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## 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

2009

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 \$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

<b>A For the 2009 calendar year, or tax year beginning</b>		<b>Jul 1</b>	<b>, 2009, and ending</b>	<b>Jun 30</b>	<b>, 2010</b>
<b>B Check if applicable</b>		<b>C Name of organization</b>			<b>D Employer identification number</b>
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	CB CARES			23-3084670
<input type="checkbox"/> Initial return	<input type="checkbox"/> Termination	Number and street (or P O box, if mail is not delivered to street address)		Room/suite	<b>E Telephone number</b>
<input type="checkbox"/> Amended return	<input type="checkbox"/> Application pending	252 W. SWAMP RD		5	(215) 489-9120
City or town, state or country, and ZIP + 4 DOYLESTOWN PA 18901					
<b>F Group Exemption Number</b>					
<p>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p> <p><b>G Accounting method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►</p>					
<p><b>I Website:</b> ► <a href="http://www.cb-cares.org">www.cb-cares.org</a></p> <p><b>J Tax-exempt status (check only one)</b> — <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p> <p><b>K Check</b> ► <input type="checkbox"/> <b>if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).</b></p> <p><b>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</b></p>					
► \$ <b>169,618.</b>					

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I.)						
<b>REVENUE</b> <b>1 Contributions, gifts, grants, and similar amounts received</b> <b>2 Program service revenue including government fees and contracts</b> <b>3 Membership dues and assessments</b> <b>4 Investment income</b> <b>5a Gross amount from sale of assets other than inventory</b> <b>b Less cost or other basis and sales expenses</b> <b>c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</b> <b>6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here</b> ► <input type="checkbox"/> <b>a Gross revenue (not including \$ _____ of contributions reported on line 1)</b> <b>b Less direct expenses other than fundraising expenses</b> <b>c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)</b> <b>7a Gross sales of inventory, less returns and allowances</b> <b>b Less cost of goods sold</b> <b>c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</b> <b>8 Other revenue (describe ► _____)</b> <b>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8</b>	<b>1</b>	<b>132,547.</b>				
		<b>2</b>	<b>603.</b>			
		<b>3</b>				
		<b>4</b>	<b>197.</b>			
		<b>5a</b>				
		<b>5b</b>				
		<b>5c</b>				
		<b>6a</b>	<b>36,271.</b>			
		<b>6b</b>	<b>5,354.</b>			
		<b>6c</b>	<b>30,917.</b>			
		<b>7a</b>				
		<b>7b</b>				
		<b>7c</b>				
		<b>8</b>				
		<b>9</b>	<b>164,264.</b>			
		<b>10</b>				
		<b>11</b>				
	<b>12</b>					
<b>EXPENSES</b> <b>10 Grants and similar amounts paid (attach schedule)</b> <b>11 Benefits paid to or for members</b> <b>12 Salaries, other compensation, and employee benefits</b> <b>13 Professional fees and other payments to independent contractors</b> <b>14 Occupancy, rent, utilities, and maintenance</b> <b>15 Printing, publications, postage, and shipping</b> <b>16 Other expenses (describe ► See Other Expenses Statement)</b> <b>17 Total expenses. Add lines 10 through 16</b>	<b>10</b>					
	<b>11</b>					
	<b>12</b>					
	<b>13</b>	<b>3,750.</b>				
	<b>14</b>	<b>17,341.</b>				
	<b>15</b>	<b>7,964.</b>				
	<b>16</b>	<b>163,446.</b>				
	<b>17</b>	<b>192,501.</b>				
	<b>18</b>	<b>-28,237.</b>				
	<b>19</b>	<b>112,689.</b>				
<b>20</b>						
<b>21</b>	<b>84,452.</b>					

