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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2009 09/12

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ 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 \$500,000 and total assets less than \$1,250,000 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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, 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
Number and street (or P O box, if mail is not delivered to street address) Room/suite
110 Gibraltar Road 200
City or town, state or country, and ZIP + 4
Horsham PA 19044

D Employer identification number
54-1655725

E Telephone number
(215) 784-5868

F Group Exemption Number ▶

G Accounting method. Cash Accrual
Other (specify) ▶

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

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c) (6) (insert no.) 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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 49,974.

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

1	Contributions, gifts, grants, and similar amounts received		1	
2	Program service revenue including government fees and contracts		2	
3	Membership dues and assessments		3	
4	Investment income		4	
5a	Gross amount from sale of assets other than inventory		5a	
5b	Less: cost or other basis and sales expenses		5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		6	
6a	Gross revenue (not including \$ <u>0.</u> of contributions reported on line 1)	<u>49,962.</u>	6a	
6b	Less: direct expenses other than fundraising expenses	<u>26,393.</u>	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	<u>23,569.</u>
7a	Gross sales of inventory, less returns and allowances		7a	
7b	Less: cost of goods sold		7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
8	Other revenue (describe ▶ <u>Interest income</u>)		8	<u>12.</u>
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	<u>23,581.</u>
10	Grants and similar amounts paid (attach schedule)		10	
11	Benefits paid to or for members		11	
12	Salaries, other compensation, and employee benefits		12	
13	Professional fees and other payments to independent contractors		13	
14	Occupancy, rent, utilities, and maintenance		14	
15	Printing, publications, postage, and shipping		15	
16	Other expenses (describe ▶ <u>See Other Expenses Statement</u>)		16	<u>2,287.</u>
17	Total expenses. Add lines 10 through 16		17	<u>2,287.</u>
18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	<u>21,294.</u>
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	<u>5,339.</u>
20	Other changes in net assets or fund balances (attach explanation)		20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	<u>26,633.</u>

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	<u>5,339.</u>	<u>26,633.</u>
23	Land and buildings	<u>0.</u>	<u>0.</u>
24	Other assets (describe ▶ _____)	<u>0.</u>	<u>0.</u>
25	Total assets	<u>5,339.</u>	<u>26,633.</u>
26	Total liabilities (describe ▶ _____)	<u>0.</u>	<u>0.</u>
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u>5,339.</u>	<u>26,633.</u>

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2009)

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

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

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

28	<u>Utilizing events and gatherings, members were educated and were able to interact with each in an informal setting. Other communications served entire membership.</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	28,680.
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) <input type="checkbox"/>	32	28,680.

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>Chris Halgas</u> <u>301 Commerce Drive</u> <u>Moorestown NJ 08057</u>	Co-Pres. 1.00	0.	0.	0.
<u>Kevin McFeeley</u> <u>355 Hannaford Drive</u> <u>Roswell GA 30075</u>	Vice-Pres. 1.00	0.	0.	0.
<u>Jason Kutz</u> <u>4008 N. Dupont Highway</u> <u>New Castle DE 19720</u>	Secretary 1.00	0.	0.	0.
<u>Alan McCandless</u> <u>30 South 15th Street</u> <u>Philadelphia PA 19102</u>	Director 0.50	0.	0.	0.
<u>Robert Ellis</u> <u>110 Gibraltar Rd, Ste 200</u> <u>Horsham PA 19044</u>	Treas. 1.00	0.	0.	0.
<u>Nani Shin-Wannemacher</u> <u>235 East 45th St</u> <u>New York NY 10017</u>	Co-Pres. 1.00	0.	0.	0.
<u>Linda Beauchamp</u> <u>410 White Horse Road</u> <u>Voorhees NJ 19102</u>	Director 0.50	0.	0.	0.
<u>Regina Breslin</u> <u>1500 Broadway, 32nd Fl</u> <u>New York NY 10036</u>	Director 0.50	0.	0.	0.
<u>Debbie Brodsky</u> <u>1701 JFK Blvd.</u> <u>Philadelphia PA 19103</u>	Director 0.50	0.	0.	0.
<u>Ted Hodgins</u> <u>1701 JFK Blvd.</u> <u>Philadelphia PA 19103</u>	Director 0.50	0.	0.	0.
<u>Keith Walsh</u> <u>309 West 49th Street</u> <u>New York NY 10019</u>	Immed Past Pres 0.50	0.	0.	0.
<u>See List of Officers, Directors, Trustees, & Key Employees Stmt</u>				

