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EXTENDED TO JULY 15, 2025

Form 990 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning SEP 1, 2023 and ending AUG 31, 2024

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CAMBA INC.
Doing business as

D Employer identification number
11-2480339

Number and street (or P.O. box if mail is not delivered to street address) 1720 CHURCH AVENUE
Room/suite

E Telephone number 718-287-2600

City or town, state or province, country, and ZIP or foreign postal code BROOKLYN, NY 11226

G Gross receipts $ 221,202,790.

F Name and address of principal officer: VALERIE BARTON-RICHARDSO
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.CAMBA.ORG

H(c) Group exemption number

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 NON-PROFIT AGENCY THAT PROVIDES SERVICES THAT CONNECT PEOPLE WITH OPPORTUNITIES TO

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	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	2943
6	Total number of volunteers (estimate if necessary)	6	13
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	201,988,356.	216,401,249.
9	Program service revenue (Part VIII, line 2g)	5,080,802.	4,487,540.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	92,106.	11,847.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	123,074.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	207,161,264.	221,023,710.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	140,000.	54,731,619.
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)	95,679,462.	109,089,301.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 1,385,068.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	110,881,343.	56,856,621.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	206,700,805.	220,677,541.
19	Revenue less expenses. Subtract line 18 from line 12	460,459.	346,169.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	238,149,199.	366,852,017.
21	Total liabilities (Part X, line 26)	218,743,657.	347,503,007.
22	Net assets or fund balances. Subtract line 21 from line 20	19,405,542.	19,349,010.

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

VALERIE BARTON-RICHARDSON, PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
MELISSA MODELSON	MELISSA MODELSON	07/14/25	☐	P01603524

Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC Firm's EIN 33-1374517

Firm's address 500 MAMARONECK AVENUE, SUITE 301 HARRISON, NY 10528-1633 Phone no. 914-381-8900

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 X 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 X No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 140,831,745. including grants of $ 50,292,817.) (Revenue $ 4,487,540.)
HOUSING:

HOUSING IMPACT: IN 2024, CAMBA PLACED NEARLY 1,500 INDIVIDUALS, INCLUDING FAMILIES, INTO SAFE, STABLE PERMANENT HOUSING, AND PROVIDED OVER 5,200 INDIVIDUALS WITH EVICTION OR FORECLOSURE PREVENTION SERVICES. ACROSS OUR PORTFOLIO OF 52 CONGREGATE AND SCATTERED SITE SUPPORTIVE HOUSING PROGRAMS, 99.9% OF CLIENTS MAINTAINED HOUSING FOR AT LEAST ONE YEAR AND 69% OF CLIENTS MAINTAINED MEDICAL CARE.

DURING THE SAME PERIOD, WITH REGARD TO BUILDINGS DEVELOPED BY CAMBA HOUSING VENTURES (CHV), THE FOLLOWING AFFORDABLE AND SUPPORTIVE PERMANENT HOUSING DEVELOPMENTS MAINTAINED OCCUPANCY STANDARDS, THROUGH

4b (Code:) (Expenses $ 24,608,648. including grants of $ 902,949.) (Revenue $)
EDUCATION AND YOUTH DEVELOPMENT:

ADULT LITERACY IMPACT: IN 2024, CAMBA SERVED 1,057 CLIENTS IN ITS ADULT LITERACY PROGRAMS. 62% OF THOSE LEARNERS WHO WERE TESTED FOLLOWING CLASSES WERE PROMOTED AT LEAST ONE EDUCATIONAL LEVEL. TEN CLIENTS EARNED A HIGH SCHOOL EQUIVALENCY DIPLOMA, AND 168 CLIENTS OBTAINED EMPLOYMENT.

TO ENSURE THAT PEOPLE WHO LIVE OR WORK IN THE FLATBUSH OR EAST FLATBUSH NEIGHBORHOODS IN BROOKLYN HAVE THE SKILLS AND RESOURCES THEY NEED TO SUPPORT THEIR FAMILIES, CAMBA OPERATES AN ADULT EDUCATION AND CAREER CENTER THAT TARGETS BOTH NATIVE-BORN U.S. CITIZENS AND IMMIGRANTS FROM

4c (Code:) (Expenses $ 12,740,255. including grants of $ 1,097,711.) (Revenue $)
HEALTH:

HEALTH IMPACT: IN 2024, CAMBA'S EMERGENCY FOOD PANTRY PROVIDED EMERGENCY FOOD PACKAGES THAT BENEFITED 189,411 INDIVIDUALS FACING FOOD INSECURITY. EACH PACKAGE INCLUDES A 3-DAY SUPPLY OF FOOD PER HOUSEHOLD, WHICH CAN VARY GIVEN THE HOUSEHOLD SIZE. MOREOVER, WE PROVIDED COORDINATED CARE MANAGEMENT SERVICES TO NEARLY 1,850 HIGH-USERS OF MEDICAID SERVICES THROUGH OUR HEALTHLINK PROGRAM, ENSURING THAT OUR CLIENTS LIVING WITH CHRONIC HEALTH CONDITIONS RECEIVE THE COMPREHENSIVE MEDICAL CARE, BEHAVIORAL TREATMENT, AND SOCIAL SERVICES THEY NEED TO ATTAIN OPTIMAL HEALTH OUTCOMES. IN ADDITION, CAMBA PROVIDED CASE MANAGEMENT AND HEALTH EDUCATION SERVICES TO NEARLY 50 NON-MEDICAID

4d Other program services (Describe on Schedule O.)
(Expenses $ 14,624,926. including grants of $ 2,438,142.) (Revenue $)

4e Total program service expenses 192,805,574.

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*? See instructions	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 Rev. Proc. 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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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 and XII*	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 and XII 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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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.* See instructions	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		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Docusign Envelope ID: 7A0131FC-2409-4B7C-99E3-467DCF60F9CF

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *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 25a*	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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash 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, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *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 on Schedule O for Part VI, lines 11b 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 or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	575		
b	Enter the number of Forms W-2G included on 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			

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Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
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** 2943			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
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" to line 3b, provide an explanation on Schedule O*	**3b**		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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 as charitable contributions?	**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**	X	
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
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 on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

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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 on Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
	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 on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13		
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, 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 on 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 on 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 on 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 on 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 (1024 or 1024-A, 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 ☐ Other *(explain on Schedule O)*

19 Describe on 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, address, and telephone number of the person who possesses the organization's books and records

JASON BOUCHARD - 718-287-2600

1720 CHURCH AVENUE, BROOKLYN, NY 11226

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(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) JOANNE OPLUSTIL	35.00									
PRESIDENT / CEO, THRU MAY 2024	5.00			X				551,738.	0.	137,282.
(2) DAVID ROWE	1.00									
CAO OF CAMBA & CHV	39.00				X			575,927.	0.	30,599.
(3) SHARON BROWNE	35.00									
CAO OF HOUSING & HEALTH SVCS	1.00				X			406,014.	0.	69,292.
(4) THOMAS DAMBAKLY	35.00									
CAO OF FACILITIES & SYSTEMS	1.00				X			400,561.	0.	67,596.
(5) VALERIE BARTON-RICHARDSON	35.00									
PRESIDENT / CEO, AS OF MAY 2024	5.00			X				413,774.	0.	46,355.
(6) ELIZABETH MILLER	1.00									
CHIEF LEGAL OFFICER	35.00				X			313,728.	0.	18,177.
(7) ROSS LORBER	35.00									
CFO, THRU JANUARY 2024	0.00			X				314,726.	0.	0.
(8) MICHAEL ERHARD	35.00									
EVP OF HOUSING & HEALTH SVCS	0.00					X		259,104.	0.	52,454.
(9) CLAIRE HARDING-KEEFE	35.00									
EVP OF ECON DEV, EDU & YOUTH DEV	0.00				X			264,170.	0.	45,989.
(10) MICHEAL BERNE	35.00									
SVP OF CAMBA & CHV	1.00					X		239,087.	0.	63,875.
(11) JASON BOUCHARD	35.00									
CFO	5.00			X				205,881.	0.	56,662.
(12) ANGELES DELGADO	30.00									
SVP OF HOUSING & HEALTH SVCS	0.00					X		182,605.	0.	73,253.
(13) JOAN MCFEELY	35.00									
SVP OF HUMAN RESOURCES	0.00					X		211,341.	0.	27,548.
(14) KATHY DE MEIJ	35.00									
SVP OF DEV. & COMMS.	0.00					X		187,596.	0.	45,457.
(15) RICHARD ROBERTS	2.00									
CHAIRMAN	2.00	X		X				0.	0.	0.
(16) NEIL FALCONE	1.00									
TREASURER / SECRETARY	1.00	X		X				0.	0.	0.
(17) CHRISTOPHER ZARRA	1.00									
VICE CHAIRMAN	5.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(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) KATHERINE O'NEILL	1.00									
BOARD MEMBER	4.00	X						0.	0.	0.
(19) HENRY BRIANCE	1.00									
BOARD MEMBER	3.00	X						0.	0.	0.
(20) TERENCE KELLEHER	1.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(21) PAUL GALLIGAN	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(22) LISA TALMA	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(23) DANIEL RAMM	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(24) MICHAEL ROSS	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(25) JULIA BEARDWOOD	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(26) MATTHEW BOTWIN	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
1b Subtotal								4,526,252.	0.	734,539.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,526,252.	0.	734,539.

