Form	990
Departr	ment of the Treasury

Internal Revenue Service

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EXTENSION GRANTED TO 11/15/08.

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.



A	For the 2	2007 calendar year, or tax year beginning	and ei	naing			
B	Check if applicable:	Please C Name of organization			D Emp	oloyer	identification number
	Address	use IRS			5	7_1	199898
	Name	type. Number and street (or P.O. box if mail is not delivered to street address)		Room/suite			
	change Initial return	See Specific P.O. BOX 23170		ROOM/Suite			349-2747
	Termin-	Instrug					ethod: Cash X Accrual
	lation Amende Ireturn					Other (specify)	
	Applica	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable true	sts	Hand lare not app			ction 527 organizations.
	-ponding	must attach a completed Schedule A (Form 990 or 990-EZ).		H(a) Is this a group r			
G	Website:	▶WWW.KBYONLINE.ORG		H(b) If "Yes," enter nu			
J	Organiza	tion type (check only one) ▶ X 501(c) (3) ◀ (insert no.) 4947(a)(1) or	527	H(c) Are all affiliates i	include		N/A Yes No
K	Check he	re \blacktriangleright if the organization is not a 509(a)(3) supporting organization and its gros	s	(If "No," attach a H(d) Is this a separat		n filed ł	hy an or-
I	eceipts a	are normally not more than \$25,000. A return is not required, but if the organization		ganization cover	red by a	a group	o ruling? Yes X No
(chooses	to file a return, be sure to file a complete return.		I Group Exemptio	on Num	ber ►	N/A
						-	ation is not required to attach
_		ceipts: Add lines 6b, 8b, 9b, and 10b to line 12		Sch. B (Form 99	90, 990	-EZ, or	⁻ 990-PF).
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund	Bala	inces			
	1	Contributions, gifts, grants, and similar amounts received:					
		Contributions to donor advised funds	1a				
	b	Direct public support (not included on line 1a)		309,5	02.		
	C	Indirect public support (not included on line 1a)					
		Government contributions (grants) (not included on line 1a)	1d		,	1e	
	e	· · · · · · · · · · · · · · · · · · ·					309,502.
	2	Program service revenue including government fees and contracts (from Part VII, lin	2				
	3	Membership dues and assessments	3 4				
	4	Interest on savings and temporary cash investments Dividends and interest from securities a Gross rents 6a					
	6 a						
		Less: rental expenses					
	c	Net rental income or (loss). Subtract line 6b from line 6a				6c	
nue	7	Other investment income (describe)	7	
Revenue	8 a	Gross amount from sales of assets other (A) Securities		(B) Other	,		
č		than inventory	8a				
	b	Less: cost or other basis and sales expenses	8b				
	c	Gain or (loss) (attach schedule)	8c				
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)		····· <u>·····</u> ······		8d	
	9	Special events and activities (attach schedule). If any amount is from gaming, check	here				
		Gross revenue (not including \$ of contributions reported on line 1b)	9a				
		Less: direct expenses other than fundraising expenses	9b				
		Net income or (loss) from special events. Subtract line 9b from line 9a	1	I		9c	
		Gross sales of inventory, less returns and allowances	10a				
	C D	Less: cost of goods sold Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b fro	10b	100		10c	
	11	Other revenue (from Part VII, line 103)				11	
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11				12	309,502.
	13	Program services (from line 44, column (B))				13	265,352.
Expenses	14	Management and general (from line 44, column (C))				14	8,774.
en;	15	Fundraising (from line 44, column (D))				15	5,869.
Ĕ	16	Payments to affiliates (attach schedule)				16	
	17	Total expenses. Add lines 16 and 44, column (A)				17	279,995.
	18	Excess or (deficit) for the year. Subtract line 17 from line 12				18	29,507.
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))				19	8,090.
As As		Other changes in net assets or fund balances (attach explanation)				20	0.
7230	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20				21	37,597.
7230 12-2	7-07	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate inst 1	ructior	IS.			Form 990 (2007)

Form 990	(2007)
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 KBY
 CONGREGATIONS
 TOGETHER,
 INC.
 57-1199898

 All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3)
 500 (C), and (D) are required for section 501(c)(3)

