |
| 28 | Tax credits to be credited as an overpayment to next year's return | 28. | |
| 29 | Amount of overpayment credited to next period - MTA | 29. | |
| 30 | Amount of MTA surcharge retaliatory tax credit to be refunded | 30. | |
| 31 | Total license fee | 31. | |
| 32 | Maintenance fee due | 32. | |
| 33 | Fixed dollar minimum | 33. | |
| 34 | (Combined) parent's EIN | 34. | - |
| 35 | New York receipts | 35. | |
| 36 | Alternative entire net income (ENI) percentage | 36. | % |
| 37 | Computation of issuer's allocation percentage | 37. | % |
| 38 | Issuer's allocation percentage | 38. | % |
| 39 | Paid preparer's EIN | 39. | 11-2336434 |

*For office use only*

184951
12-02-11 **1019**

54101111019

11-2480339

## Form CT-186-E and CT-186-EZ filers only

| | | | |
|---|---|---|---|
| 40 | Excise tax on telecommunication services - NYS | 40. | |
| 41 | Tax on gross income - NYS | 41. | |
| 42 | MTA surcharge related to telecommunication services | 42. | |
| 43 | MTA surcharge on gross income | 43. | |
| 44 | No CT-5.9-E filed and line 1 is over $1,000 - NYS | 44. | |
| 45 | No CT-5.9-E filed and line 1 is over $1,000 - MTA | 45. | |
| 46 | No CT-5.9-E filed and line 2 is over $1,000 - NYS | 46. | |
| 47 | No CT-5.9-E filed and line 2 is over $1,000 - MTA | 47. | |
| 48 | Add lines 8 and 9 - NYS | 48. | |
| 49 | Add lines 8 and 9 - MTA | 49. | |
| 50 | Balance due - NYS | 50. | |
| 51 | Balance due - MTA | 51. | |
| 52 | Provided telecommunication services in the MCTD this year? *(None = 0, Y = 1, N = 2, Both = 3)* | 52. | |
| 53 | Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? *(None = 0, Y = 1, N = 2, Both = 3)* | 53. | |
| 54 | Overpayment credited to next year's tax - NYS | 54. | |
| 55 | Overpayment credited to next year's tax - MTA | 55. | |
| 56 | Refund of overpayment - NYS | 56. | |
| 57 | Refund of overpayment - MTA | 57. | |
| 58 | Refund of unused tax credits - NYS | 58. | |
| 59 | Refund of unused tax credits - MTA | 59. | |
| 60 | Refundable tax credits to be credited to next year's tax - NYS | 60. | |
| 61 | Refundable tax credits to be credited to next year's tax - MTA | 61. | |

2011 **CT-13**

[Staple forms here]

New York State Department of Taxation and Finance

# Unrelated Business Income Tax Return

Tax Law - Article 13

Amended return ☐

All filers enter tax period: beginning 09-01-11 ending 08-31-12

| Employer identification number | File number | Business telephone number | If you claim an overpayment, mark an X in the box |
|---|---|---|---|
| 11-2480339 | MM4 | 718-287-2600 | |

Legal name of corporation: CAMBA, INC.

Trade name/DBA:

Mailing name (if different from legal name above): c/o

State or country of incorporation: NEW YORK

Date received (for Tax Department use only)

Number and street or PO box: 1720 CHURCH AVENUE

Date of incorporation: 03-01-78

City: BROOKLYN, NY 11226 (State / ZIP code)

Foreign corporations: date began business in NYS

NAICS business code number (from federal return): 453000

If address/phone above is new, mark an X in the box ☐

If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See *Business information* in Form CT-1.

Audit (for Tax Department use only)

Principal unrelated business activity: SALES OF AFRICAN ART SCULPTURES

Have you filed New York State Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit Organization? Yes ☐ No X

Mark an X in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a) ☐

Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return (see section Who must file Form CT-13 in the instructions) ☐

A. Pay amount shown on line 22. Make payable to: *New York State Corporation Tax*
◀ Attach your payment here. Detach all check stubs. *(See instructions for details.)*

Payment enclosed — A. 250.