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 69

		Yes	No
3 Did the organization list any **former** officer, director, 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
ALLIED UNIVERSAL SECURITY SERVICES PO BOX 828854, PHILADELPHIA, PA 19182	SECURITY SERVICES	7,985,513.
ARROW SECURITY PO BOX 789072, PHILADELPHIA, PA 78907	SECURITY SERVICES	7,312,498.
ACCESS STAFFING PO BOX 200608, DALLAS, TX 75320	STAFFING AGENCY	4,083,091.
WHITSONS FOOD SERVICE CORP. PO BOX 5422, NEW YORK, NY 10087	FOOD SERVICES	2,167,511.
SUNSET PARK HEALTH COUNCIL INC 150 55TH ST, BROOKLYN, NY 11220	MEDICAL SERVICES	937,462.

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 6

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 CAMBA INC. 11-2480339

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DAVID SCHULTZ	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	430,420.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	198,169,119.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	17,801,710.				
	g Noncash contributions included in lines 1a-1f	1g	$ 5,096.				
	h **Total.** Add lines 1a-1f			216401249.			
Program Service Revenue		**Business Code**					
	2a RENTAL INCOME	531110		3,468,251.	3,468,251.		
	b ADMINISTRATIVE FEES	531110		1,019,289.	1,019,289.		
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			4,487,540.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			11,847.			11,847.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a	143,385.				
	b Less: rental expenses	6b	28,504.				
	c Rental income or (loss)	6c	114,881.				
	d Net rental income or (loss)			114,881.			114,881.
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ 430,420. of contributions reported on line 1c). See Part IV, line 18	8a	109,085.				
	b Less: direct expenses	8b	150,576.				
	c Net income or (loss) from fundraising events			-41,491.			-41,491.
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		**Business Code**					
	11a MISCELLANEOUS INCOME	900099		49,684.			49,684.
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			49,684.			
	12 **Total revenue.** See instructions			221023710.	4,487,540.	0.	134,921.

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	223,011.	223,011.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	54,508,608.	54,508,608.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,927,627.		2,927,627.	
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	78,818,862.	66,796,666.	11,160,353.	861,843.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,899,522.	1,721,110.	156,556.	21,856.
9 Other employee benefits	18,494,341.	15,778,806.	2,515,161.	200,374.
10 Payroll taxes	6,948,949.	5,866,184.	1,008,271.	74,494.
11 Fees for services (nonemployees):				
a Management				
b Legal	553,910.	351,336.	202,574.	
c Accounting	254,734.	161,573.	93,161.	
d Lobbying	159,100.		159,100.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	23,977,359.	23,284,066.	503,085.	190,208.
12 Advertising and promotion	12,779.	12,779.		
13 Office expenses	5,448,087.	4,952,352.	463,087.	32,648.
14 Information technology	901,508.	901,508.		
15 Royalties				
16 Occupancy	5,273,024.	5,163,186.	109,838.	
17 Travel	524,935.	507,356.	15,879.	1,700.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	64,722.	50,510.	13,809.	403.
20 Interest	2,198,173.		2,198,173.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,424,094.		1,424,094.	
23 Insurance	6,359,534.	3,179,767.	3,179,767.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	5,266,533.	4,958,175.	306,816.	1,542.
b EQUIPMENT PURCHASES	3,122,206.	3,075,492.	46,714.	
c PROGRAM EXPENSES	876,917.	876,917.		
d STAFF DEVELOPMENT	389,417.	389,417.		
e All other expenses	49,589.	46,755.	2,834.	
25 **Total functional expenses.** Add lines 1 through 24e	220,677,541.	192,805,574.	26,486,899.	1,385,068.
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)				

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Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		0.	1	1,556,589.
	2	Savings and temporary cash investments		11,000,595.	2	585,891.
	3	Pledges and grants receivable, net		70,253,147.	3	229,091,801.
	4	Accounts receivable, net		0.	4	45,075.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		4,019,236.	9	2,604,104.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,819,524.			
	b	Less: accumulated depreciation	10b 12,031,712.	3,794,498.	10c	2,787,812.
	11	Investments - publicly traded securities		5,510,191.	11	469,798.
	12	Investments - other securities. See Part IV, line 11		440,311.	12	343,685.
	13	Investments - program-related. See Part IV, line 11		0.	13	100,000.
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		143,131,221.	15	129,267,262.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		238,149,199.	16	366,852,017.
Liabilities	17	Accounts payable and accrued expenses		15,056,404.	17	28,605,524.
	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	10,231.
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		23,387,278.	23	30,021,891.
	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		180,299,975.	25	288,865,361.
	26	**Total liabilities.** Add lines 17 through 25		218,743,657.	26	347,503,007.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		19,396,438.	27	19,339,906.
	28	Net assets with donor restrictions		9,104.	28	9,104.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		19,405,542.	32	19,349,010.
	33	Total liabilities and net assets/fund balances		238,149,199.	33	366,852,017.

Form **990** (2023)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	221,023,710.
2	Total expenses (must equal Part IX, column (A), line 25)	2	220,677,541.
3	Revenue less expenses. Subtract line 2 from line 1	3	346,169.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,405,542.
5	Net unrealized gains (losses) on investments	5	115,618.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-220,385.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-297,934.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	19,349,010.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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 on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis			
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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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 on Schedule O and describe any steps taken to undergo such audits	3b	X	

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SCHEDULE A
(Form 990)

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.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization	Employer identification number
CAMBA INC.	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 12, 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 (Form 990).)
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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ 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.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	169896602	180145401	182754133	201988356	216401249	951185741
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	169896602	180145401	182754133	201988356	216401249	951185741
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.						951185741

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	169896602	180145401	182754133	201988356	216401249	951185741
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,940.	4,829.	588.	12,533.	155,232.	175,122.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					49,684.	49,684.
11 **Total support.** Add lines 7 through 10						951410547

12 Gross receipts from related activities, etc. (see instructions) 12 25,849,493.

13 **First 5 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 2023 (line 6, column (f), divided by line 11, column (f)) 14 99.98 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 15 99.99 %

16a **33 1/3% support test - 2023.** 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 - 2022.** 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 - 2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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 ☐

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

(Complete only if you checked the box on line 10 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2022** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2023.** 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 - 2022.** 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 ☐

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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	**3b**		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6 Other distributions (*describe in* **Part VI**). See instructions.	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**8**	
9 Distributable amount for 2023 from Section C, line 6	**9**	
10 Line 8 amount divided by line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2023**	**(iii) Distributable Amount for 2023**
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Docusign Envelope ID: 7A0131FC-2409-4B7C-99E3-467DCF60F9CF

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2023 AMOUNT: $ 49,684.

Docusign Envelope ID: 7A0131FC-2409-4B7C-99E3-467DCF60F9CF

SCHEDULE C
(Form 990)

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.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

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

Name of organization	Employer identification number
CAMBA INC.	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 campaign activity expenditures ..... $
3 Volunteer hours for political campaign activities .....