Page **2** 57-1199898

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a Grants paid from donor advised funds	\square				
(attach schedule)					
(cash \$ 0 • noncash \$ 0 •	4				
If this amount includes foreign grants, check here	22a				
b Other grants and allocations (attach schedule				STATEMENT 1	
(cash \$265,352. noncash \$ 0.			265 252		
If this amount includes foreign grants, check here	22b	265,352.	265,352.		
Specific assistance to individuals (attach					
schedule)	23				
Benefits paid to or for members (attach					
schedule)	24				
a Compensation of current officers, directors, key	05.	0.	0.	0.	c
employees, etc. listed in Part V-A	25a	0.	0.	0.	0
b Compensation of former officers, directors, key	0.51	0	0.	0.	(
employees, etc. listed in Part V-B	25b	0.	0.	0.	
c Compensation and other distributions, not included					
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in $4958(r)(0)(P)$	05.				
section 4958(c)(3)(B)	25c				
Salaries and wages of employees not					
included on lines 25a, b, and c	26				
Pension plan contributions not included on					
lines 25a, b, and c	27				
Employee benefits not included on lines					
25a - 27	28 29				
Payroll taxes	30				
Professional fundraising fees	31				
Accounting fees	32				
Legal fees	33	502.		502.	
Supplies	34	502.		502.	
Telephone Postage and shipping	35	4,466.		4,466.	
	36	4,400.		4,400	
Occupancy Equipment rental and maintenance	37				
Printing and publications	38				
Travel	39				
Conferences, conventions, and meetings	40				
Interest	41				
Depreciation, depletion, etc. (attach schedule)	42				
Other expenses not covered above (itemize):					
a BANK CHARGES	43a	456.		456.	
MISCELLANEOUS	43b	3,350.		3,350.	
c FEES	43c	0.		3,3301	
PRODUCTION	43d	5,869.			5,869
e	43e				
	43f				
Q	43g				
Total functional expenses. Add lines 22a through					
43g. (Organizations completing columns (B)-(D),					
carry these totals to lines 13-15)	44	279,995.	265,352.	8,774.	5,869
int Costs. Check ► □ if you are following			200,0020	♥, / / ₹ ●	
e any joint costs from a combined educational campa			rted in (B) Program serv	ices?	Yes X No
Yes," enter (i) the aggregate amount of these joint co) the amount allocated to		N/A;

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

All organizations must des clients served, publication organizations and 4947(a) a PROVIDED GR	s issued, etc. Di 1) nonexempt c	scuss achievements t haritable trusts must	that are not measura also enter the amou	able. (Section 501(c)(3) nt of grants and allocat	and (4)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a PROVIDED GR	ANTS FOR	27 ASSOCIA	TE CONGRE			
				GATIONS IN I	SRAEL.	
						-
						-
Grants and allocation	s \$	265,352.)	If this amount inclu	des foreign grants, che	ck here 🕨 🗴	265,352.
b	•					
						-
						-
						-
(Grants and allocation) C	s \$)	If this amount inclu	des foreign grants, che	ck here 🕨 🛄	<u> </u>
						-
						-
						-
(Grants and allocation	s \$)	If this amount inclu	des foreign grants, che	ck here 🕨 🔲	1
d						-
						-
						1
(Grants and allocation	s \$)	If this amount inclu	des foreign grants, che	ck here 🕨 🔲	-
e Other program service	s (attach sched	ule)				
(Grants and allocation		,		des foreign grants, che	ck here 🕨 🗖	
f Total of Program Ser	vice Expenses	(should equal line 44,	column (B), Progran	n services)	►	265,352.

