Form **990**

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)

2007

Department of the Treasury Internal Revenue Service(7)) ► The organization may have to use a copy of this return to satisfy state reporting requirements.

_		, 2007, and		1000	
	For the 2007 calendar year, or tax year beginning	, 2007, and	enang	D Employer Identif	ication Number
В	Check if applicable: Please use: Vation a House Tag.			22-37892	
	Address change Please use Katie's House, Inc. Address change Please use Katie's House, Inc. Please use RSiabel RSia			E Telephone numb	
	Name change or type. 29 Moran Street				
	Initial return specific Newton, NJ 07860		3	973-383-	
	Termination tions.			F Accounting method:	X Cash Accrual
	Amended return		-	Other (speci	
	Application pending Section 501(c)(3) organizations and charitable trusts in a fair (Form 990 or 990-E	THE ROPY	H (a) Is this a grou	p return for affiliates?	Yes X No
G	Web site: ► N/A		H (c) Are all affilia	number of affiliates tes included?	Yes No
J	Organization type (check only one)) 4947(a)(1) or 527		h a list. See instruction trate return filed by an	
ĸ	Check here ► if the organization is not a 509(a)(3) suppo		organization	covered by a group rul	ing? Yes X No
	gross receipts are normally not more than \$25,000. A return	n is not required, but if the		emption Number	
	organization chooses to file a return, be sure to file a comp	lete return.	M Check >	if the organization	on is not required
L	Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 5	2,804.		nedule B (Form 990, 9	
P.	Revenue, Expenses, and Changes in Net	Assets or Fund Bala	nces (See the	instructions.,)
7,07	1 Contributions, gifts, grants, and similar amounts received		2		
	a Contributions to donor advised funds				
	b Direct public support (not included on line 1a)		ь 24,	400.	
	c Indirect public support (not included on line 1a)	1	c	1	
	d Government contributions (grants) (not included on lin	ne la)	d		
	e Total (add lines la through 1d) (cash \$ 24,400 . noncash \$	i).			24,400.
	Program service revenue including government fees a	and contracts (from Part VII	line 93)	2	
	3 Membership dues and assessments				· · · · · · · · · · · · · · · · · · ·
	4 Interest on savings and temporary cash investments				
				5	
	5 Dividends and interest from securities	c	<u>.</u>	7.4	
	b Less: rental expenses	6			
	c Net rental income or (loss). Subtract line 6b from line	65			
) 7	
R	7 Other investment income (describe	(A) Securities	(B) Othe		
REVENU	8a Gross amount from sales of assets other		-		
Ņ	than inventory.				
Ē	b Less: cost or other basis and sales expenses				
	c Gain or (loss) (attach schedule).			8d	
	d Net gain or (loss). Combine line 8c, columns (A) and			_	
	9 Special events and activities (attach schedule). If any		eck noic	1006.5	
	a Gross revenue (not including \$ reported on line 1b)	9	a 28.	404	
	b Less: direct expenses other than fundraising expense:			397.	
	c Net income or (loss) from special events. Subtract line		Statement	1 9c	24,007.
	10a Gross sales of inventory, less returns and allowances.		a	4.4	
	b Less: cost of goods sold	10	b		
	c Gross profit or (loss) from sales of inventory (attach schedule). Subt	ract line 10b from line 10a		5 55.72	
	11 Other revenue (from Part VII, line 103)				
	12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c,				48,407.
-	13 Program services (from line 44, column (B))				23,130.
E					3,364.
P	14 Management and general (from line 44, column (C)).15 Fundraising (from line 44, column (D)).				
Ņ				16	
EXPENSES					26,494.
-	17 Total expenses. Add lines 16 and 44, column (A)	lino 19			21,913.
A	18 Excess or (deficit) for the year. Subtract line 17 from	nite 12		19	341,819.
N SET	19 Net assets or fund balances at beginning of year (from	n line 73, column (A))		19	341,013.
Ţ	20 Other changes in net assets or fund balances (attach				363,732.
S	21 Net assets of fulld balances at end of year. Combine				
BA	A For Privacy Act and Paperwork Reduction Act Notice, se	e the separate instructions	. т	EEA0109L 12/27/07	Form 990 (2007)

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Fall 16.

Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instruct.)

	ior section 501(c)(3) and (4) orga	1 Y				
E	o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	1	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 2	Grants paid from donor advised				***********	
	funds (attach sch)					
	(cash \$					
	non-cash \$)					A WAS DELY
	If this amount includes foreign grants, check here.	22a			Part of the second	
221	Other grants and allocations (att sch)					7.4
	(cash \$	1			A STATE OF THE STA	
	non-cash \$)					
	If this amount includes	201				
	foreign grants, check here.	22b	10 W W W W W W W W W W W W W W W W W W W	Suppression (Suppression Control Contr	表情的表情。 · · · ·	
23	Specific assistance to individuals	23				
	(attach schedule)	-23	30 30 30 30			
24	Benefits paid to or for members (attach schedule)	24			to the property of	A Charles on a Control
OF.	\$2000000000 Yellower (\$400000 \$40000)					- 1900 Maria - 190
200	Compensation of current officers, directors, key employees, etc. listed	İ				0.
	in Part V-A	25 a		0.	0.	0.
l	Compensation of former officers, directors, key employees, etc. listed in Part V-B					
	in Part V-B	25 b	0.	0.	0.	0.
	Compensation and other distributions, not					
	included above, to disqualified persons (as defined under section 4958(f)(1)) and persons					
	described in section 4958(c)(3)(B).	25 c	0.	0.	l o.	0.
2.2		250				
26	Salaries and wages of employees not included on lines 25a, b, and c	26	38			
27						
21	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on		•		(0.5)	
20	lines 25a - 27	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees.	31				
32	Legal fees	32				
33	Supplies	33	294.		294.	
34	Telephone	34	1,198.		1,198.	<u> </u>
35	Postage and shipping	35	725.	3,226.	725.	
36	Occupancy	36	3,226.	3,220.		
37 38	Equipment rental and maintenance Printing and publications	37	1,147.		1,147.	· · · · · · · · · · · · · · · · · · ·
39	Travel		300.	300.	1,11,	
40	Conferences, conventions, and meetings.	40	300.			
41	Interest	41	4,714.	4,714.		
42	Depreciation, depletion, etc (attach schedule).	42	9,843.	9,843.	20220	
43	Other expenses not covered above (itemize):		300000			
	Food	43a	604.	604.		
ı	Insurance	43b	1,699.	1,699.		<u> </u>
	Miscellaneous	43c	2,744.	2,744.		
•	<u></u>	43d				
•	`	43e				
f		43f				
9]	43g		-2000	7317-5-0122-0-200-0	<u> </u>
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	26,494.	23,130.	3,364.	0.
Join	t Costs. Check . Fig. if you are following					
	any joint costs from a combined educatio			olicitation reported in (B) Program services?	► Yes X No
	es,' enter (i) the aggregate amount of the	se joint o	costs \$; (ii) the a	mount allocated to Prog	ram services
\$_		llocated	to Management and ger	neral \$; and (iv) th	
	undraising \$					Fa 000 (0007)
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Statement of P	rogram S	ervice Accomplishments (See the instructions.)		
rm 990 is available for publi	c inspection	and, for some people, serves as the primary or sole source of in organization in such cases may be determined by the information and accurate and fully describes, in Part III, the organization's pro-		
et is the proporation's prin	nanı exempt		Program	n Service Expenses ed for 501(c)(3) and organizations and 7(a)(1) trusts; but ional for others.)
a Expenses for In	surance	& Mortgage Interest to operate the 1st		
residen té on 29	Morgan	Street in Newton, NJ.		
	- 			
(Grants and allocations	\$) If this amount includes foreign grants, check he	are ►	23,130.
b			A 10.500	
(Grants and allocations	\$) If this amount includes foreign grants, check he	ere•	
c				
	 -			
(Grants and allocations) If this amount includes foreign grants, check he	are	one and other than
d				

) If this amount includes foreign grants, check here

(Grants and allocations \$) If this amount includes foreign grants, check here .

e Other program services.

(Grants and allocations \$) If this amount includes foreign grants, check here .

f Total of Program Service Expenses (should equal line 44, column (B), Program services) BAA

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23,130.