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-.

Docusign Envelope ID: 7A0131FC-2409-4B7C-99E3-467DCF60F9CF

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 (grassroots 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(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					

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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 on 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	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		159,100.
j Total. Add lines 1c through 1i			159,100.
2a Did the activities in line 1 cause the organization to not be 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 campaign activity 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 expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

MEETINGS AND CONSULTATIONS REGARDING LEGISLATIVE MATTERS AND VARIOUS PROGRAM AND OPERATIONS ISSUES SUCH AS AFFORDABLE HOUSING BUDGETS, AND MUNICIPAL FUNDING.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

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" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors 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" on 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 (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

			Held at the End of the 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 on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, 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, handling of violations, and enforcing conservation easements during the year _____

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

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

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB 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) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on 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 make 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 program
e ☐ Other _____

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

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

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
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, for escrow or custodial account liability? ☒ Yes ☐ No

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

Part V Endowment Funds Complete if the organization answered "Yes" on 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 Term endowment _____%

The percentages on 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" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		8,787,592.	6,510,250.	2,277,342.
d Equipment		6,031,932.	5,521,462.	510,470.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				2,787,812.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	2,148,159.
(2) RIGHT-OF-USE ASSETS - OPERATING LEASE	110,200,989.
(3) DUE FROM RELATED PARTIES	15,233,561.
(4) DEFERRED COMPENSATION PLAN	1,684,553.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	129,267,262.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	111,226,409.
(3) REFUNDABLE ADVANCES	175,954,399.
(4) DEFERRED COMPENSATION PAYABLE	1,684,553.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	288,865,361.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Docusign Envelope ID: 7A0131FC-2409-4B7C-99E3-467DCF60F9CF

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	220,937,522.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	115,618.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	96,128.		
e	Add lines **2a** through **2d**			2e	211,746.
3	Subtract line **2e** from line **1**			3	220,725,776.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	297,934.		
c	Add lines **4a** and **4b**			4c	297,934.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	221,023,710.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	220,773,669.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	96,128.		
e	Add lines **2a** through **2d**			2e	96,128.
3	Subtract line **2e** from line **1**			3	220,677,541.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	220,677,541.

Part XIII Supplemental Information

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

PART IV, LINE 1B:

THE ORGANIZATION HOLDS SECURITY DEPOSITS FROM TENANTS IN AN ESCROW ACCOUNT. THESE DEPOSITS ARE RETURNED TO THE TENANTS ONCE THEY MOVE OUT OF THE APARTMENT.

PART X, LINE 2:

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO THE YEAR ENDED AUGUST 31, 2021.

Docusign Envelope ID: 7A0131FC-2409-4B7C-99E3-467DCF60F9CF

Part XIII Supplemental Information *(continued)*

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RECLASS OF FUNDRAISING EXPENSES TO PART VIII, LINE 8B	96,128.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INDIRECT COSTS FROM GOV'T GRANTS REPORTED ON PART IX	253,338.
REFUND TO SPONSOR REPORTED ON PART IX	44,596.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	297,934.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASS OF FUNDRAISING EXPENSES TO PART VIII, LINE 8B	96,128.

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

CAMBA INC.

Employer identification number

11-2480339

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
Total						

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 CAMBA NIGHT OUT (event type)	(b) Event #2 WALK A THON (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	510,387.	29,118.		539,505.
	2 Less: Contributions	401,302.	29,118.		430,420.
	3 Gross income (line 1 minus line 2)	109,085.			109,085.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	64,260.			64,260.
	7 Food and beverages				
	8 Entertainment	35,115.			35,115.
	9 Other direct expenses	51,201.			51,201.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				150,576.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-41,491.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

Docusign Envelope ID: 7A0131FC-2409-4B7C-99E3-467DCF60F9CF

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

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

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation $ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

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

Docusign Envelope ID: 7A0131FC-2409-4B7C-99E3-467DCF60F9CF

Part IV **Supplemental Information** *(continued)*

Docusign Envelope ID: 7A0131FC-2409-4B7C-99E3-467DCF60F9CF

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" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NORTHERN MANHATTAN IMPROVEMENT CORPORATION - 45 WADSWORTH AVE - NEW YORK, NY 10033	13-2972415	501(C)(3)	42,878.	0.			LEGAL SERVICES FOR THE WORKING POOR
GODDARD RIVERSIDE COMMUNITY CENTER 593 COLUMBUS AVENUE NEW YORK, NY 10024	13-1893908	501(C)(3)	27,000.	0.			LEGAL SERVICES FOR THE WORKING POOR
HOUSING CONSERVATION COORDINATORS, INC. - 777 TENTH AVENUE - NEW YORK, NY 10019	51-0141489	501(C)(3)	20,250.	0.			LEGAL SERVICES FOR THE WORKING POOR
TAKEROOT JUSTICE 123 WILLIAM STREET, 16TH FLOOR NEW YORK, NY 10038	83-1441257	501(C)(3)	53,822.	0.			LEGAL SERVICES FOR THE WORKING POOR
THE MIDTOWN MANAGEMENT GROUP INC 630 9TH AVENUE 802 NEW YORK, NY 10036	13-3192793	501(C)(3)	8,800.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 5.

3 Enter total number of other organizations listed in the line 1 table ..... 0.

Docusign Envelope ID: 7A0131FC-2409-4B7C-99E3-467DCF60F9CF

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance
ASSISTANCE TO CLIENTS	791	1,361,837.	44,833.	COST	FURNITURE FOR CLIENT APARTMENTS
FOOD EMERGENCY HOMELESS SHELTERS	2709	0.	3,862,490.	COST	FOOD
RENT EMERGENCY HOMELESS SHELTERS	2709	29,607,950.	0.		
RENT FOR CLIENT APARTMENTS	915	18,630,555.	0.		
CLIENT INCENTIVES	5000	521,957.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION PROVIDES FREE AND LOW-COST LEGAL SERVICES TO LOW-INCOME AND WORKING POOR INDIVIDUALS WHO OTHERWISE CANNOT AFFORD REPRESENTATION. GRANTS TO SUBRECIPIENTS ARE MADE UNDER GOVERNMENT-FUNDED PROGRAMS AND ARE AWARDED BASED ON THE SUBRECIPIENTS' DOCUMENTED PROVISION OF SPECIFIC PROGRAMMATIC SERVICES. DISBURSEMENTS ARE CONTINGENT UPON THE SUBRECIPIENTS' SUBMISSION OF PERFORMANCE AND FINANCIAL REPORTS DEMONSTRATING THE DELIVERY OF CONTRACTED SERVICES AND ADHERENCE TO ALL APPLICABLE CONTRACTUAL AND REGULATORY REQUIREMENTS.

Docusign Envelope ID: 7A0131FC-2409-4B7C-99E3-467DCF60F9CF

Part III **Continuation of Grants and Other Assistance to Domestic Individuals** (Schedule I (Form 990), Part III.)

(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 noncash assistance
PARTICIPANT ALLOWANCES	130.	274,261.	0.		
STAFF TUTITION	10.	151,247.	0.		
STUDENT ALLOWANCES	6,500.	53,429.	0.		