74

	46	Savings and temporary cash investments \dots			46	
	47 a	Accounts receivable	47a			
	b	Less: allowance for doubtful accounts	47b		47c	
	40 .		40-			
		Pledges receivable			40.	
		Less: allowance for doubtful accounts			48c	
	49	Grants receivable			49	
	50 a	Receivables from current and former officers		50.		
		key employees			50a	
	D	Receivables from other disqualified persons		501		
Assets	F4 .	4958(f)(1)) and persons described in section			50b	
Ass		Other notes and loans receivable				
	-	Less: allowance for doubtful accounts			51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	
		Investments - publicly-traded securities			54a	
		Investments - other securities	► Cost FMV		54b	
	55 a	Investments - land, buildings, and				
		equipment: basis	55a			
		Less: accumulated depreciation			55c	
	56	Investments - other			56	
		Land, buildings, and equipment: basis				
		Less: accumulated depreciation			57c	
	58	Other assets, including program-related investmen (describe ► OTHER ASSETS	its	1,863.	58	2,900.
	59	Total assets (must equal line 74). Add lines	45 through 58	8,090.	59	37,597.
	60	Accounts payable and accrued expenses		0,000	60	0170011
	61	Grants payable			61	
	62	Deferred revenue			62	
es	63	Loans from officers, directors, trustees, and		63		
iii.		a Tax-exempt bond liabilities			64a	
Liabilities		Mortgages and other notes payable			64b	
-	65	Other liabilities (describe >			65	
			/ /			
	66	Total liabilities. Add lines 60 through 65		0.	66	0.
	Orga	anizations that follow SFAS 117, check here	► X and complete lines			
		67 through 69 and lines 73 and 74.				
ces	67	Unrestricted		8,090.	67	37,597.
llan	68	Temporarily restricted			68	
IB	69	Permanently restricted			69	
Net Assets or Fund Balances	Orga	anizations that do not follow SFAS 117, che				
Ē		complete lines 70 through 74.				
o S	70	Capital stock, trust principal, or current fund	s		70	
set	71	Paid-in or capital surplus, or land, building, a			71	
; As	72	Retained earnings, endowment, accumulate	d income, or other funds		72	
Net	73	Total net assets or fund balances. Add lines 67 th	hrough 69 or lines 70 through 72.			
-		(Column (A) must equal line 19 and column (B) m	u st equal line 21)	8,090.	73	37,597.

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KBY CONGREGATIONS TOGETHER, INC.

57-1199898

(B) End of year

(A) Beginning of year

6,227.

45

37,597. Form 990 (2007)

Note: Where required, attached schedules and amounts within the description column

Total liabilities and net assets/fund balances. Add lines 66 and 73

Cash - non-interest-bearing

Part IV Balance Sheets (See the instructions.)

should be for end-of-year amounts only.

Form 990 (2007)

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Page 4

34,697.

74

8,090.

For	m 990 (2007) KBY CONGREGATIONS TOG	ETHER, INC.		57-	11998	898 Page 5
Pa	art IV-A Reconciliation of Revenue per Audited Final		ith Revenue p	er Re	eturn (S	ee the
	instructions.)					
a	Total revenue, gains, and other support per audited financial stateme	nts			a	309,502.
b	Amounts included on line a but not on Part I, line 12:					
1	Net unrealized gains on investments		b1			
2			b2			
3	Recoveries of prior year grants		b3			
4			b4			
	Add lines b1 through b4				b	0.
C	Subtract line b from line a				c	309,502.
d	Amounts included on Part I, line 12, but not on line a:					<u> </u>
1	Investment expenses not included on Part I, line 6b		d1			
	Other (appecifu):	Ξ.	d2			
-	Add lines d1 and d2				d	0.
e	Total revenue (Part I, line 12). Add lines c and d			•	e	309,502.
Pa	art IV-B Reconciliation of Expenses per Audited Fina	ancial Statements V	Vith Expenses	per		000,001
a	Total expenses and losses per audited financial statements				a	279,995.
b	Amounts included on line a but not on Part I, line 17:				u	
1			b1			
	Prior year adjustments reported on Part I, line 20		b2			
			b3			
	Other (specify):		b3			
-					b	0
с	Add lines b1 through b4					279,995.
	Subtract line b from line a					215,555.
d	Amounts included on Part I, line 17, but not on line a:	I.	ا ب			
	Investment expenses not included on Part I, line 6b	······	d1 d2			
2	Other (specify):					0
	Add lines d1 and d2				d	270 005
	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke				e	279,995.
Pa	art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we				mcer, aire	ector, trustee,
	or key employee at any time during the year event in they we	(B) Title and average hours	(C) Compensation	(D)Co	ntributions t	(E) Expense
	(A) Name and address	(B) Title and average hours per week devoted to position	(If not paid, enter	emplo	oyee benefit & deferred	account and
			-0)	compe	nsation plan	s other allowances
		PRESIDENT				
	2 HENRY_STREET				•	
	OOKLYN, NY 11231	30.00	0.		0	. 0.
		SECRETARY				
	8 HICKS STREET					
-	OOKLYN, NY 11201	2.00	0.		0	. 0.
		TREASURER				
	8 E. 18TH STREET				_	
BR	OOKLYN, NY 11226	2.00	0.		0	. 0.

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KRY	CONGREGATIONS	TOGETHER	TNC
	CONCICTORIC	TOODINDIC,	TT(C.

