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Short Form  
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public  
Inspection

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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

A For the 2010 calendar year, or tax year beginning <b>Jul 1</b> , 2010, and ending <b>Jun 30</b> , 2011																			
<b>B</b> Check if applicable <table border="1" style="display: inline-table; vertical-align: top;"> <tr><td>Address change</td><td><b>C</b> Name of organization <b>CB CARES</b></td><td><b>D</b> Employer identification number <b>23-3084670</b></td></tr> <tr><td>Name change</td><td>Number and street (or P O box, if mail is not delivered to street address) <b>252 W. SWAMP RD</b></td><td>Room/suite <b>5</b></td></tr> <tr><td>Initial return</td><td></td><td>Telephone number <b>(215) 489-9120</b></td></tr> <tr><td>Terminated</td><td>City or town, state or country, and ZIP + 4 <b>DOYLESTOWN PA 18901</b></td><td></td></tr> <tr><td>Amended return</td><td></td><td><b>F</b> Group Exemption Number</td></tr> <tr><td>Application pending</td><td></td><td></td></tr> </table>		Address change	<b>C</b> Name of organization <b>CB CARES</b>	<b>D</b> Employer identification number <b>23-3084670</b>	Name change	Number and street (or P O box, if mail is not delivered to street address) <b>252 W. SWAMP RD</b>	Room/suite <b>5</b>	Initial return		Telephone number <b>(215) 489-9120</b>	Terminated	City or town, state or country, and ZIP + 4 <b>DOYLESTOWN PA 18901</b>		Amended return		<b>F</b> Group Exemption Number	Application pending		
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Application pending																			
<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ► _____ <b>H</b> Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)																			
<b>I</b> Website: ► <a href="http://www.cb-cares.org">www.cb-cares.org</a>																			
<b>J</b> Tax-exempt status (ck only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																			
<b>K</b> Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return																			
<b>L</b> Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ <b>143,947.</b>																			
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>																			
REVENUE 2012 MAR 02 SCANNED EXPENSES NET ASSETS	1 Contributions, gifts, grants, and similar amounts received	1	107,582.																
	2 Program service revenue including government fees and contracts	2	250.																
	3 Membership dues and assessments	3																	
	4 Investment income	4	115.																
	5a Gross amount from sale of assets other than inventory	5a																	
	b Less: cost or other basis and sales expenses	5b																	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c																	
	6 Gaming and fundraising events	6a																	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	36,000.																
	b Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	6,383.																
	c Less: direct expenses from gaming and fundraising events	6d	29,617.																
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7a																	
	7a Gross sales of inventory, less returns and allowances	7b																	
	b Less: cost of goods sold	7c																	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8																	
	8 Other revenue (describe in Schedule O)	9	137,564.																
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10																	
	10 Grants and similar amounts paid (list in Schedule O)	11																	
	11 Benefits paid to or for members	12																	
	12 Salaries, other compensation, and employee benefits	13	5,979.																
13 Professional fees and other payments to independent contractors	14																		
14 Occupancy, rent, utilities, and maintenance	15	12,514.																	
15 Printing, publications, postage, and shipping	16	152,378.																	
16 Other expenses (describe in Schedule O)	17	170,871.																	
17 Total expenses. Add lines 10 through 16	18	-33,307.																	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	84,452.																	
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)	20																		
20 Other changes in net assets or fund balances (explain in Schedule O)	21	51,145.																	
21 Net assets or fund balances at end of year Combine lines 18 through 20																			

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

Form 990-EZ (2010)

a  
b

**Part II. Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II 

22 Cash, savings, and investments  
 23 Land and buildings  
 24 Other assets (describe in Schedule O) See L-24 Stmt  
 25 **Total assets**  
 26 **Total liabilities** (describe in Schedule O) See L-26 Stmt  
 27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)

(A) Beginning of year	(B) End of year
91,763.	22 67,418.
1,668.	23 1,512.
6,480.	24 7,340.
99,911.	25 76,270.
15,459.	26 25,125.
84,452.	27 51,145.

**Part III. Statement of Program Service Accomplishments** (see the instrs for Part III.)Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose? WORK WITH COMMUNITY TO IMPROVE QUALITY OF LIFE IN CENTRAL BUCKS  
 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, and other relevant information for each program title

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

28 SEE ATTACHMENT

(Grants \$ 0.) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a	136,966.
(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a	
(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a	
(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a	
<b>32 Total program service expenses</b> (add lines 28a through 31a)		32	136,966.

