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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2007 0712

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2007 calendar year, or tax year beginning, 2007, and ending

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: CABL CTAM - Greater Philadelphia. D Employer identification number: 54-1655725. E Telephone number: (215) 754-5868. F Group Exemption Number.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: X Cash Accrual Other (specify)

I Website: N/A

H Check X if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) - X 501(c) (6) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ \$ 44,857.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes sub-rows for 5a-5c, 6a-6c, 7a-7c. Total revenue: 10,271. Total expenses: 16,439. Net assets at end of year: 2,300.

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

Table with 7 rows for Balance Sheets. Columns: (A) Beginning of year, (B) End of year. Total assets: 2,300. Total liabilities: 0. Net assets: 2,300.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2007)

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Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? Industry related education, recognition and networking
 Describe what was achieved in carrying out the organization's exempt purposes in a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)

28	<u>Utilizing events and gatherings, members were educated and were able to interact with each other in an informal setting. Other communications served entire membership.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	16,439.
29	----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses Add lines 28a through 31a	32	16,439.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
<u>See List of Officers, Etc. Statement</u>				

Part V Other Information (Note the statement requirement in the instructions.)

	Yes	No
33 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		X
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions		0.
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved		X
39 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9		N/A
b Gross receipts, included on line 9, for public use of club facilities		N/A

Part V Other Information (Note the statement requirement in the instructions.) (Continued)

40 a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A; section 4912 ▶ N/A; section 4955 ▶ N/A

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A

d Enter amount of tax on line 40c reimbursed by the organization ▶ N/A

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

	Yes	No
40b	N/A	
40c		
40d		
40e		X

41 List the states with which a copy of this return is filed ▶ _____

42 a The books are in care of ▶ Robert E. Ellis Telephone no ▶ (215) 784-5868
 Located at ▶ 100 Gibraltar Road, Ste 200 Horsham PA ZIP + 4 ▶ 19044

b 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)?
 If 'Yes,' enter the name of the foreign country: ▶ _____

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S. ?
 If 'Yes,' enter the name of the foreign country: ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

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.

Please Sign Here

Signature of officer: [Signature] Date: 10/14/10
 Type or print name and title: Robert A. Ellis, Treasurer

Paid Preparer's Use Only

Preparer's signature: William J. Bachelor CPA Date: 10-9-10 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: BACHELER & COMPANY P.C.
400 S KINGS HWY
CHERRY HILL NJ 08034-2511 Preparer's SSN or PTIN (See General Instruction X): _____
 EIN: _____ Phone no: (856) 429-1835

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

Office supplies and expenses 2,518.Credit card fees 316.Computer and internet expense 659.Total 3,493.

Form 990-EZ, Page 2, Part IV

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Cheryl Tuverson 150 N. Radnor-Chester Rd. Radnor PA 19087	Co-Pres. 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Keith Walsh 309 W. 49th Street New York NY 10019	Co-Pres. 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Nani Shin-Wannemacher 235 East 45th St. New York NY 10017	Vice-Pres. 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Chris Halgas 323 New Albany Road Moorestown NJ 08057	Treas. 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Kevin McFeeley 205 E. Walnut St. Sellersville PA 18960	Secretary 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Linda Beauchamp 410 White Horse Road Voorhees NJ 08043	Director 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Bob Ellis 110 Gibraltar Road Horsham PA 19044	Director 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Cynthia Pawlowski 101 Tournament Dr. Horsham PA 19044	Director 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Ted Hodgins 200 Cresson Blvd. Oaks PA 19456	Director 0.00	0.	0.	0.

Form 990-EZ, Page 2, Part IV
List of Officers, Etc. Statement

Continued

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Laurie Silverman 100 Matsonford Road Radnor PA 19088	Director 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Debbie Brodsky 1500 Market Street Philadelphia PA 19102	Director 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Bill Stribrny 161 Washington St. Conshohocken PA 19428	Director 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Suzanne Altshuler 30 S. 15th Street Philadelphia PA 19102	Director 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Jody Andrean 1180 Ave. of the Americas New York NY 10036	Director 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Valerie Barkan 345 Hudson Street New York NY 10014	Director 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Johnny Brasell 1500 Market Street Philadelphia PA 19102	Director 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Oscar Ordaz, Jr. 1755 Broadway New York NY 10019	Director 0.00	0.	0.	0.

Form 990-EZ, Part I, Line 6

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Various gatherings	44,857.	0.	44,857.	34,586.	10,271.
Total	44,857.	0.	44,857.	34,586.	10,271.