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				0	
Par	rt V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No	
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings3				
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies				
	the individuals and explains the relationship(s)	75b		Х	
C	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the				
	organization? See the instructions for the definition of "related organization."	75c		Х	
	If "Yes," attach a statement that includes the information described in the instructions.				
d	Does the organization have a written conflict of interest policy?	75d		Х	
Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other					

Part V-B	Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other
	Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during
	the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address NONE	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Part VI Other Information (See the instructions)	l			

Pa	Int VI Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed			
	statement of each change	76		Х
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		Х
	If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		Х
t	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		Х
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common			
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		Х
t	If "Yes," enter the name of the organization N/A			
	and check whether it is exempt or nonexempt			
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0.			
t	Did the organization file Form 1120-POL for this year?	81b		Х
		Гания	000	(0007)

Form **990** (2007)

Form 990 (2007)

		BY CONGREGATIONS TO	GETHER, INC.	57-119
	rt VI Other Informatio			
82 a		donated services or the use of materia		
	-			
b		e value of these items here. Do not inc	ude this	
	amount as revenue in Part I o	•	82b	N/A
0 2 o		with the public inspection requirement		
	• • • • • •	with the disclosure requirements relati ny contributions or gifts that were not		
		include with every solicitation an expr		
U	, 0			0
85 a		ostantially all dues nondeductible by m		
		ly in-house lobbying expenditures of \$		
2		ner 85a or 85b, do not complete 85c tl		
	waiver for proxy tax owed for			
c		lar amounts from members	85c	N/A
d		political expenditures		N/A
е		ount of section 6033(e)(1)(A) dues not		N/A
f		and political expenditures (line 85d les		N/A
g		o pay the section 6033(e) tax on the a		N/A
h	If section 6033(e)(1)(A) dues i	notices were sent, does the organizati	on agree to add the amount on line	85f
	to its reasonable estimate of	dues allocable to nondeductible lobby	ing and political expenditures for th	ne
	following tax year?			N/A
86	501(c)(7) organizations. Enter	: a Initiation fees and capital contribut	ons included on	
	line 12			N/A
b	Gross receipts, included on li	ne 12, for public use of club facilities		N/A
87		er: a Gross income from members or s		N/A
b		rces. (Do not net amounts due or paic		
		ved from them.)		N/A
88 a		lid the organization own a 50% or gre		
		eparate from the organization under R	-	
b		lid the organization, directly or indirec		
		complete Part XI		▶
89 a		: Amount of tax imposed on the organ		0
	section 4911	0 • ; section 4912 ►	0 🛛 ; section 4955 🕨	0.

b	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 become aware of an excess benefit transaction from a prior year?			
	If "Yes," attach a statement explaining each transaction	89b		Х
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		Х
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		Х
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,			
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a	List the states with which a copy of this return is filed $\blacktriangleright NY$			
b	Number of employees employed in the pay period that includes March 12, 2007 90b			0
91 a	The books are in care of ► JEFFREY D. MACKLIS Telephone no. ► 212-34	9-2	747	
	Located at ► 592 HENRY STREET, #5, BROOKLYN, NY ZIP+4 ► 1	123	1	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		Х
	If "Yes," enter the name of the foreign country N/A			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			