Docusign Envelope ID: 7A0131FC-2409-4B7C-99E3-467DCF60F9CF

Part IV Supplemental Information

THE ORGANIZATION PROVIDES ASSISTANCE TO ELIGIBLE CLIENTS AS PART OF ITS PROGRAMMATIC ACTIVITIES. THESE ASSISTANCE ARE INTENDED TO SUPPORT CLIENT PARTICIPATION IN SERVICES. THE AMOUNTS AND ELIGIBILITY ARE DETERMINED BASED ON ESTABLISHED PROGRAM GUIDELINES AND CLIENT NEEDS ASSESSMENTS. ALL DISBURSEMENTS ARE DOCUMENTED AND MONITORED TO ENSURE ALIGNMENT WITH PROGRAM OBJECTIVES AND COMPLIANCE WITH GRANT OR FUNDING SOURCE 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" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	**2**		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☒ Compensation committee	☒ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on 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" on line 5a or 5b, describe in Part III.			
6	For persons listed on 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" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	**7**		X
8	Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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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 on 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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOANNE OPLUSTIL	(i)	505,507.	0.	46,231.	89,128.	48,154.	689,020.	0.
PRESIDENT / CEO, THRU MAY 2024	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAVID ROWE	(i)	550,649.	0.	25,278.	17,215.	13,384.	606,526.	0.
CAO OF CAMBA & CHV	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SHARON BROWNE	(i)	380,624.	0.	25,390.	17,853.	51,439.	475,306.	0.
CAO OF HOUSING & HEALTH SVCS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) THOMAS DAMBAKLY	(i)	375,171.	0.	25,390.	17,630.	49,966.	468,157.	0.
CAO OF FACILITIES & SYSTEMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) VALERIE BARTON-RICHARDSON	(i)	388,384.	0.	25,390.	19,396.	26,959.	460,129.	0.
PRESIDENT / CEO, AS OF MAY 2024	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ELIZABETH MILLER	(i)	287,092.	0.	26,636.	18,177.	0.	331,905.	0.
CHIEF LEGAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ROSS LORBER	(i)	314,100.	0.	626.	0.	0.	314,726.	0.
CFO, THRU JANUARY 2024	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MICHAEL ERHARD	(i)	234,434.	0.	24,670.	4,973.	47,481.	311,558.	0.
EVP OF HOUSING & HEALTH SVCS	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CLAIRE HARDING-KEEFE	(i)	239,467.	0.	24,703.	19,410.	26,579.	310,159.	0.
EVP OF ECON DEV, EDU & YOUTH DEV	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MICHEAL BERNE	(i)	238,571.	0.	516.	10,825.	53,050.	302,962.	0.
SVP OF CAMBA & CHV	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JASON BOUCHARD	(i)	205,481.	0.	400.	5,171.	51,491.	262,543.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ANGELES DELGADO	(i)	180,179.	0.	2,426.	23,432.	49,821.	255,858.	0.
SVP OF HOUSING & HEALTH SVCS	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JOAN MCFEELY	(i)	187,140.	0.	24,201.	12,433.	15,115.	238,889.	0.
SVP OF HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) KATHY DE MEIJ	(i)	185,026.	0.	2,570.	19,129.	26,328.	233,053.	0.
SVP OF DEV. & COMMS.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

Docusign Envelope ID: 7A0131FC-2409-4B7C-99E3-467DCF60F9CF

Part III Supplemental Information

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

PART I, LINE 4B:

JOANNE OPLUSTIL PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED PLAN. CAMBA, INC. CONTRIBUTED $70,000 TO THE PLAN ON HER BEHALF IN 2023.

SCHEDULE O (Form 990)

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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:

ENHANCE THEIR QUALITY OF LIFE.

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

AUGUST 2024, WITH CAMBA PROVIDING ON-SITE SOCIAL SERVICES: 880 WILLOUGHBY, 100-UNITS IN BUSHWICK; MORRIS MANOR, 46-UNITS IN FLATBUSH; 97 CROOKE, 53 UNITS IN FLATBUSH; 212-214 HEGEMAN AVENUE, 71 UNITS IN BROWNSVILLE; CAMBA GARDENS PHASE I, 209 UNITS, AND CAMBA GARDENS PHASE II, 293 UNITS, BOTH IN WINGATE, BROOKLYN. VAN DYKE, 101 UNITS OF LEED GOLD AFFORDABLE AND SUPPORTIVE FAMILY HOUSING ON A FORMER NYCHA PARKING LOT AT VAN DYKE HOUSES IN BROWNSVILLE, BROOKLYN ALSO MAINTAINED OCCUPANCY STANDARDS WITH CAMBA PROVIDING ON-SITE SOCIAL SERVICES. CAMBA GARDENS PHASE I AND II (LEED PLATINUM AND GOLD, RESPECTIVELY) REPRESENT A NATIONAL MODEL OF COLLABORATION BETWEEN A PUBLIC HOSPITAL, A NON-PROFIT AFFORDABLE HOUSING DEVELOPER AND A SERVICE PROVIDER TO CO-LOCATE HOUSING AND HEALTHCARE. BUCKINGHAM HOUSE, A 36-UNIT AFFORDABLE DEVELOPMENT FOR FORMERLY HOMELESS AND LOW-INCOME HOUSEHOLDS IN STATEN ISLAND, ALSO MAINTAINED OCCUPANCY STANDARDS WITH CAMBA PROVIDING ON-SITE SOCIAL SERVICES. CHV COMPLETED REHAB/RESILIENCY WORK ON THIS SUPERSTORM SANDY-AFFECTED PROPERTY IN LATE FY21.

CHV CONTINUED THE OPERATIONS AND FISCAL IMPROVEMENTS OF HERITAGE HOUSE, A 40-UNIT AFFORDABLE HOUSING PROJECT IN EAST HARLEM ACQUIRED BY CHV AS A WORK-OUT DEAL IN 2015. CHV CONTINUED AS THE NON-PROFIT DEVELOPMENT PARTNER WITH HUDSON COMPANIES AND RELATED COMPANIES AT GATEWAY ELTON PHASE I, PROVIDING 197 UNITS OF AFFORDABLE HOUSING; AT ALAN EPSTEIN

Docusign Envelope ID: 7A0131FC-2409-4B7C-99E3-467DCF60F9CF

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

APARTMENTS (GATEWAY ELTON PHASE II), PROVIDING 175 UNITS OF AFFORDABLE HOUSING; AND AT GATEWAY ELTON PHASE III, PROVIDING 287 UNITS OF AFFORDABLE HOUSING, ALL IN EAST NEW YORK. CHV CONTINUED AS THE NON-PROFIT PARTNER WITH STELLAR MANAGEMENT FOR CASTLETON PARK, A 454-UNIT MITCHELL LAMA DEVELOPMENT IN STATEN ISLAND, INCLUDING SECURING RENTAL ASSISTANCE AND COORDINATION WITH THE TENANT ASSOCIATION.

IN 2024 CHV CONTINUED CONSTRUCTION ON THE HART, THE AWARDED SITE C AS PART OF THE FIRST ROUND OF NEW YORK STATE'S VITAL BROOKLYN INITIATIVE, REACHING 49% COMPLETION. THE HART WILL PAIR 57 UNITS OF SUSTAINABLE SUPPORTIVE AND AFFORDABLE HOUSING WITH HEALTHCARE ON AN UNDERUTILIZED HOSPITAL SITE IN BEDFORD-STUYVESANT. CHV CONTINUED CONSTRUCTION AT CLARKSON ESTATES, 328 PASSIVE HOUSE UNITS OF SUPPORTIVE AND AFFORDABLE HOUSING, WHICH REACHED 26% COMPLETION AND INCLUDED THE DEMOLITION OF AN EXISTING BUILDING ONSITE. THIS FORMER SUNY DOWNSTATE SITE WAS COMPETITIVELY AWARDED TO CHV AS PART OF VITAL BROOKLYN'S SECOND ROUND OF UNDERUTILIZED HOSPITAL SITES. CLARKSON ESTATES WILL PROVIDE HOUSING FOR YOUTH AGING OUT OF FOSTER CARE, HOMELESS YOUNG ADULTS, FORMERLY INCARCERATED INDIVIDUALS, AND CHRONICALLY HOMELESS FAMILIES, IN ADDITION TO LOW-INCOME INDIVIDUALS AND FAMILIES, AND WILL PROVIDE OVER 30,000 SQUARE FEET OF IMPACTFUL COMMUNITY FACILITY PROGRAMMING, INCLUDING A FULL-SIZED BASKETBALL COURT.