**Part IV. List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV 

(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
DR. LAWRENCE BOZZOMO 3 CORNERSTONE CT DOYLESTOWN PA 18901	PRESIDENT 1.00	0.	0.	0.
BARBARA LYONS ESQ 220 FARM LANE DOYLESTOWN PA 18901	VICE PRESIDENT 1.00	0.	0.	0.
CINDY BERGVALL 936 EASTON RD WARRINGTON PA 18976	TREASURER 1.00	0.	0.	0.
BARB HEBEL 595 W. STATE ST DOYLESTOWN, PA 18901	SECRETARY 1.00	0.	0.	0.
KIMBERLY CAMBRA 252 W. SWAMP RD ST 5 DOYLESTOWN, PA 18901	EXEC. DIRECTOR 40.00	52,341.	0.	0.
Dale Scarfuro 16 Weldon Dr Doylestown PA 18901	Director 0.25	0.	0.	0.
John Warren Red Fox Farm PO Box 446 Solebury PA 18963	Director 0.25	0.	0.	0.
Diane Boerner 406 Appian Way Doylestown PA 18901	Director 0.25	0.	0.	0.
Jody Canavan 95 W Court St Doylestown PA 18901	Director 0.25	0.	0.	0.
<u>See List of Officers, Directors, Trustees, &amp; Key Employees Stmt</u>				

**Part V. Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V 

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O

34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)?

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 tax year covered by this return?

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved **38b**

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9 **39a**

b Gross receipts, included on line 9, for public use of club facilities **39b**

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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I **40b**

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 ► **40c**

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

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 **40e**

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: ► **42b**

Yes	No
<b>42b</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>

**42c**

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: ► **42c**

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**

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

b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44b**

c Did the organization receive any payments for indoor tanning services during the year? **44c**

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O **44d**

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
45	X	
45a	X	
46	X	

a 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

**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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

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

	Yes	No
47	X	
48	X	
49a	X	
49b		

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 ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

►  Yes  No

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	► <i>Cynthia Bergvall</i>		Date
	Signature of officer		2/8/12
	► <i>Cynthia R Bergvall Treasurer</i>		
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Thomas M. Newman CPA	<i>Thomas M. Newman, CPA</i>	2/8/12
	Firm's name ► Burton & Browse LLP, CPAs		
Firm's address ► 252 W. Swamp Road, #9 Ballywick Doylestown PA 18901		Firm's EIN ►	
		Phone no (215) 345-6272	

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

►  Yes  No

BAA

Form 990-EZ (2010)

2010

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990-EZ)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. ► See separate instructions.

Name of the organization

CB CARES

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 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 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
11g (i)		
11g (ii)		
11g (iii)		

**h** Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2010

**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 by a governmental unit to the organization without charge						
<b>4 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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.)						
<b>11 Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)						<b>12</b>
<b>13 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 <b>stop here</b>						<input type="checkbox"/>

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33-1/3% support test – 2010.</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 <b>stop here</b> . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	<input type="checkbox"/>
<b>b 33-1/3% support test – 2009.</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 <b>stop here</b> . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test – 2010.</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 <b>stop here</b> . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test – 2009.</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 <b>stop here</b> . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	<input type="checkbox"/>
<b>18 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"/>	<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 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 yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')	234,246.	219,034.	172,718.	132,547.	107,582.	866,127.
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		824.	270.	603.	250.	1,947.
3 Gross receipts from activities that are not an unrelated trade or business under section 513		43,633.	44,265.	36,271.	36,000.	160,169.
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	234,246.	263,491.	217,253.	169,421.	143,832.	1,028,243.
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 <b>Public support.</b> (Subtract line 7c from line 6) . . . . .						1,028,243.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	234,246.	263,491.	217,253.	169,421.	143,832.	1,028,243.
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	941.	936.	266.	197.	115.	2,455.
c Add lines 10a and 10b	941.	936.	266.	197.	115.	2,455.
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 )						
13 <b>Total support.</b> (Add lns 9, 10c, 11, and 12c)						1,030,698.

14 **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**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	99.76 %
16 Public support percentage from 2009 Schedule A, Part III, line 15 . . .	16	99.11 %

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

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0.24 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17 . . .	18	0.24 %
19a <b>33-1/3% support tests – 2010.</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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b <b>33-1/3% support tests – 2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 <b>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. Also complete this part for any additional information. (See instructions).

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 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. ► See separate instructions.

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

**Employer identification number**

23-3084670

Fun

**Part 11** Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of

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

**2a** 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 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

(i) Name and address 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 column (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No		
2					
3					
4					
5					
6					
7					
8					
9					
10					
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' to 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 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 column (a) through column (c))
	1 Gross receipts	31,635.			31,635.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	31,635.			31,635.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	2,300.			2,300.
	7 Food and beverages	1,042.			1,042.
	8 Entertainment				
	9 Other direct expenses	3,035.			3,035.
	10 Direct expense summary Add lines 4- through 9 in column (d)				6,377.
	11 Net income summary Combine line 3, column (d), and line 10				25,258.

**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 column (a) through column (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 \_\_\_\_\_

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

b If 'No,' explain: \_\_\_\_\_

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

b If 'Yes,' explain: \_\_\_\_\_

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11 Does the organization operate 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 operated in:

a The organization's facility

b An outside facility

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?  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.** Complete this part to 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 complete this part to provide any additional information (see instructions).