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82a

83a 83b

84a

84b

85a

85b

85g

85h

88a

88b

Yes No

Х

Х

Х

Х

Х

х

7

Form 990 (2	2007
Part VI	O

Part VI	Other Information (co									s No
-	v time during the calendar yea s," enter the name of the fore			ain an office outside (I/A	of the Unit	ed States?		9)1c	X
	on 4947(a)(1) nonexempt chai			•	Check here	<u> </u>				
	nter the amount of tax-exemp	-					92		N/A	
	Analysis of Income-						II		·	
Note: Ente	r gross amounts unless other	wise		d business income		by section 512, 5	13, or 514	1	(E)	
indicated.			(A) Business	(B)	(C) Exclu-	(D)	+	Relate	d or exe	npt
93 Program	m service revenue:		code	Amount	sion code	Amoun	L	funct	tion incor	me
a										
b		_						<u> </u>		
с								<u> </u>		
d		-			_			<u> </u>		
e								<u> </u>		
	re/Medicaid payments							<u> </u>		
	nd contracts from governmer							<u> </u>		
	ership dues and assessments on savings and temporary cash							+		
	ids and interest from securiti									
	ital income or (loss) from real									
	nanced property									
	ot-financed property									
	ital income or (loss) from pers									
99 Other i	nvestment income									
00 Gain or	(loss) from sales of assets									
	nan inventory									
	ome or (loss) from special ev									
	profit or (loss) from sales of in	iventory						<u> </u>		
03 Other r	evenue:									
a								<u> </u>		
D								+		
d										
e										
	al (add columns (B), (D), and	(F))		0			0.	<u> </u>		0.
	add line 104, columns (B), (D)			Ū	•			<u></u>		0.
	05 plus line 1e, Part I, should		t on line 12	, Part I.			····· F			-
Part VIII	Relationship of Activ	vities to the A	ccompli	shment of Exem	pt Purp	oses (See th	e instruct	ions.)		
	Explain how each activity for whi			()	ed importan	tly to the accon	nplishment	of the organ	ization's	
▼	exempt purposes (other than by	providing funds for	such purpos	es).						
Part IX	Information Degardi		uboidiori	an and Diaragar	dod Enti	tion (Case the		\		
	Information Regardi	(B)	ubsidiari			(D)		1	(E)	
Name, add	ress, and EIN of corporation, ship, or disregarded entity	Percentage of ownership interest		Nature of activities		Total inco	me		d-of-year	
μαιτισι	omp, or alorogardoù offilig	%							assets	
	N/A	%						1		
	,	%						1		
		%						1		
Part X	Information Regardi	ng Transfers	Associat	ed with Persona	I Benefi	it Contract	S (See th	e instructic	ns.)	
Γαιιλ	5									X No

Form **990** (2007)

Form 990			57-119	
Part X		ontrolled Entiti N/A	es. Complete only if the organiz	zation is a
	controlling organization as defined in section 312(b)(13).	N/A		Yes No
106 Dic	d the reporting organization make any transfers to a controlled entity a	as defined in section	512(b)(13) of the Code? If "Yes,	
CO	mplete the schedule below for each controlled entity.			
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a 				
b				
c				
	Totals			
	d the reporting organization receive any transfers from a controlled er mplete the schedule below for each controlled entity.	tity as defined in sec	ction 512(b)(13) of the Code? If	"Yes," Yes No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			
	d the organization have a binding written contract in effect on August nuities described in question 107 above?	, , , ,	, , , , ,	Yes No
Please	Under penalties of perjury, I declare that I have examined this return, including accompany and complete. Declaration of preparer (other than officer) is based on all information of whi	ing schedules and stateme ch preparer has any knowle	nts, and to the best of my knowledge and l dge.	belief, it is true, correct,
Sign Here	Signature of officer		Date	
	Type or print name and title			
Paid Preparer'	Preparer's signature s Firm's name (or POCOFE & COMPANY PC	Date	self- employed	N or PTIN (See Gen. Inst. X)
Use Only	S Firm's name (or yours if self-employed), address, and ZIP + 4 S S S LEXINGTON AVENUE NEW YORK, NY 10017		EIN Phone no.	
				Form 990 (2007)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

1(k),

501(n), or 4947(a)(1) Nonexempt Charitable Trust Supplementary Information-(See separate instructions.)

Department of the Treasury Internal Revenue Service	■ MUST be completed by the above organ			z	
Name of the organization	· · · · ·				ntification number
	KBY CONGREGATIONS TOGETHE	R, INC.		57 119	9898
	pensation of the Five Highest Paid Emp age 1 of the instructions. List each one. If there are none, er		Officers, Dire	ctors, and	Trustees
	and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution employee ben plans & deferr compensation	s to (e) Expense ^{efit} account and other allowances
NONE					
		-			
Total number of other en		0			
	pensation of the Five Highest Paid Inde	0 Dependent Contracto	ors for Profess	ional Serv	ices
	age 2 of the instructions. List each one (whether individuals				
(a) Nam	e and address of each independent contractor paid more th	an \$50,000	(b) Type of s	service	(c) Compensation
NONE					
	services	0			
(List e	ppensation of the Five Highest Paid Inde ach contractor who performed services other than profession If there are none, enter "None." See page 2 of the instruction	onal services, whether individ		ervices	
(a) Nam	e and address of each independent contractor paid more th	an \$50,000	(b) Type of s	service	(c) Compensation
NONE					

