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FILING RECEIPT VCP

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150

2008 0812

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

Open to Public Inspection

Form 990-EZ header section including: A For the 2008 calendar year, or tax year beginning 2008, and ending; B Check if applicable; C Name of organization CABL; D Employer identification number 54-1655725; E Telephone number (215) 754-5868; F Group Exemption Number; G Accounting method X Cash; H Check X if the organization is not required to attach Schedule B; I Website: N/A; J Organization type X 501(c) (6); K Check if the organization is not a section 509(a)(3) supporting organization; L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; \$ 48,567.

Table with 21 rows for Part I: Revenue, Expenses, and Changes in Net Assets or Fund Balances. Columns include line number, description, and amount. Total revenue is 21,658. Total expenses is 18,619. Net assets at end of year is 5,339.

Table for Part II: Balance Sheets. Columns include (A) Beginning of year and (B) End of year. Rows include Cash, savings, and investments (2,300 to 5,339); Land and buildings (0 to 0); Other assets (0 to 0); Total assets (2,300 to 5,339); Total liabilities (0 to 0); Net assets or fund balances (2,300 to 5,339).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. Form 990-EZ (2008)

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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? <u>Industry related education, recognition and networking</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
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			
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	18,619.
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	<b>Total program service expenses</b> (add lines 28a through 31a)	32	18,619.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs )				
(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>Cheryl Tuverson</u> <u>150 N. Radnor-Chester Rd.</u> <u>Radnor PA19087</u>	Director 0.00	0.	0.	0.
<u>Keith Walsh</u> <u>309 W. 49th Street</u> <u>New York NY10019</u>	Co-Pres. 0.00	0.	0.	0.
<u>Nani Shin-Wannemacher</u> <u>235 East 45th St.</u> <u>New York NY10017</u>	Co-Pres. 0.00	0.	0.	0.
<u>Chris Halgas</u> <u>323 New Albany Road</u> <u>Moorestown NJ08057</u>	Treas. 0.00	0.	0.	0.
<u>Kevin McFeeley</u> <u>205 E. Walnut St.</u> <u>Sellersville PA18960</u>	Vice-Pres. 0.00	0.	0.	0.
<u>Linda Beauchamp</u> <u>410 White Horse Road</u> <u>Voorhees NJ08043</u>	Director 0.00	0.	0.	0.
<u>Bob Ellis</u> <u>110 Gibraltar Road</u> <u>Horsham PA19044</u>	Director 0.00	0.	0.	0.
<u>Cynthia Pawlowski</u> <u>101 Tournament Dr.</u> <u>Horsham PA19044</u>	Secretary 0.00	0.	0.	0.
<u>Ted Hodgins</u> <u>200 Cresson Blvd.</u> <u>Oaks PA19456</u>	Director 0.00	0.	0.	0.
<u>Laurie Silverman</u> <u>100 Matsonford Road</u> <u>Radnor PA19088</u>	Director 0.00	0.	0.	0.
<u>Debbie Brodsky</u> <u>1500 Market Street</u> <u>Philadelphia PA19102</u>	Director 0.00	0.	0.	0.
<u>See List of Officers, Directors, Trustees, &amp; Key Employees Stmt</u>				

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		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, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float:right">▶ 37a   0.</span>		
37b	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
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. <span style="float:right">38b  </span>		
39	501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9. <span style="float:right">39a  </span>		
39b	b Gross receipts, included on line 9, for public use of club facilities. <span style="float:right">39b  </span>		
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____, section 4955 ▶ _____.		
40b	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,' complete Schedule L, Part I.		
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. <span style="float:right">▶ _____</span>		
40d	d Enter amount of tax on line 40c reimbursed by the organization. <span style="float:right">▶ _____</span>		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
41	List the states with which a copy of this return is filed ▶ _____		

42a 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

		Yes	No
42b	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: ▶ _____		X
42c	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: ▶ _____		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

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 |

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 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	46	
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If 'Yes,' was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
-----		
-----		
-----		
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-----		
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-----		
Total number of other independent contractors receiving over \$100,000		

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: *Robert A. Ellis*  
 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: *10/09/10*  
 Check if self-employed:   
 Preparer's Identifying Number (See instructions):  
 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*  
 EIN:  
 Phone no: *(856) 429-1835*

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No  
 BAA Form 990-EZ (2008)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

Employer identification number

CTAM - Greater Philadelphia

54-1655725

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

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

- Mail solicitations
Email solicitations
Phone solicitations
In-person solicitations

- Solicitation of non-government grants
Solicitation of government grants
Special fundraising events

2a Did the organization have 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990EZ filers are not required to complete this table.

Table with 6 columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (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.

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

Series of dashed lines for listing states.

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		(event type)	(event type)	NONE (total number)	(Add col (a) through col (c))
REVENUE	1	Gross receipts			
	2	Less: Charitable contributions			
	3	Gross revenue (line 1 minus line 2)			
DIRECT EXPENSES	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses			
	8	Direct expense summary. Add lines 4- through 7 in column (d)			
9	Net income summary. Combine lines 3 and 8 in column (d)				

**Part III Gaming.** Complete if the organization answered 'Yes' to 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			
	2	Cash prizes			
EXPENSES	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities. \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? ..

b If 'No,' Explain:

-----

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain:

-----

11 Does the organization operate gaming activities with nonmembers?

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
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in

**a** The organization's facility

**13a** %

**b** An outside facility

**13b** %

**14** Provide 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 contact with a third party from whom the organization receives gaming revenue?

**15a** 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:

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?

**17a** YES NO

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



Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)

Office supplies and expenses	2,382.
Credit card fees	72.
Computer and internet expense	357.
Advertising and promotion	5,305.
Dues and subscriptions	2,500.
Donations	2,927.
<b>Total</b>	<b>13,543.</b>

Form 990-EZ, Page 2, Part IV

**List of Officers, Directors, Trustees, & Key Employees Stmt**

(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"/> Jason Kutz 401 Whitehorse Road Voorhees NJ 08043 Foreign city _____ Foreign country _____	Title Director Hours/Week 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Suzanne Altshuler 30 S. 15th Street Philadelphia PA 19102 Foreign city _____ Foreign country _____	Title Director Hours/Week 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Lindsay Mather One Discovery Place Silver Springs MD 20910 Foreign city _____ Foreign country _____	Title Director Hours/Week 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Valerie Marshall 345 Hudson Street New York NY 10014 Foreign city _____ Foreign country _____	Title Director Hours/Week 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Regina Breslin 1500 Broadway New York NY 10036 Foreign city _____ Foreign country _____	Title Director Hours/Week 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Oscar Ordaz, Jr. 1755 Broadway New York NY 10019 Foreign city _____ Foreign country _____	Title Director Hours/Week 0.00	0.	0.	0.

Form 990-EZ, Page 2, Part IV

Continued

**List of Officers, Directors, Trustees, & Key Employees Stmt**

(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"/> <b>Terry Maloney</b> 4646 Umbria Street Philadelphia PA 19127 Foreign city _____ Foreign country _____	Title <b>Director</b> Hours/Week 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>Dee Coughlin</b> One Comcast Center Philadelphia PA 19103 Foreign city _____ Foreign country _____	Title <b>Director</b> Hours/Week 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>Nicole Gruenbaum</b> 75 9th Avenue New York NY 10011 Foreign city _____ Foreign country _____	Title <b>Director</b> Hours/Week 0.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>Christopher Ozminkowski</b> 121 West 27th Street New York NY 10001 Foreign city _____ Foreign country _____	Title <b>Director</b> Hours/Week 0.00	0.	0.	0.