CHV COMPLETED CONSTRUCTION AT THE BRONX GROVE (CHV 202ND/203RD STREET) TO DEVELOP 323 UNITS OF SUPPORTIVE AND AFFORDABLE HOUSING IN BEDFORD PARK IN THE BRONX, SECURING OCCUPANCY CERTIFICATES FOR BOTH BUILDINGS. CHV AND THE MANAGEMENT TEAM ALSO CONTINUED WITH MARKETING AND LEASE-UP ACTIVITIES, WITH 55 LEASES SIGNED BY THE END OF FY24. HAVING COMPLETED

Docusign Envelope ID: 7A0131FC-2409-4B7C-99E3-467DCF60F9CF

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

THE YEAR 15 LOW INCOME HOUSING TAX CREDIT INVESTOR EXIT PROCESS FOR MORRIS MANOR IN THE PRIOR FISCAL YEAR, CHV COMMENCED ON THE DESIGN PHASE FOR FUTURE CAPITAL IMPROVEMENTS BY SECURING AN ARCHITECT AND ENGAGING IN FURTHER PREDEVELOPMENT WORK.. SIMILAR TO MORRIS MANOR, CHV ALSO SECURED PROJECT-BASED RENTAL SUBSIDIES FOR A PORTION OF THE UNITS AT 880 WILLOUGHBY, AND COMMENCED THE DESIGN PROCESS, IN ORDER TO PREPARE FOR A FUTURE CAPITAL IMPROVEMENTS/LOAN CLOSING(S).

CHV CONTINUED WITH DUE DILIGENCE ACTIVITIES AND COMMENCED SCHEMATIC DESIGN WORK AND COMMUNITY ENGAGEMENT FOR KINGSBOROUGH, WHICH WAS AWARDED THROUGH THE NYCHA/HPD SENIORS RFP IN JUNE 2023. KINGSBOROUGH, DESIGNED TO PASSIVE HOUSE STANDARDS, WILL PROVIDE APPROXIMATELY 200 UNITS OF SUPPORTIVE AND AFFORDABLE SENIOR HOUSING, WITH ON-SITE CAMBA SUPPORTIVE SERVICES, AND OVER 7,000 SQUARE FEET OF CAMBA COMMUNITY FACILITY SPACE FOCUSED ON ECONOMIC EMPOWERMENT FOR THE COMMUNITY.

CAMBA BELIEVES THAT SAFE, DECENT AND STABLE HOUSING IS CRITICAL TO THE LONG-TERM ECONOMIC AND SOCIAL SUCCESS OF EVERY INDIVIDUAL AND FAMILY. OVER 15,500 PERSONS EACH YEAR RECEIVE HOUSING-RELATED SERVICES FROM CAMBA IN THE AREAS OF EMERGENCY SHELTER, ASSISTANCE IN EVICTION PREVENTION, RELOCATION INTO, AND PROVISION OF, PERMANENT HOUSING. IN 2005, CAMBA CREATED CAMBA HOUSING VENTURES, INC. IN ORDER TO HOLISTICALLY ADDRESS THE HOUSING NEEDS OF THE COMMUNITY BY DEVELOPING MUCH NEEDED SUPPORTIVE AND AFFORDABLE HOUSING.

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

THE CARIBBEAN, LATIN AMERICA, EASTERN EUROPE, ASIA, AND AFRICA. OUR PROGRAMS HELP PARTICIPANTS TO IMPROVE THEIR ENGLISH, MATH, AND CIVICS

Docusign Envelope ID: 7A0131FC-2409-4B7C-99E3-467DCF60F9CF

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

SKILLS. EACH YEAR, 40 TO 50 OF OUR ADULT STUDENTS BECOME U.S. CITIZENS. MANY PARTICIPANTS ARE PARENTS WHO HAVE TO JUGGLE CHILDCARE AND OTHER FAMILY ISSUES, AND WHO OFTEN NEED HELP WITH LEGAL OR HOUSING MATTERS. BECAUSE WE DEAL WITH EACH STUDENT AS A WHOLE PERSON, THE NUMBER OF PARTICIPANTS WHO MOVE ON TO HIGHER EDUCATIONAL LEVELS, ACHIEVE EMPLOYMENT GOALS, AND/OR ENTER POST-SECONDARY EDUCATION OR TRAINING PROGRAMS IS MAXIMIZED.

YOUTH DEVELOPMENT IMPACT: IN 2024, CAMBA'S AFTER-SCHOOL PROGRAMS KEPT OVER 5,000 CHILDREN SAFE AND ENGAGED IN CREATIVE LEARNING ACTIVITIES WHILE THEIR PARENTS WORKED. OVER 1,500 HIGH SCHOOL STUDENTS GAINED HANDS-ON WORK EXPERIENCE THROUGH SUBSIDIZED INTERNSHIPS AND SUMMER JOBS. ACROSS OUR LEARNING-TO-WORK PROGRAMS A GROUP OF ACADEMIC PROGRAMS FOR OVERAGE/UNDER-CREDITED YOUTH - CAMBA SUPPORTED 3,177; 69% OF GRADUATING SENIORS ENROLLED IN POST-SECONDARY EDUCATION, WERE EMPLOYED, OR ENTERED THE ARMED FORCES. ACROSS OUR 13 BEACON AND CORNERSTONE COMMUNITY CENTERS, WE SERVED OVER 14,000 CHILDREN, YOUTH, AND ADULTS.

TO ACHIEVE CAMBA'S VISION IN WHICH YOUTH ACQUIRE THE SKILLS THEY NEED TO SUCCESSFULLY TRANSITION TO A PRODUCTIVE ADULTHOOD, WE PROVIDE OVER 14,000 YOUTH WITH AFTER-SCHOOL, ADOLESCENT PREGNANCY PREVENTION, YOUTH EMPLOYMENT, ACADEMIC ENRICHMENT, AND COUNSELING SERVICES. BASED PRIMARILY IN OVER 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.

Docusign Envelope ID: 7A0131FC-2409-4B7C-99E3-467DCF60F9CF

Name of the organization: CAMBA INC.

Employer identification number: 11-2480339

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

ELIGIBLE PEOPLE LIVING WITH HIV/AIDS. IN OUR NAVIGAYTE BROOKLYN 2.0 PROGRAM, 100% OF PEOPLE WHO WERE NOT ENGAGED IN CARE AT INTAKE WERE SUCCESSFULLY ENROLLED IN HIV CARE WITHIN 30 DAYS. OUR BROOKLYN DRIVE DOWN DIABETES (B3D) PROGRAM SERVED 52 INDIVIDUALS. AT THEIR THREE-MONTH ASSESSMENT, 96% OF B3D CLIENTS REPORTED MAKING CHANGES TO THEIR DIETS, WHILE 78% REPORTED MAKING CHANGES TO THEIR PHYSICAL ACTIVITY.

CAMBA PROVIDES A COMPLETE RANGE OF SERVICES TO INDIVIDUALS AND FAMILIES AFFECTED BY CONDITIONS SUCH AS HUNGER, HIV/AIDS, MENTAL ILLNESS, AND SUBSTANCE USE DISORDERS. OUR PROGRAMMING INCLUDES CASE MANAGEMENT, CARE COORDINATION, LIFE-SKILLS TRAINING, COUNSELING, AND RECREATIONAL AND NUTRITIONAL SERVICES.

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

ECONOMIC DEVELOPMENT:

SMALL BUSINESS SERVICES IMPACT: IN 2024, CAMBA PROVIDED SMALL BUSINESS SERVICES TO 767 INDIVIDUALS. 42.9% OF BUSINESSES INCREASED THEIR SALES FOLLOWING SERVICES FROM OUR TECHNICAL BUSINESS ASSISTANCE AND MOBILIZE YOUR BUSINESS TECHNOLOGY TRAINING PROGRAMS. CAMBA ALSO MANAGED 10 ACTIVE SMALL BUSINESS LOANS, BRINGING OUR LOAN PORTFOLIO BALANCE TO $72,470 IN FUNDING TO BROOKLYN BUSINESS OWNERS. ALL OF THESE LOANS WERE DISBURSED TO MINORITY- OR WOMEN-OWNED BUSINESS ENTERPRISES. OUR WORKSHOPS AND ONE-ONE-ONE TECHNICAL ASSISTANCE HELPED TO CREATE 19 NEW BUSINESSES AND ASSISTED 14 BUSINESS OWNERS IN HIRING OR RETAINING EMPLOYEES.