Total number of other contractors receiving over

\$50,000 for other services

0

_ _ _ _

►

2	0	0	7

F	Part III Statements About Activities (See page 2 of	of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence nationa	al, state, or local legislation, including any attempt to influence			
	public opinion on a legislative matter or referendum? If "Yes," enter	the total expenses paid or incurred in connection with the			
	lobbying activities 🕨 💲 \$	(Must equal amounts on line 38, Part VI-A, or			
	line i of Part VI-B.)		1		Х
	Organizations that made an election under section 501(h) by filing F	Form 5768 must complete Part VI-A. Other organizations			
	checking "Yes" must complete Part VI-B AND attach a statement giv	ving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, er trustees, directors, officers, creators, key employees, or members or person is affiliated as an officer, director, trustee, majority owner, o attach a detailed statement explaining the transactions.)	ngaged in any of the following acts with any substantial contributors, of their families, or with any taxable organization with which any such or principal beneficiary? (If the answer to any question is "Yes,"			
			2a		X
	b Lending of money or other extension of credit?		2b		Х
	c Furnishing of goods, services, or facilities?		2c		Х
		ses if more than \$1,000)?	2d		Х
	e Transfer of any part of its income or assets?		2e		Х
3	${\bf a}$ Did the organization make grants for scholarships, fellowships, stud	, , , ,			
		ents.)	3a		Х
	${\bf b}$ Did the organization have a section 403(b) annuity plan for its empl	loyees?	3b		Х
	c Did the organization receive or hold an easement for conservation p	· · · · · · · · · · · · · · · · · · ·	•		v
		attach a detailed statement	3c		X
		credit repair, or debt negotiation services?	3d		Х
4	a Did the organization maintain any donor advised funds? If "Yes," co and 4g	mplete lines 4b through 4g. It "No," complete lines 4t	4a		х
	b Did the organization make any taxable distributions under section 4	1966? N/A	4b		
	${\bf c}$ Did the organization make a distribution to a donor, donor advisor,	or related person?N/A	4c		
		the tax year 📃 🕨 🕨		N/	A
	e Enter the aggregate value of assets held in all donor advised funds	owned at the end of the tax year		N/	A
	f Enter the total number of separate funds or accounts owned at the	end of the year (excluding donor advised funds included on			
	line 4d) where donors have the right to provide advice on the distrib	bution or investment of amounts in such funds or accounts $\hfill \hfill \hfil$			0.
	${\bf g}$ Enter the aggregate value of assets in all funds or accounts include	d on line 4f at the end of the tax year			0.

Schedule A (Form 990 or 990-EZ) 2007

Par	t IV	Reason for Non-Private Foundation S	Status (See pages 4 th	hrough 8 of the instructio	ns.)			
l certif	y that th	e organization is not a private foundation because it is: (I	Please check only ONE a	pplicable box.)				
5		A church, convention of churches, or association of ch	-					
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)						
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).							
8	A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).							
9	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city,							
		and state 🕨	·					
10		An organization operated for the benefit of a college or	university owned or oper	rated by a governmental ı	unit. Section	170(b)(1)(A)(iv).	
		(Also complete the Support Schedule in Part IV-A.)						
11a	X	An organization that normally receives a substantial pa	art of its support from a g	overnmental unit or from	the general	public.		
		Section 170(b)(1)(A)(vi). (Also complete the Support	Schedule in Part IV-A.)					
11b		A community trust. Section 170(b)(1)(A)(vi). (Also cor	nplete the Support Sche	dule in Part IV-A.)				
12		An organization that normally receives: (1) more than	33 1/3% of its support fro	om contributions, membe	ership fees, a	nd gross		
		receipts from activities related to its charitable, etc., fur						
		its support from gross investment income and unrelate				sses acquired		
		by the organization after June 30, 1975. See section 5	u9(a)(2). (Also complete	e me support schedule i	i Part IV-A.)			
13		An organization that is not controlled by any disqualifie	d persons (other than for	undation managers) and	otherwise me	eets the requir	ements of section	
		509(a)(3). Check the box that describes the type of sup	porting organization:					
		Type I Type II	Type III-Fu	nctionally Integrated		Type III	-Other	
		Provide the following information al	bout the supported organ	nizations. (See page 8 of	the instruction	ons.)		
		(a)	(b)	(c)	(d		(e)	
		(a) Name(s) of supported organization(s)	Employer	Type of organization	ls the s	upported	Amount of	
				Type of organization (described in lines 5 through 12 above	ls the s organizati	upported on listed in		
			Employer identification	Type of organization (described in lines	ls the s organizati the sup organi	upported on listed in oporting zation's	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	ls the s organizati the sup organi	upported on listed in oporting	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the s organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	ls the s organizati the sup organi	upported on listed in oporting zation's	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the s organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the s organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the s organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the s organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the s organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the s organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the s organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the s organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the s organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the s organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the s organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of	
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the s organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of	
 Total			Employer identification	Type of organization (described in lines 5 through 12 above	Is the s organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of	

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

Schedule A (Form 990 or 990-EZ) 2007 KBY CONGREGATIONS TOGETHER, INC.