<b>Part II Balance Sheets.</b> If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.)						
<b>ASSETS</b> <b>22 Cash, savings, and investments</b> <b>23 Land and buildings</b> <b>24 Other assets (describe ► See L-24 Stmt)</b> <b>25 Total assets</b> <b>26 Total liabilities (describe ► See L-26 Stmt)</b> <b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	<b>(A) Beginning of year</b>	<b>(B) End of year</b>				
	<b>114,178.</b>	<b>22</b>	<b>91,763.</b>			
	<b>2,505.</b>	<b>23</b>	<b>1,668.</b>			
	<b>8,248.</b>	<b>24</b>	<b>6,480.</b>			
	<b>124,931.</b>	<b>25</b>	<b>99,911.</b>			
	<b>12,242.</b>	<b>26</b>	<b>15,459.</b>			
	<b>112,689.</b>	<b>27</b>	<b>84,452.</b>			

og9 8

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

WORK WITH COMMUNITY TO IMPROVE QUALITY OF LIFE IN CENTRAL BUCKS

What is the organization's primary exempt purpose? 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 section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others)

28 SEE ATTACHMENT

(Grants \$ 0 . ) If this amount includes foreign grants, check here ►  28a 147,169.

29

(Grants \$  ) If this amount includes foreign grants, check here  **29a**

30

(Grants \$  ) If this amount includes foreign grants, check here  30a

**31 Other program services (attach schedule)**

(Grants \$ ) If this amount includes foreign grants, check here □ 31a

**32 Total program service expenses (add lines 28a through 31a)**

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

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

## Part V | Other Information (Note the statement requirements in the instrs for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity  
 34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes  
 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

a 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?  
 b 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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** | 0.  
 b Did the organization file **Form 1120-POL** for this year?

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?

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations Enter:

a Initiation fees and capital contributions included on line 9

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 ► \_\_\_\_\_

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

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

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

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

41 List the states with which a copy of this return is filed ► **Pennsylvania**

42a The organization's books are in care of ► **CB CARES** Telephone no ► **(215) 489-9120**  
 Located at ► **252 W. SWAMP RD, U5 BAILIWICK, DOYLESTOWN, PA ZIP + 4 18901**

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
<b>42b</b>	X

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

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: ► \_\_\_\_\_

Yes	No
<b>42c</b>	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
<b>44</b>	X

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

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

Yes	No
<b>45</b>	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.

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

	Yes	No
46	X	
47	X	
48	X	
49a	X	
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

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

► *Cynthia Bergall*  
Signature of officer  
► *Cynthia R Bergall*  
Type or print name and title

► 4/18/11  
Date

Paid Preparer's Use Only

Preparer's signature	► <i>Thomas M. Newman, CPA</i>	Date	4/13/11	Check if self-employed	<input type="checkbox"/>	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	Burton & Browne LLP, CPAs ► 252 W. Swamp Road, #9 Bailywick Doylestown	PA	18901	EIN	<input type="checkbox"/>	Phone no ► (215) 345-6272

May the IRS discuss this return with the preparer shown above? See instructions

BAA

►  Yes  No

Form 990-EZ (2009)

**SCHEDULE A**  
(Form 990 or 990-EZ)

## 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.**

OMB No 1545-0047

2009

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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**Name of the organization**

**Employer identification number**

23-3084670

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.  
2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )  
3  A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:  
5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )  
6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )  
8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II )  
9  An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III.)  
10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)** See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
a  Type I                    b  Type II                    c  Type III – Functionally integrated                    d  Type III – Other  
e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.  
f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box   
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h. Provide the following information about the supported organizations