Part V Other Information (Note the statement requirements in the instrs for Part 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? 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 why the organization did not report the income on Form 990-T.		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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	0.	
37b	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 outstanding at the end of the period covered by this return?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911; section 4912; section 4955		
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		
40c	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
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 organization's books are in care of Robert E. Ellis Telephone no. (215) 784-5868
 Located at 110 Gibraltar Road, Ste 200 Horsham PA ZIP + 4 19044

		Yes	No
42b	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	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. 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

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 and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If 'Yes,' was the related organization a section 527 organization?		

50 Complete this table for the organization's 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
None				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's 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
None		

d Total number of other independent contractors each 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 Date

▶ *Robert A. Ellis* 10/14/10

Signature of officer Date

▶ Robert A. Ellis, Treasurer

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ *William J. Bachelor CPA* Date 10/09/10

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

Check if self-employed Preparer's Identifying Number (See instructions)

EIN ▶ Phone no ▶ (856) 429-1835

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

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.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		Various gatherings (event type)	(event type)	(total number)	(Add col. (a) through col. (c))	
1	Gross receipts	49,962.			49,962.	
2	Less Charitable contributions					
3	Gross income (line 1 minus line 2)	49,962.			49,962.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	26,393.		26,393.	
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary Add lines 4- through 9 in column (d)				26,393.
	11	Net income summary. Combine lines 3, column (d) and line 10				23,569.

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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming	
		(Add col. (a) through col. (c))				
1	Gross revenue					
DIRECT EXPENSES	2	Cash prizes				
	3	Non-cash 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 Combine lines 1, column (d) and line 7				

	YES	NO
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?	9a	
b If 'No,' explain: -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If 'Yes,' explain: -----		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

13 Indicate the percentage of gaming activity operated 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 contact with a third party from whom the organization receives gaming revenue?

15a

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?

17a

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: ▶ \$ _____

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

Advertising and promotion	170.
Office expenses	297.
Computer and internet expenses	1,190.
Newsletter	630.
Total	2,287.

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"/> Valerie Marshall 163-46 20th Ave. Whitestone NY 11357 Foreign city _____ Foreign country _____	Title Director Hours/Week 0.50	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Lindsay Mather One Discovery Place Silver Spring MD 20910 Foreign city _____ Foreign country _____	Title Director Hours/Week 0.50	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Heidi Newman 900 Sylvan Ave. Englewood Cliffs NJ 07632 Foreign city _____ Foreign country _____	Title Director Hours/Week 0.50	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Oscar Ordaz, Jr. 605 Third Ave. 12th Fl New York NY 10158 Foreign city _____ Foreign country _____	Title Director Hours/Week 0.50	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Christopher Ozminkowski 121 W. 27th Street, Ste 1004 New York NY 10001 Foreign city _____ Foreign country _____	Title Director Hours/Week 0.50	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Cynthia Pawlowski 101 Tournament Dr. Horsham PA 19044 Foreign city _____ Foreign country _____	Title Director Hours/Week 0.50	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"/> Mark Romano P.O. Box 285 Rocky Hill NJ 08553 Foreign city _____ Foreign country _____	Title Director Hours/Week 0.50	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Laurie Silverman 100 Matsonford Road Radnor PA 19088 Foreign city _____ Foreign country _____	Title Director Hours/Week 0.50	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Cheryl Tuverson 150 N. Radnor-Chester Rd Radnor PA 19087 Foreign city _____ Foreign country _____	Title Director Hours/Week 0.05	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Dee Coughlin 1701 JFK Blvd. Philadelphia PA 19103 Foreign city _____ Foreign country _____	Title Director Hours/Week 0.50	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Terry Maloney 4646 Umbria Street Philadelphia PA 19127 Foreign city _____ Foreign country _____	Title Director Hours/Week 0.50	0.	0.	0.