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Schedule A (Form 990 or 990-EZ) 2007

Pa	rt IV-A Support Schedule (C Note: You may use th	complete only if you che e worksheet in the insti	ecked a box on line 10	, 11, or 12.) Use cash	method of acc	ountin	ig. Suntina
Cale	ndar year (or fiscal year	(a) 2006	(b) 2005	(c) 2004	(d) 2003	<u>// ubbb</u>	(e) Total
15	Gifts, grants, and contributions	(a) 2000	(0) 2003	(6) 2004	(u) 2003		(e) 10tai
	received. (Do not include unusual grants. See line 28.)	339,799.	46,545.	5,596.			391,940.
16	Membership fees received						
17	Gross receipts from admissions, merchandise sold or services						
	performed, or furnishing of						
	facilities in any activity that is						
	related to the organization's charitable, etc., purpose						
18	Gross income from interest, divid-						
10	ends, amounts received from pay-						
	ments on securities loans (section 512(a)(5)), rents, royalties, income						
	512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired by the organization after June 30, 1975						
19	Net income from unrelated business	3					
	activities not included in line 18 \ldots						
20	lax revenues levied for the organization's benefit and either						
	paĭd to it or expended on its behalf					$ \longrightarrow $	
21	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						
22	Other income. Attach a schedule.						
	Do not include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22	339,799.	46,545.	5,596.		0.	391,940.
24	Line 23 minus line 17	339,799.	46,545.	5,596.			391,940.
25	Enter 1% of line 23	3,398.	465.	56.			
26	Organizations described on lines 1				►	26a	7,839.
b			• •				
	unit or publicly supported organizati	,	•				162 000
	Do not file this list with your return					26b	163,989. 391,940.
C L	Total support for section 509(a)(1) t				▶	26c	391,940.
u	Add: Amounts from column (e) for I		19 	163,98	<u>a</u>	26d	163,989.
۵	Public support (line 26c minus line 2	22 26d total)				20u 26e	227,951.
f	Public support percentage (line 26						58.1597%
27	Organizations described on line 12						
	records to show the name of, and to						
	such amounts for each year:	N/A			-		
	(2006)						
b	For any amount included in line 17 t	hat was received from eac	h person (other than "dis	qualified persons"), prepa	re a list for your re	ecords t	to show the name of,
	and amount received for each year,		,				-
	described in lines 5 through 11b, as	,				een the	amount received and
	the larger amount described in (1) o		•	, .			
	(2006)	(2005)				3)	
C	Add: Amounts from column (e) for I	Ines: 15		10	►	27c	N/A
d	Add: Amounts from column (e) for I 17 Add: Line 27a total	20 	d line 27h total	21		270 27d	N/A N/A
e		line 27d total)			··· 🖡	27e	N/A
f	Total support for section 509(a)(2) t	test: Enter amount on line	23. column (e)	▶ 27f	N/A		
g		e (numerator) divided by	line 27f (denominator))		► ►	27g	N/A %
h	Investment income percentage (lin					27h	N/A %
28	Unusual Grants: For an organization d	escribed in line 10, 11, or	12 that received any unu	sual grants during 2003 t	hrough 2006, prej	pare a li	st for your records to
5	show, for each year, the name of the c r eturn. Do not include these grants in	line 15		brief description of the na	aure of the grant.	Do not	the this list with your
	1 12-27-07	N	ONE			Schedu	Ile A (Form 990 or 990-EZ) 2007

723131 12-27-07

30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of
51	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known
	to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)
	יו דרא, אומאט שלאט איז
32	Does the organization maintain the following:
a	Records indicating the racial composition of the student body, faculty, and administrative staff?
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student
	admissions, programs, and scholarships?
d	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)
33	Does the organization discriminate by race in any way with respect to:
а	5 T 5
b	
C	
d	
е	Educational policies?
f	Use of facilities?
g	
h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)
	Does the organization receive any financial aid or assistance from a governmental agency?
b	5 5
	If you answered "Yes" to either 34a or b, please explain using an attached statement.