**Total**

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

**Schedule A (Form 990 or 990-EZ) 2009**

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 <b>Total.</b> Add lines 1-through 3						
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 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 IV)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)						12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► **Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a <b>33-1/3 support test – 2009.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b <b>33-1/3 support test – 2008.</b> 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	►	<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test – 2009</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b <b>10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	►	<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')	236,434.	234,246.	219,034.	172,718.	132,547.	994,979.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose			824.	270.	603.	1,697.
3 Gross receipts from activities that are not an unrelated trade or business under section 513			43,633.	44,265.	36,271.	124,169.
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 <b>Total.</b> Add lines 1 through 5	<b>236,434.</b>	<b>234,246.</b>	<b>263,491.</b>	<b>217,253.</b>	<b>169,421.</b>	<b>1,120,845.</b>
7a Amounts included on lines 1, 2, 3 received from disqualified persons		7,250.				7,250.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b		7,250.				7,250.
<b>8 Public support</b> (Subtract line 7c from line 6)						<b>1,113,595.</b>

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	236,434.	234,246.	263,491.	217,253.	169,421.	1,120,845.
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	408.	941.	936.	266.	197.	2,748.
c Add lines 10a and 10b	408.	941.	936.	266.	197.	2,748.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add lines 9, 10c, 11, and 12)						<b>1,123,593.</b>
<b>14 First five years.</b> 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						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.11 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.26 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.24 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.22 %
19a <b>33-1/3 support tests – 2009.</b> 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		► <input checked="" type="checkbox"/>
b <b>33-1/3 support tests – 2008.</b> If the organization did not check a box on line 14 or 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		► <input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		► <input type="checkbox"/>

## Part IV

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.



**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 GALA (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col (c))
	1 Gross receipts	36,271.			36,271.
	2 Less. Charitable contributions				
	3 Gross income (line 1 minus line 2)	36,271.			36,271.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	2,200.			2,200.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	3,154.			3,154.
	10 Direct expense summary Add lines 4- through 9 in column (d)				5,354.
	11 Net income summary Combine lines 3, column (d) and line 10				30,917.

**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	<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, column (d) and line 7				

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

YES	NO
9a	

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

b If 'No,' explain

10a	

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

b If 'Yes,' explain

11	

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?

12	

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

- a** The organization's facility
- b** An outside facility

	YES	NO
13a	%	
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?

- 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: ► \$ \_\_\_\_\_

Name as Shown on Return	Employer Identification No.	
CB CARES	23-3084670	
Line 24 - Other Assets:	Beginning of Year	End of Year
Accounts Receivable, Net	650.	5,000.
Pledges & Grants Receivable, Net	6,523.	0.
Prepaid Expenses and Deferred Charges	1,075.	1,480.
<b>Totals to Form 990-EZ, Part II, line 24</b>	<b>8,248.</b>	<b>6,480.</b>
Line 26 - Total Liabilities:	Beginning of Year	End of Year
Accounts Payable & Accrued Expenses	12,242.	15,459.
<b>Totals to Form 990-EZ, Part II, line 26</b>	<b>12,242.</b>	<b>15,459.</b>

## Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)	
Contract Labor	1,260.
Insurance	1,887.
Leased Services	136,877.
Licenses & Fees	5,428.
Miscellaneous	142.
Office Supplies & Expense	5,277.
Travel & Meetings	1,686.
School Activities	6,871.
Community Activities	1,077.
Family Activities	1,912.
Individual Activities	191.
Depreciation	838.
Total	<u>163,446.</u>

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization <b>CB CARES</b>	Employer identification number <b>23-3084670</b>
	Number, street, and room or suite number. If a P.O. box, see instructions <b>252 W. SWAMP RD, #5</b>	For IRS use only
	File by the extended due date for filing the return. See instructions <b>DOYLESTOWN PA 18901</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

**Check type of return to be filed** (File a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of ► **CB CARES** Telephone No. ► **(215) 489-9120** FAX No. ► **(215) 489-9166**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ►  . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **May 16**, 20 **11**.
- 5 For calendar year **2009**, or other tax year beginning **Jul 1**, 20 **09**, and ending **Jun 30**, 20 **10**.
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension . **ADDITIONAL TIME NEEDED TO GATHER INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$ <b>0.</b>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$ <b>0.</b>
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	8c \$ <b>0.</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► Eugene L. Whart, CPA

Title ►

Date ► **2/14/11**