## Computation of income and tax

| | | | |
|---|---|---|---|
| 1 | Federal unrelated business taxable income before net operating loss deduction and after $1,000 specific deduction | 1. | <81.> |
| 2 | New York State Article 13 and Article 23 tax deducted on federal return | 2. | |
| 3 | Additions required for shareholders of federal S corporations *(see instructions)* | 3. | |
| 4 | Grossed-up taxes for shareholders of New York S corporations *(see instructions)* | 4. | |
| 5 | Other additions *(see instructions)* • IRC section 199 deduction: | 5. | |
| 6 | Add lines 1 through 5 | 6. | <81.> |
| 7 | Other income *(see instructions)* | 7. | |
| 8 | Federal S corporation shareholder subtractions *(see instructions)* | 8. | |
| 9 | Other subtractions *(see instructions)* | 9. | |
| 10 | Total subtractions *(add lines 7, 8, and 9)* | 10. | |
| 11 | Taxable income before net operating loss deduction *(subtract line 10 from line 6)* | 11. | <81.> |
| 12 | New York net operating loss deduction *(attach federal and NYS computations; see instructions)* | 12. | |
| 13 | Taxable income *(subtract line 12 from line 11)* | 13. | <81.> |
| 14 | Allocated taxable income *(multiply line 13 by _____ % from line 42; or enter amount from line 13 if allocation is not claimed)* • | 14. | <81.> |
| 15 | Tax based on income *(multiply line 14 by 9% (.09))* | 15. | 0. |
| 16 | Minimum tax | 16. | 250.00 |
| 17 | Tax *(line 15 or line 16, whichever is larger)* | 17. | 250. |
| 18 | Total prepayments from line 46 • | 18. | |
| 19 | Balance *(if line 18 is less than line 17, subtract line 18 from line 17)* | 19. | 250. |
| 20 | Interest on late payment *(see instructions)* • | 20. | |
| 21 | Late filing and late payment penalties *(see instructions)* • | 21. | |
| 22 | Balance due *(add lines 19, 20, and 21 and enter here; enter the payment amount on line A above)* | 22. | 250. |
| 23 | Overpayment *(if line 17 is less than line 18, subtract line 17 from line 18)* | 23. | |
| 24 | Amount of overpayment on line 23 to be **credited to next year** | 24. | |
| 25 | Amount of overpayment on line 23 to be **refunded** *(subtract line 24 from line 23)* | 25. | |

See page 3 for third-party designee, certification, and signature entry areas.

168421
11-11-11

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Have you been audited by the Internal Revenue Service in the past 5 years? Yes ___ No X If Yes, list years: ___

Federal return was filed on: 990-T X Other: ___ ___ **Attach a complete copy of your federal return.**

## Schedule A - Unrelated business allocation

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

| Average value of: | | A New York State | B Everywhere | |
|---|---|---|---|---|
| 26 Real estate owned | 26. | | | |
| 27 Gross rents *(attach list)* | 27. | | | |
| 28 Inventories owned | 28. | | | |
| 29 Other tangible personal property owned | 29. | | | |
| 30 **Total** *(add lines 26 through 29)* | 30. | | | |
| 31 Percentage in New York State *(divide line 30, column A, by line 30, column B)* | 31. | | | % |

| Receipts in the regular course of business from: | | | | |
|---|---|---|---|---|
| 32 Sales of tangible personal property shipped to points within New York State | 32. | | | |
| 33 All sales of tangible personal property | 33. | | | |
| 34 Services performed | 34. | | | |
| 35 Rentals of property | 35. | | | |
| 36 Other business receipts | 36. | | | |
| 37 **Total** *(add lines 32 through 36)* | 37. | | | |
| 38 Percentage in New York State *(divide line 37, column A, by line 37, column B)* | 38. | | | % |
| 39 Wages, salaries, and other compensation of employees *(except general executive officers)* | 39. | | | |
| 40 Percentage in New York State *(divide line 39, column A, by line 39, column B)* | 40. | | | % |
| 41 **Total of New York State percentages** *(add lines 31, 38, and 40)* | 41. | | | % |
| 42 Business allocation percentage *(divide line 41 by three or by the number of percentages)* | 42. | | | % |