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**SCHEDULE O.**  
(Form 990 or 990-EZ)

## **Supplemental Information to Form 990 or 990-EZ**

OMB No 1545 0047

2010

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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**Name of the organization**

**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 990-EZ.**

Employer Identification number  
23-3084670

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 16 Other Expenses**

Other expenses (describe in Schedule O)

Insurance	3,237.
Leased Services	137,821.
Miscellaneous	564.
Office Supplies & Expense	698.
Travel & Meetings	690.
Depreciation	610.
Advertising	1,085.
Program expenses	6,015.
Program supplies	1,000.
Telephone	343.
Membership dues	315.
 Total	 <u>152,378.</u>

Form 990-EZ, Page 2, Part IV

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

Name and address	Title and average hours per week devoted to position	Compensation (if not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Stephen Cashman 4150 Durham Rd Doylestown PA 18901	Title Director Hours/Week 0.25	0.	0.	0.
Foreign city Foreign country Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Phillip Ehlinger 57 W Court Street Doylestown PA 18901	0.25	0.	0.	0.
Foreign city Foreign country Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> David Emery 1980 S Easton Rd Suite 150 Doylestown PA 18901	0.25	0.	0.	0.
Foreign city Foreign country Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Beverly Haberle 252 W Swamp Rd Doylestown PA 18901	0.25	0.	0.	0.
Foreign city Foreign country Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Naline Lai 4870 Old York Rd Buckingham PA 18938	0.25	0.	0.	0.
Foreign city Foreign country	0.25	0.	0.	0.

Form 990-EZ, Page 2, Part IV

Continued

## List of Officers, Directors, Trustees, &amp; Key Employees Stmt

Name and address	Title and average hours per week devoted to position	Compensa-tion (if not paid, enter -0-)	Contribu-tions to employee benefit plans and deferred compensation	Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Ro Molyneux 2500 Lower St Rd Doylestown PA 18901	Title Director Hours/Week 0.25	0.	0.	0.
Foreign city _____ Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Joan Parlee 75 Foxcroft Dr Doylestown PA 18901	Title Director Hours/Week 0.25	0.	0.	0.
Foreign city _____ Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Linda Plank 595 West State St Doylestown PA 18901	Title Director Hours/Week 0.25	0.	0.	0.
Foreign city _____ Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Marlene Pray PO Box 263 Doylestown PA 18901	Title Director Hours/Week 0.25	0.	0.	0.
Foreign city _____ Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Lisa Pretecrum 255 W Court St Doylestown PA 18901	Title Director Hours/Week 0.25	0.	0.	0.
Foreign city _____ Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Marguerite Quinnn 1032 N Easton Rd Doylestown PA 18901	Title Director Hours/Week 0.25	0.	0.	0.
Foreign city _____ Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Richard Reif 595 West State St Doylestown PA 18901	Title Director Hours/Week 0.25	0.	0.	0.
Foreign city _____ Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> N Robert Laws 20 Weldon Drive Doylestown PA 18901	Title Director Hours/Week 0.25	0.	0.	0.
Foreign city _____ Foreign country _____				

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Page 1, Part II, Line 24**

<b>Line 24 - Other Assets:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
Accounts Receivable, Net	5,000.	5,000.
Contributions receivable	0.	400.
Prepaid Expenses and Deferred Charges	1,480.	1,940.
<b>Total</b>	<b><u>6,480.</u></b>	<b><u>7,340.</u></b>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Page 1, Part II, Line 26**

<b>Line 26 - Total Liabilities:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
Accounts Payable & Accrued Expenses	15,459.	25,125.
<b>Total</b>	<b><u>15,459.</u></b>	<b><u>25,125.</u></b>

**Page2, Part III - Statement of Program Service Accomplishments**

**A. Family Based Activities/Programs**

**Parent Network**, a program that promotes and encourages communication between parents and youth. This program is designed to help mobilize a community-wide commitment to protect our young people by building awareness, connecting families, educating the public, and conveying a consistent message about the risks of substance abuse. This program improves family management skills and enhances youth/parent relations. Activities include parent rap, parent connections, CBTV, Backpack Newsflash, and a parent resource binder.

**b. Community Based Activities/Programs**

**Volunteer Connections**, a database of volunteer service opportunities in Central Bucks County that will help to build service learning throughout our communities. This program provides access to an information center that features volunteer opportunities with contact information for each agency/organization listed. It is also a program that organizes local service projects for activities that include MLK Day of Service.

**c. Individual Based Activities/Programs**

**Youth Activities** is a program that empowers youth to participate in productive and constructive activities designed to keep youth away from risky behaviors. Activities include: Youth to Community Art Series (Y2C).

**d. School Based Activities/Programs**

**Community Connections**, is a program linking schools in Central Bucks with community organizations who provide assembly programs and services addressing health and educational related issues that support the Central Bucks School District Curriculum, activities include Mini Grant Program, ATOD programs which are Reality Rules and prom messages. **40 Assets**, is a program promoting 40 critical factors for youth growth and development activities include Boomerang Youth Recognition Award and engages ambassadors to represent each school in promoting the 40 assets

<b>Total Program Service Expense</b>	<b>\$136,966</b>
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