Docusign Envelope ID: 7A0131FC-2409-4B7C-99E3-467DCF60F9CF

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

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 TECHNOLOGY TRAINING.

WORKFORCE DEVELOPMENT IMPACT: IN 2024, CAMBA PROVIDED WORKFORCE DEVELOPMENT SERVICES TO 2,334 BROOKLYN RESIDENTS, INCLUDING 2,039 RECENTLY ARRIVED IMMIGRANTS. CAMBA CONNECTED 594 LOW-INCOME ADULTS TO FULL-TIME JOBS WITH AN AVERAGE WAGE OF $19.00 PER HOUR. CAMBA TRAINED 284 INDIVIDUALS WHO BECAME NEW YORK STATE-CERTIFIED SECURITY OFFICERS. MANY GRADUATES OF OUR SECURITY OFFICER TRAINING SCHOOL SELF-PLACED INTO THE FIELD. NEARLY ONE THIRD OF OUR SECURITY GUARD TRAINING GRADUATES ARE WOMEN. IN OUR CAREER PATHWAYS FOR YOUNG ADULTS PROGRAM, WE ENROLLED 103 INDIVIDUALS, 94 OF WHOM EARNED AN INDUSTRY-RECOGNIZED CREDENTIAL.

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 CONSTRUCTION, HVAC, ENGINEERING, CUSTOMER SERVICE, AND PRIVATE SECURITY.
EXPENSES $ 5,860,157. INCLUDING GRANTS OF $ 1,427,104. REVENUE $ 0.

LEGAL SERVICES:

LEGAL SERVICES IMPACT: IN 2024, CLS PROVIDED 669 IMMIGRANT HOUSEHOLDS WITH APPLICATION ASSISTANCE, INCLUDING SUBMITTING VAWA, DACA AND CITIZENSHIP APPLICATIONS. CLS ELIMINATED $350,000 IN CONSUMER DEBT

Docusign Envelope ID: 7A0131FC-2409-4B7C-99E3-467DCF60F9CF

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

THROUGH LEGAL REPRESENTATION AND FINANCIAL COUNSELING FOR WORKING POOR INDIVIDUALS. THROUGH OUR SERVICES, OVER 2,800 INDIVIDUALS WHO WERE AT RISK OF EVICTION OR FORECLOSURE WERE ABLE TO REMAIN STABLY HOUSED. CLS PROVIDED SUCCESSFUL REPRESENTATION FOR 97% OF ITS ANTI-EVICTION CLIENTS.

CAMBA LEGAL SERVICES (CLS) PROVIDES FREE LEGAL COUNSEL AND REPRESENTATION TO NEARLY 6,000 POOR AND WORKING POOR HOUSEHOLDS EACH YEAR IN THE AREAS OF HOUSING LAW, FORECLOSURE PREVENTION, CONSUMER LAW, IMMIGRATION LAW, DOMESTIC VIOLENCE, AND PUBLIC BENEFITS. 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.
EXPENSES $ 2,832,608. INCLUDING GRANTS OF $ 156,654. REVENUE $ 0.

FAMILY AND COMMUNITY SUPPORT:

FAMILY SUPPORT IMPACT: IN 2024, CAMBA SUPPORTED 333 WOMEN AND THEIR FAMILIES THROUGH OUR I-CARE PROGRAM. IN OUR MOVING MOTHERS' HEALTH FORWARD PROGRAM, WE PROVIDED A TOTAL OF 770 SERVICES TO 360 CLIENTS, INCLUDING 57 CLIENTS SERVED AT THE FLAGSTONE MOBILE CLINIC. OUR FOSTER CARE PREVENTION SERVICES REACHED NEARLY 350 FAMILIES.

COMMUNITY SUPPORT IMPACT: CAMBA'S GUN VIOLENCE PREVENTION INITIATIVE BROWNSVILLE IN, VIOLENCE OUT (BIVO) SERVED 145 PARTICIPANTS AND CONDUCTED 45 DE-ESCALATION EFFORTS. SEVENTY-SIX BIVO PARTICIPANTS

Docusign Envelope ID: 7A0131FC-2409-4B7C-99E3-467DCF60F9CF

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

RECEIVED INTENSIVE JOB READINESS TRAINING AND 13 OF THESE PARTICIPANTS OBTAINED FULL-TIME EMPLOYMENT. BIVO'S HIGH-IMPACT AREA WITNESSED ONLY SEVEN SHOOTING INCIDENTS DURING THE PROGRAM YEAR.

CAMBA'S FAMILY AND COMMUNITY 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.
EXPENSES $ 5,932,161. INCLUDING GRANTS OF $ 854,384. REVENUE $ 0.

FORM 990, PART VI, SECTION B, LINE 11B:
CAMBA INC., HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO THE BOARD FOR APPROVAL. IF ANY ISSUES ARISE, THEY ARE FORWARDED TO THE OUTSIDE ACCOUNTANT AND THE BOARD REVIEWS AFTER REVISIONS AND RESOLUTIONS. ONCE THE BOARD HAS APPROVED THE RETURN IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:
EACH DIRECTOR, OFFICER, AND KEY EMPLOYEE SHALL ANNUALLY SIGN AND SUBMIT TO THE SECRETARY OF CAMBA A STATEMENT, WHICH AFFIRMS SUCH PERSON:
(A) HAS RECEIVED A COPY OF THE POLICY,

Docusign Envelope ID: 7A0131FC-2409-4B7C-99E3-467DCF60F9CF

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

(B) HAS READ AND UNDERSTANDS THE POLICY, AND

(C) HAS AGREED TO COMPLY WITH THE POLICY.

ALL TRANSACTIONS, AGREEMENTS OR ANY OTHER ARRANGEMENTS BETWEEN CAMBA AND A RELATED PARTY, AND ANY OTHER TRANSACTIONS THAT MAY INVOLVE A POTENTIAL CONFLICT OF INTEREST, SHALL BE REVIEWED BY THE INDEPENDENT DIRECTORS OF THE BOARD. ALL RELATED PARTIES WITH A FINANCIAL INTEREST SHALL LEAVE THE ROOM IN WHICH SUCH DELIBERATIONS ARE CONDUCTED, AND SHALL NOT ATTEMPT TO INFLUENCE THE DELIBERATION OR VOTING ON SUCH MATTER.

THE BOARD SHALL, AFTER CONSIDERING ALTERNATE TRANSACTIONS AND/OR COMPARABILITY DATA, DETERMINE IN GOOD FAITH BY VOTE OF THE INDEPENDENT DIRECTORS OF THE BOARD WHETHER THE TRANSACTION OR ARRANGEMENT IS FAIR, REASONABLE, AND IN THE BEST INTEREST OF CAMBA AT THE TIME OF SUCH DECISION.

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

THE PRESIDENT/CEO'S COMPENSATION IS REVIEWED AND APPROVED BY THE CAMBA BOARD, WHILE THE COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES IS REVIEWED SOLELY BY THE PRESIDENT/CEO. CAMBA ENGAGES AN INDEPENDENT COMPENSATION CONSULTANT EVERY FEW YEARS TO EVALUATE EXECUTIVE COMPENSATION, UTILIZING COMPARABILITY DATA FROM PUBLISHED SOURCES, IRS FORMS 990, AND THE CONSULTANT'S PROPRIETARY DATABASE.

DOCUMENTATION OF COMPENSATION DECISIONS FOR THE PRESIDENT/CEO IS INCLUDED IN THE CAMBA BOARD MEETING MINUTES. THE LAST TIME THIS PROCESS WAS UNDERTAKEN WAS JULY 2024.

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

Docusign Envelope ID: 7A0131FC-2409-4B7C-99E3-467DCF60F9CF

Name of the organization: CAMBA INC.

Employer identification number: 11-2480339

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION, FORM 990, AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST OR BY CALLING THE ORGANIZATION DIRECTLY.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CLEANING SERVICES:

PROGRAM SERVICE EXPENSES	222,126.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	222,126.

CONSULTANTS:

PROGRAM SERVICE EXPENSES	755,974.
MANAGEMENT AND GENERAL EXPENSES	344,391.
FUNDRAISING EXPENSES	188,635.
TOTAL EXPENSES	1,289,000.