| Composition of prepayments claimed on line 18* | | Date paid | Amount |
|---|---|---|---|
| 43 Payment with extension request, Form CT-5, line 5 | 43. | | |
| 44a Second installment from Form CT-400 | 44a. | | |
| 44b Third installment from Form CT-400 | 44b. | | |
| 44c Fourth installment from Form CT-400 | 44c. | | |
| 45 Amount of overpayment credited from prior years | 45. | | |
| 46 Total prepayments *(add lines 43 through 45; enter here and on line 18)* | 46. | | |

* Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

## Amended return information

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

Final federal determination • ___ If marked, enter date of determination: • ___

Net operating loss (NOL) carryback • ___ Capital loss carryback • ___

Federal return filed Form 1139 • ___ Amended Form 990-T • ___

168431 11-11-11

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| | | | |
|---|---|---|---|
| Third-party designee *(see instructions)* | Yes X No ___ | Designee's name *(print)* BARRY WECHSLER | Designee's phone number 212-944-4433 |
| | Designee's e-mail address BWECHSLER@REM-CO.COM | | PIN |

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

| | | | | |
|---|---|---|---|---|
| **Authorized person** | Printed name of authorized person JOANNE M. OPLUSTIL | Signature of authorized person | Official title EXEC DIR | |
| | E-mail address of authorized person | | Telephone number | Date |
| **Paid preparer use only** | Firm's name *(or yours if self-employed)* RAICH ENDE MALTER & CO., LLP | | Firm's EIN 11-2336434 | Preparer's PTIN or SSN P00293702 |
| | Signature of individual preparing this return | Address 1375 BROADWAY NEW YORK, NY 10018 | City State ZIP code | |
| | E-mail address of individual preparing this return | | Preparer's NYTPRIN | Date |

See instructions for where to file.

168432 11-11-11

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Form **990-T**

Department of the Treasury
Internal Revenue Service

# Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2011 or other tax year beginning SEP 1, 2011 , and ending AUG 31, 2012

OMB No 1545-0687

**2011**

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

Print or Type

Name of organization ( ☐ Check box if name changed and see instructions.)
CAMBA, INC.

Number, street, and room or suite no. If a P.O. box, see instructions.
1720 CHURCH AVENUE

City or town, state, and ZIP code
BROOKLYN, NY 11226

D Employer identification number (Employees' trust, see instructions.)
11-2480339

E Unrelated business activity codes (See instructions.)
453000

C Book value of all assets at end of year
20,484,848.

F Group exemption number (See instructions.) ▶

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity. ▶ SALES OF AFRICAN ART SCULPTURES

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ TAXPAYER Telephone number ▶ 718-287-2600

## Part I Unrelated Trade or Business Income

| | | (A) Income | (B) Expenses | (C) Net |
|---|---|---|---|---|
| 1a Gross receipts or sales 113,467. b Less returns and allowances c Balance ▶ | 1c | 113,467. | | |
| 2 Cost of goods sold (Schedule A, line 7) | 2 | 105,197. | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | 8,270. | | 8,270. |
| 4a Capital gain net income (attach Schedule D) | 4a | | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | | |
| c Capital loss deduction for trusts | 4c | | | |
| 5 Income (loss) from partnerships and S corporations (attach statement) | 5 | | | |
| 6 Rent income (Schedule C) | 6 | | | |
| 7 Unrelated debt-financed income (Schedule E) | 7 | | | |
| 8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) | 8 | | | |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 9 | | | |
| 10 Exploited exempt activity income (Schedule I) | 10 | | | |
| 11 Advertising income (Schedule J) | 11 | | | |
| 12 Other income (See instructions; attach schedule.) | 12 | | | |
| 13 Total. Combine lines 3 through 12 | 13 | 8,270. | | 8,270. |

## Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

| | | | | |
|---|---|---|---|---|
| 14 Compensation of officers, directors, and trustees (Schedule K) | | | 14 | |
| 15 Salaries and wages | | | 15 | |
| 16 Repairs and maintenance | | | 16 | |
| 17 Bad debts | | | 17 | |
| 18 Interest (attach schedule) | | | 18 | |
| 19 Taxes and licenses | | | 19 | |
| 20 Charitable contributions (See instructions for limitation rules.) | | | 20 | |
| 21 Depreciation (attach Form 4562) | 21 | | | |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | 22a | | 22b | |
| 23 Depletion | | | 23 | |
| 24 Contributions to deferred compensation plans | | | 24 | |
| 25 Employee benefit programs | | | 25 | |
| 26 Excess exempt expenses (Schedule I) | | | 26 | |
| 27 Excess readership costs (Schedule J) | | | 27 | |
| 28 Other deductions (attach schedule) SEE STATEMENT 1 | | | 28 | 8,351. |
| 29 **Total deductions.** Add lines 14 through 28 | | | 29 | 8,351. |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | | | 30 | -81. |
| 31 Net operating loss deduction (limited to the amount on line 30) | | | 31 | 0. |
| 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | | | 32 | -81. |
| 33 Specific deduction (Generally $1,000, but see instructions for exceptions.) | | | 33 | 1,000. |
| 34 **Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | | | 34 | -81. |

## Part III Tax Computation

| | | | |
|---|---|---|---|
| 35 | **Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and: | | |
| a | Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ (2) $ (3) $ | | |
| b | Enter organization's share of: (1) Additional 5% tax (not more than $11,750) $ (2) Additional 3% tax (not more than $100,000) $ | | |
| c | Income tax on the amount on line 34 ▶ | 35c | 0. |
| 36 | **Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶ | 36 | |
| 37 | **Proxy tax.** See instructions ▶ | 37 | |
| 38 | Alternative minimum tax | 38 | |
| 39 | **Total.** Add lines 37 and 38 to line 35c or 36, whichever applies | 39 | 0. |

## Part IV Tax and Payments

| | | | | | |
|---|---|---|---|---|---|
| 40a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 40a | | | |
| b | Other credits (see instructions) | 40b | | | |
| c | General business credit. Attach Form 3800 | 40c | | | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 40d | | | |
| e | **Total credits.** Add lines 40a through 40d | | | 40e | |
| 41 | Subtract line 40e from line 39 | | | 41 | 0. |
| 42 | Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) | | | 42 | |
| 43 | **Total tax.** Add lines 41 and 42 | | | 43 | 0. |
| 44a | Payments: A 2010 overpayment credited to 2011 | 44a | | | |
| b | 2011 estimated tax payments | 44b | | | |
| c | Tax deposited with Form 8868 | 44c | | | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 44d | | | |
| e | Backup withholding (see instructions) | 44e | | | |
| f | Credit for small employer health insurance premiums (Attach Form 8941) | 44f | | | |
| g | Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶ | 44g | | | |
| 45 | **Total payments.** Add lines 44a through 44g | | | 45 | |
| 46 | Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐ | | | 46 | |
| 47 | **Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed ▶ | | | 47 | 0. |
| 48 | **Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶ | | | 48 | 0. |
| 49 | Enter the amount of line 48 you want: Credited to 2012 estimated tax ▶ Refunded ▶ | | | 49 | |

## Part V Statements Regarding Certain Activities and Other Information (see instructions)

| | | Yes | No |
|---|---|---|---|
| 1 | At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ | | X |
| 2 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file | | X |
| 3 | Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $ | | |

## Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ COST

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | Inventory at beginning of year | 1 | 211,665. | 6 | Inventory at end of year | 6 | 198,622. |
| 2 | Purchases | 2 | 66,842. | 7 | **Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | 105,197. |
| 3 | Cost of labor | 3 | 24,624. | | | | |
| 4a | Additional section 263A costs | 4a | | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes: | No: X |
| b | Other costs (attach schedule) | 4b | 688. | | | | |
| 5 | Total. Add lines 1 through 4b | 5 | 303,819. | | | | |