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

instrument, or in a resolution of its governing body?

Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing

Schedule A (Form 990 or 990-EZ) 2007

Private School Questionnaire (See page 9 of the instructions.)

29

30

31

32a 32b

32c 32d

33a 33b 33c 33d 33e 33f 33g 33h Yes No

35

Part V

29

35

34a 34b

Schedule A (Form 990 or 990-EZ) 2007 KBY CONGREGATIONS TOGETHER, INC.

57	-1	19	9	89	8	Page	6
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Part VI-A	Lobbying Expenditures by Electing Public Charities	(See page 11 of the instructions.)
	(To be completed ONLY by an eligible organization that filed Form 5768)	

N/A

Che	cck ▶ a 🛄 if the organization belongs to an affiliated group. Check ▶ b 🛄 if y	/ou che	cked "a" and "limited contro	" provisions apply.
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
37 38 39 40	Total lobbying expenditures to influence public opinion (grassroots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 36 and 37) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 38 and 39) Lobbying nontaxable amount. Enter the amount from the following table -	36 37 38 39 40	N/A	
42 43	If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 \$1225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 Grassroots nontaxable amount (enter 25% of line 41) \$200 plus 36 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 \$200 plus 38	41 42 43 44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

			N/A						
	lendar year (or cal year beginning in)	(a) 2007	(b) 2006	(c) 2005		(d) 2004		(e) Total	
45	Lobbying nontaxable								
	amount							0.	
46	Lobbying ceiling amount								
	(150% of line 45(e))							0.	
47	Total lobbying								
	expenditures							0.	
48	Grassroots nontaxable								
	amount							0.	
49	Grassroots ceiling amount								
	(150% of line 48(e))							0.	
50	Grassroots lobbying								
	expenditures							0.	
Ρ	art VI-B Lobbying A (For reporting o	Activity by Noneled only by organizations that di	-		ions.)			N/A	
Du	ring the year, did the organizati	on attempt to influence nati	onal, state or local legislatio	on, including any attempt to	D.				
infl	influence public opinion on a legislative matter or referendum, through the use of:							Amount	
a	Volunteers	iers							
b	b Paid staff or management (Include compensation in expenses reported on lines c through h.)								
	Media advertisements								
d	d Mailings to members, legislators, or the public								
e	e Publications, or published or broadcast statements								
f	Grants to other organizations for lobbying purposes								
g		, their staffs, government officials, or a legislative body							
h	Rallies, demonstrations, semi								
	i Total lobbying expenditures (Add lines c through h.)							0.	

	Exempt Organiz	zations (See page 14 of the instr	uctions.)	-				
51	Did the reporting organization d	irectly or indirectly engage in any of	the following with any other	organization described in section				
	501(c) of the Code (other than s	section 501(c)(3) organizations) or in	n section 527, relating to po	litical organizations?				
a	Transfers from the reporting organization to a noncharitable exempt organization of:					Yes	No	
	(i) Cash				51a(i)		X	
	(ii) Other assets				a(ii)		X	
b	b Other transactions:							
	(i) Sales or exchanges of assets with a noncharitable exempt organization						X	
					b(ii) b(iii)		X X	
	(iii) Rental of facilities, equipment, or other assets							
	(iv) Reimbursement arrangeme	nts			b(iv) b(v)		X X	
	(v) Loans or loan guarantees							
	(vi) Performance of services or	membership or fundraising solicitat	ions		b(vi)		X	
C	Sharing of facilities, equipment,	mailing lists, other assets, or paid en	mployees		C		Х	
d	If the answer to any of the above	e is "Yes," complete the following sch	nedule. Column (b) should a	lways show the fair market value of the				
	goods, other assets, or services	given by the reporting organization.	. If the organization received	less than fair market value in any				
	transaction or sharing arrangem	nent, show in column (d) the value o	f the goods, other assets, or	services received:		N/A		
(a) (b)	(C)		(d)				
Line	no. Amount involved	Name of noncharitable ex	empt organization	Description of transfers, transactions, and sh	aring ar	rangen	nents	
52 a	Is the organization directly or in Code (other than section 501(c)		one or more tax-exempt org	anizations described in section 501(c) of the	Yes	X	No	
b	If "Yes," complete the following s							
	(a))	(b) Type of organization	(c)				
	Name of or	ganization	Type of organization	Description of relationship)			