PAYROLL SERVICES:

PROGRAM SERVICE EXPENSES	469,549.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	469,549.

TEMPORARY HELP:

PROGRAM SERVICE EXPENSES	1,111,471.

Docusign Envelope ID: 7A0131FC-2409-4B7C-99E3-467DCF60F9CF

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

MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,111,471.
RECRUITMENT SERVICES:	
PROGRAM SERVICE EXPENSES	283,161.
MANAGEMENT AND GENERAL EXPENSES	157,619.
FUNDRAISING EXPENSES	1,573.
TOTAL EXPENSES	442,353.
MEDICAL PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	1,349,601.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,349,601.
STAFFING AGENCY SERVICES:	
PROGRAM SERVICE EXPENSES	3,008,550.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,008,550.
SECURITY SERVICES:	
PROGRAM SERVICE EXPENSES	15,890,388.
MANAGEMENT AND GENERAL EXPENSES	1,075.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,891,463.

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

PURCHASED SERVICES (ALL OTHER):

PROGRAM SERVICE EXPENSES	193,246.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	193,246.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	23,977,359.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

REFUND TO SPONSOR	-44,596.
INDIRECT COSTS FROM GOVERNMENT GRANTS	-253,338.
TOTAL TO FORM 990, PART XI, LINE 9	-297,934.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S PROCESS FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT HAS CHANGED FROM THE PRIOR YEAR.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

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" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
CAMBA ECONOMIC DEVELOPMENT CORP - 11-3546930 1720 CHURCH AVENUE, 2ND FLOOR BROOKLYN, NY 11226	PROVIDE LOANS TO UNDERSERVED BUSINESSES IN THE BROOKLYN, NY COMMUNITY	NEW YORK	501(C)(3)	LINE 7	CAMBA INC	X	
CAMBA HOUSING VENTURES INC - 55-0881162 1720 CHURCH AVENUE, 2ND FLOOR BROOKLYN, NY 11226	DEVELOP SUSTAINABLE HOUSING WHILE ENHANCING NEIGHBORHOODS	NEW YORK	501(C)(3)	LINE 10	CAMBA INC	X	
CHV 690-738 ALBANY AVENUE HDFC - 27-1994916 1720 CHURCH AVENUE, 2ND FLOOR BROOKLYN, NY 11226	HOUSING DEVELOPMENT PROVIDING AFFORDABLE HOUSING	NEW YORK	501(C)(4)		CAMBA HOUSING VENTURES INC		X
CHV 560 WINTHROP STREET HDFC - 46-3553224 1720 CHURCH AVENUE, 2ND FLOOR BROOKLYN, NY 11226	HOUSING DEVELOPMENT PROVIDING AFFORDABLE HOUSING	NEW YORK	501(C)(4)		CAMBA HOUSING VENTURES INC		X

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Part II **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) No
CHV 603 MOTHER GASTON BLVD HDFC - 47-4007198 1720 CHURCH AVENUE, 2ND FLOOR BROOKLYN, NY 11226	HOUSING DEVELOPMENT PROVIDING AFFORDABLE HOUSING	NEW YORK	501(C)(4)		CAMBA HOUSING VENTURES INC		X
CHV BUCKINGHAM HDFC - 82-1550817 1720 CHURCH AVENUE, 2ND FLOOR BROOKLYN, NY 11226	HOUSING DEVELOPMENT PROVIDING AFFORDABLE HOUSING	NEW YORK	501(C)(4)		CAMBA INC	X	
CHV 210-214 HEGEMAN AVENUE HDFC - 82-2914238 1720 CHURCH AVENUE, 2ND FLOOR BROOKLYN, NY 11226	HOUSING DEVELOPMENT PROVIDING AFFORDABLE HOUSING	NEW YORK	501(C)(4)		CAMBA HOUSING VENTURES INC		X
CHV BEDFORD PARK HDFC - 85-0717780 1720 CHURCH AVENUE, 2ND FLOOR BROOKLYN, NY 11226	HOUSING DEVELOPMENT PROVIDING AFFORDABLE HOUSING	NEW YORK	501(C)(4)		CAMBA HOUSING VENTURES INC		X
CHV 1038 BROADWAY HDFC - 84-4272861 1720 CHURCH AVENUE, 2ND FLOOR BROOKLYN, NY 11226	HOUSING DEVELOPMENT PROVIDING AFFORDABLE HOUSING	NEW YORK	501(C)(4)		CAMBA HOUSING VENTURES INC		X
CHV 329 CLARKSON AVENUE HDFC - 88-3101042 1720 CHURCH AVENUE, 2ND FLOOR BROOKLYN, NY 11226	HOUSING DEVELOPMENT PROVIDING AFFORDABLE HOUSING	NEW YORK	501(C)(4)		CAMBA HOUSING VENTURES INC		X
SONGEA HOLDING CORPORATION - 31-1717153 1720 CHURCH AVENUE, 2ND FLOOR BROOKLYN, NY 11226	HOLD TITLE TO REAL PROPERTY	NEW YORK	501(C)(2)		CAMBA INC	X	
CAMBA LEGAL SERVICES - 11-3153831 1720 CHURCH AVENUE, 2ND FLOOR BROOKLYN, NY 11226	PROVIDE LEGAL COUNCIL AND REPRESENTATION TO LOW-INCOME & WORKING POOR	NEW YORK	501(C)(3)	LINE 7	CAMBA INC	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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
880 WILLOUGHBY LP - 22-3877551, 1720 CHURCH AVENUE 2ND FL, BROOKLYN, NY 11226	SUPPORTIVE HOUSING	NY	WILLOUGHBY GP II LLC	RELATED	0.	0.		X	N/A		X	.00%
WILLOUGHBY GP II LLC - 45-0563837, 1720 CHURCH AVENUE 2ND FL, BROOKLYN, NY 11226	SUPPORTIVE HOUSING	NY	CAMBA HOUSING VENTURES INC	RELATED	0.	0.		X	N/A		X	.00%
CHV 1247 FLATBUSH AVENUE LP - 20-3770301, 1720 CHURCH AVENUE 2ND FL, BROOKLYN, NY 11226	SUPPORTIVE HOUSING	NY	CHV 1247 FLATBUSH AVENUE GP CORP	RELATED	0.	0.		X	N/A		X	.00%
CHV 97 CROOKE AVE LP - 27-1560899, 1720 CHURCH AVENUE 2ND FL, BROOKLYN, NY 11226	SUPPORTIVE HOUSING	NY	CHV 97 CROOKE AVE GP CORP	RELATED	0.	0.		X	N/A		X	.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
1720 CHURCH HOLDING CORPORATION - 43-2067901 1720 CHURCH AVENUE, 2ND FLOOR BROOKLYN, NY 11226	RENTAL OF REAL ESTATE	NY	CAMBA INC	C CORP	134,704.	285,545.	100%	X	
CHV 1247 FLATBUSH AVENUE GP - 20-3770280 1720 CHURCH AVENUE, 2ND FLOOR BROOKLYN, NY 11226	SUPPORTIVE HOUSING	NY	CAMBA HOUSING VENTURES INC	C CORP	0.	0.	.00%		X
CHV 97 CROOKE AVE GP - 80-0483138 1720 CHURCH AVENUE, 2ND FLOOR BROOKLYN, NY 11226	SUPPORTIVE HOUSING	NY	CAMBA HOUSING VENTURES INC	C CORP	0.	0.	.00%		X
CHV 690-738 ALBANY AVENUE GP - 27-3249015 1720 CHURCH AVENUE, 2ND FLOOR BROOKLYN, NY 11226	SUPPORTIVE HOUSING	NY	CAMBA HOUSING VENTURES INC	C CORP	0.	0.	.00%		X
CHV 560 WINTHROP ST GP - 46-5006456 1720 CHURCH AVENUE, 2ND FLOOR BROOKLYN, NY 11226	SUPPORTIVE HOUSING	NY	CAMBA HOUSING VENTURES INC	C CORP	0.	0.	.00%		X

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Part III **Continuation of Identification of Related Organizations Taxable as a Partnership**