**Sign Here**

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 taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of officer ____ Date ▶ EXEC DIR Title

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes ☐ No

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| BARRY WECHSLER | | | | P00293702 |

Firm's name ▶ RAICH ENDE MALTER & CO., LLP — Firm's EIN ▶ 11-2336434

Firm's address ▶ 1375 BROADWAY NEW YORK, NY 10018 — Phone no. 212-944-4433

## Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

(1)
(2)
(3)
(4)

| | 2. Rent received or accrued | | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|---|
| | (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| Total | 0. | 0. | |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ 0.

## Schedule E - Unrelated Debt-Financed Income (see instructions)

| | 1. Description of debt-financed property | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation (attach schedule) | 3. (b) Other deductions (attach schedule) |
|---|---|---|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |

| | 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
|---|---|---|---|---|---|
| (1) | | | % | | |
| (2) | | | % | | |
| (3) | | | % | | |
| (4) | | | % | | |
| | | | | Enter here and on page 1, Part I, line 7, column (A). | Enter here and on page 1, Part I, line 7, column (B). |
| Totals ▶ | | | | 0. | 0. |
| Total dividends-received deductions included in column 8 ▶ | | | | | 0. |

## Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Exempt Controlled Organizations

| | 1. Name of controlled organization | 2. Employer identification number | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |

Nonexempt Controlled Organizations

| | 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|---|---|---|---|---|---|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| | | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |
| Totals ▶ | | | | 0. | 0. |

## Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|---|---|---|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals ▶ | Enter here and on page 1, Part I, line 9, column (A). 0. | | | Enter here and on page 1, Part I, line 9, column (B). 0. |

## Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals ▶ | Enter here and on page 1, Part I, line 10, col. (A). 0. | Enter here and on page 1, Part I, line 10, col. (B). 0. | | | | Enter here and on page 1, Part II, line 26. 0. |

## Schedule J - Advertising Income (see instructions)

### Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) ▶ | 0. | 0. | | | | 0. |

### Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) Totals from Part I | 0. | 0. | | | | 0. |
| Totals, Part II (lines 1-5) ▶ | Enter here and on page 1, Part I, line 11, col. (A). 0. | Enter here and on page 1, Part I, line 11, col. (B). 0. | | | | Enter here and on page 1, Part II, line 27. 0. |

## Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|---|---|---|---|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 ▶ | | | 0. |

FORM 990-T OTHER DEDUCTIONS STATEMENT 1

| DESCRIPTION | AMOUNT |
|---|---|
| ADVERTISING OF EVENTS | 3,334. |
| CONSULTANTS | 2,175. |
| SUPPLIES AND MISCELLANEOUS | 2,522. |
| POSTAGE | 320. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 28 | 8,351. |

FORM 990-T COST OF GOODS SOLD - OTHER COSTS STATEMENT 2

| DESCRIPTION | AMOUNT |
|---|---|
| SHIPPING EXPENSES | 688. |
| TOTAL TO FORM 990-T, SCHEDULE A, LINE 4B | 688. |

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

# Depreciation and Amortization (Including Information on Listed Property) 990

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

**2011**

Attachment Sequence No. 179

Name(s) shown on return: CAMBA, INC.

Business or activity to which this form relates: FORM 990 PAGE 10

Identifying number: 11-2480339

**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 | 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 | 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.)

| | | | |
|---|---|---|---|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | 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 instr. | 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? ☐ Yes ☐ No | **24b** If "Yes," is the evidence written? ☐ Yes ☐ 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 |
|---|---|---|---|---|---|---|---|---|
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use | | | | | | 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.

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

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

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

| | Yes | No |
|---|---|---|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | | |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? | | |

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

**Part VI** Amortization

| (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: | | | | | |
| | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2011 tax year | | | | 43 | |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | 44 | |