(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
CHV 690-738 ALBANY AVENUE LP - 27-3249293, 1720 CHURCH AVENUE 2ND FL, BROOKLYN, NY 11226	SUPPORTIVE HOUSING	NY	CHV 690-738 ALBANY AVE. GP, INC.	RELATED	0.	0.		X	N/A		X	.00%
CHV 560 WINTHROP ST LP - 46-5002059, 1720 CHURCH AVENUE 2ND FL, BROOKLYN, NY 11226	SUPPORTIVE HOUSING	NY	CHV 560 WINTHROP STREET GP, INC	RELATED	0.	0.		X	N/A		X	.00%
CHV 603 MOTHER GASTON BLVD LP - 47-3639364, 1720 CHURCH AVENUE 2ND FL, BROOKLYN, NY 11226	SUPPORTIVE HOUSING	NY	CHV 603 MOTHER GASTON BLVD GP, INC.	RELATED	0.	0.		X	N/A		X	.00%
CHV HERITAGE HOUSES LP - 26-3512784, 1720 CHURCH AVENUE 2ND FL, BROOKLYN, NY 11226	SUPPORTIVE HOUSING	NY	CHV HERITAGE HOUSE GP LLC	RELATED	0.	0.		X	N/A		X	.00%
CHV 210-214 HEGEMAN AVENUE LP - 39-4049170, 1720 CHURCH AVENUE 2ND FL, BROOKLYN, NY 11226	SUPPORTIVE HOUSING	NY	CHV 210-214 HEGEMAN AVENUE GP INC.	RELATED	0.	0.		X	N/A		X	.00%
CHV BEDFORD PARK LP - 84-4442941, 1720 CHURCH AVENUE 2ND FL, BROOKLYN, NY 11226	SUPPORTIVE HOUSING	NY	CHV BEDFORD PARK GP, INC	RELATED	0.	0.		X	N/A		X	.00%
CHV 1038 BROADWAY LP - 87-2086479, 1720 CHURCH AVENUE 2ND FL, BROOKLYN, NY 11226	SUPPORTIVE HOUSING	NY	CHV 1038 BROADWAY GP INC.	RELATED	0.	0.		X	N/A		X	.00%
CHV 329 CLARKSON AVENUE LP - 88-3598113, 1720 CHURCH AVENUE 2ND FL, BROOKLYN, NY 11226	SUPPORTIVE HOUSING	NY	CHV 329 CLARKSON AVENUE GP INC.	RELATED	0.	0.		X	N/A		X	.00%

Docusign Envelope ID: 7A0131FC-2409-4B7C-99E3-467DCF60F9CF

Part IV **Continuation of Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
CHV 603 MOTHER GASTON BLVD GP - 47-3639320 1720 CHURCH AVENUE, 2ND FLOOR BROOKLYN, NY 11226	SUPPORTIVE HOUSING	NY	CAMBA HOUSING VENTURES INC	C CORP	0.	0.	.00%		X
CHV 210-214 HEGEMAN AVENUE GP - 82-3166190 1720 CHURCH AVENUE, 2ND FLOOR BROOKLYN, NY 11226	SUPPORTIVE HOUSING	NY	CHV 210-214 HEGEMAN AVENUE HDFC	C CORP	0.	0.	.00%		X
CHV BEDFORD PARK GP - 84-4423163 1720 CHURCH AVENUE, 2ND FLOOR BROOKLYN, NY 11226	SUPPORTIVE HOUSING	NY	CHV BEDFORD PARK HDFC	C CORP	0.	0.	.00%		X
CHV 1038 BROADWAY GP - 87-2068342 1720 CHURCH AVENUE, 2ND FLOOR BROOKLYN, NY 11226	SUPPORTIVE HOUSING	NY	CAMBA HOUSING VENTURES INC	C CORP	0.	0.	.00%		X
CHV 329 CLARKSON AVENUE GP INC - 88-3230095 1720 CHURCH AVENUE, 2ND FLOOR BROOKLYN, NY 11226	SUPPORTIVE HOUSING	NY	CHV 329 CLARKSON AVENUE HDFC	C CORP	0.	0.	.00%		X
CHV HERITAGE HOUSES GP LLC - 47-3494406 1720 CHURCH AVENUE, 2ND FLOOR BROOKLYN, NY 11226	SUPPORTIVE HOUSING	NY	CAMBA HOUSING VENTURES INC	C CORP	0.	0.	.00%		X
CHV 1247 FLATBUSH AVENUE HDFC - 20-3770257 1720 CHURCH AVENUE, 2ND FLOOR BROOKLYN, NY 11226	SUPPORTIVE HOUSING	NY	CAMBA HOUSING VENTURES INC	C CORP	0.	0.	.00%		X
880 WILLOUGHBY HDFC - 45-0563837 1720 CHURCH AVENUE, 2ND FLOOR BROOKLYN, NY 11226	SUPPORTIVE HOUSING	NY	CAMBA HOUSING VENTURES INC	C CORP	0.	0.	.00%		X
CHV 97 CROOKE AVENUE HDFC - 80-0427343 1720 CHURCH AVENUE, 2ND FLOOR BROOKLYN, NY 11226	SUPPORTIVE HOUSING	NY	CAMBA HOUSING VENTURES INC	C CORP	0.	0.	.00%		X
HERITAGE HOUSES HDFC - 20-4775469 1720 CHURCH AVENUE, 2ND FLOOR BROOKLYN, NY 11226	SUPPORTIVE HOUSING	NY	CAMBA HOUSING VENTURES INC	C CORP	0.	0.	.00%		X
CHV 329 CLARKSON AVENUE MASTER TENANT LLC - 92-2052223, 1720 CHURCH AVENUE, 2ND FLOOR, BROOKLYN, NY 11226	SUPPORTIVE HOUSING	NY	CAMBA HOUSING VENTURES INC	C CORP	0.	0.	.00%		X
CHV 1247 MORRIS MANOR LLC - 92-3930179 1720 CHURCH AVENUE, 2ND FLOOR BROOKLYN, NY 11226	SUPPORTIVE HOUSING	NY	CAMBA HOUSING VENTURES INC	C CORP	0.	0.	.00%		X

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Part IV **Continuation of Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
CHV 880 WILLOUGHBY AVENUE LLC - 92-3905361 1720 CHURCH AVENUE, 2ND FLOOR BROOKLYN, NY 11226	SUPPORTIVE HOUSING	NY	CAMBA HOUSING VENTURES INC	C CORP	0.	0.	.00%		X

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		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 Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SONGEA HOLDING CORPORATION	D	5,000,000.	COST
(2) SONGEA HOLDING CORPORATION	K	590,174.	COST
(3) SONGEA HOLDING CORPORATION	L	72,000.	COST
(4) SONGEA HOLDING CORPORATION	P	73,193.	COST
(5) SONGEA HOLDING CORPORATION	Q	630,000.	COST
(6) CAMBA LEGAL SERVICES	E	25,000,000.	COST

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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-s)	(c) Amount involved	(d) Method of determining amount involved
(7)	CAMBA LEGAL SERVICES	L	455,481.	COST
(8)	CAMBA LEGAL SERVICES	O	5,479,734.	COST
(9)	CAMBA LEGAL SERVICES	P	412,266.	COST
(10)	CAMBA LEGAL SERVICES	Q	6,552,386.	COST
(11)	CAMBA ECONOMIC DEVELOPMENT CORPORATION	E	25,000,000.	COST
(12)	CAMBA ECONOMIC DEVELOPMENT CORPORATION	O	95,947.	COST
(13)	CAMBA ECONOMIC DEVELOPMENT CORPORATION	Q	300,000.	COST
(14)	CAMBA HOUSING VENTURES INC	L	288,431.	COST
(15)	CAMBA HOUSING VENTURES INC	O	2,370,403.	COST
(16)	CAMBA HOUSING VENTURES INC	P	433,817.	COST
(17)	CAMBA HOUSING VENTURES INC	Q	909,355.	COST
(18)	CHV BUCKINGHAM HDFC	Q	51,819.	COST
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners 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

Provide additional information for responses to questions on Schedule R. See instructions.