C	Where required, attached schedules and amounts with olumn should be for end-of-year amounts only.	n the de	scrip	otion			(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing					[26,140	45	31,12
46	Savings and temporary cash investments				1	· · · · į		46	
		ı İ				[
	Accounts receivable							47.	
Ь	Less: allowance for doubtful accounts	47 b	F . 25.		1			47 c	
40 -	Di	49.	Ele.	د ۽ بلد درد	\$ PC	24. Ja		100	
46 a	Pledges receivable Less: allowance for doubtful accounts	40 a						48 c	
	Grants receivable		-					49	
50 a	io a Receivables from current and former officers, directors, trustees, and key employees (attach schedule).						gns	50 a	
b	Receivables from other disqualified persons (as defin and persons described in section 4958(c)(3)(B) (attack)	ed unde	er sed lule).	ction 4	958(1)(1))		50 Ь	
51 a	Other notes and loans receivable							*	
	(attach schedule)							. x.	•
	Less: allowance for doubtful accounts		30000	27	553.54			51 c	
	Inventories for sale or use						- C. C. (1)	53	
	Prepaid expenses and deferred charges					MV		54a	
	Investments — publicly-traded securities Investments — other securities (attach sch)			Cost	\vdash	MV	-	54b	
	Investments – land, buildings, & equipment: basis		П,	JUSI	Ш,	1		11.4	7. SAN 19. SAN
		33 a							
b	Less: accumulated depreciation (attach schedule)	55 b						55 c	
56	Investments — other (attach schedule)							56	50360 0000000
	Land, buildings, and equipment; basis.					118.		1	
								18 B	
D	Less: accumulated depreciation (attach schedule). Statement 3	57 b			9,8	343.		57 c	431,27
58	Other assets, including program-related investments								
	(describe >)				_)	415,981.	58		
59	Total assets (must equal line 74). Add lines 45 through	gh 58					442,121.	59	462,39
60	Accounts payable and accrued expenses						4,500		4,50
61	Grants payable							61	
62								62	
63	Loans from officers, directors, trustees, and key								
	employees (attach schedule). a Tax-exempt bond liabilities (attach schedule).							63 64a	*****
							95,802.	-	94,16
	Mortgages and other notes payable (attach schedule)						90,802.	65	24,10
	Other liabilities (describe > Total liabilities, Add lines 60 through 65						100,302		98,66
								4 (54)	
v.g.	anizations that follow SFAS 117, check here ► X and complete lines 67 through 69 and lines 73 and 74.							7,84	
67	Andrew Control of the						341,819.	67	363,73
	Unrestricted Temporarily restricted Permanently restricted						10 - 00 at a - 40 - 40	68	10.000000
								69	
Orga	anizations that do not follow SFAS 117, check here > and complete lines 70 through 74.							y 3.	. 3 4.60
.010									
70								70	
	Paid-in or capital surplus, or land, building, and equip							71	
72	Retained earnings, endowment, accumulated income	, or othe	er fur	nds			- a saverage Vi Vi	72	
	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through							0.60	
73	72. (Column (A) must equal line 19 and column (B) r	nust ea	ual li	ine 211	100000	I	341,819.	73	363,73

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Partiv-A Reconciliation of Rev instructions.)	enue per Audited Financial	Statements with I	Revenue per Returr	(See the
·				
Total revenue, gains, and other sup	port per audited financial stateme	nts	a	48,407.
 Amounts included on line a but not 		[]	[4.4.]	
1Net unrealized gains on investment	ts	ы1	- Seri	
2Donated services and use of faciliti	es	b2		
3Recoveries of prior year grants	or or exercise the desired the contract of	ьз		
40ther (specify):				
Add lines b1 through b4		. 	D D	
c Subtract line b from line a			c	48,407.
d Amounts included on Part I, line 12				50 350
1 Investment expenses not included	on Part I. line 6h	d1		
2Other (specify):				
			&	
Add lines d1 and d2				40 407
e Total revenue (Part I, line 12). Add	lines c and d	J Ct-tomonto with	Evpansos par Pati	48,407.
Reconciliation of Exp	enses per Audited Financia	ai Statements with	Expenses per Rett	1111
a Total expenses and losses per aud	ited financial statements		a	26,494.
b Amounts included on line a but not				
1Donated services and use of faciliti		ь1		
2Prior year adjustments reported on	Part Lline 20	b2		
3Losses reported on Part I, line 20.	i alt i, iiie 20	b3		
4Other (specify):				
Add lines b1 through b4				- 172 - 182 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
c Subtract line b from line a				26,494.
d Amounts included on Part I, line 17	7, but not on line a:			
1 Investment expenses not included	on Part I, line 6b	d1		
2Other (specify):				
		d2		
Add lines d1 and d2		annonessanthete di sid-		
e Total expenses (Part I, line 17). Ac				26,494.
Part V-A Current Officers, Dire or key employee at any tin	ectors, Trustees, and Key Ender during the year even if they wer	mployees (List each re not compensated.) (S	person who was an off See the instructions.)	cer, director, trustee,
	(B) Title and average hours	(C) Compensation	(D) Contributions to	(E) Expense
(A) Name and address	per week devoted	(if not paid, enter -0-)	employee benefit plans and deferred	account and other allowances
(A) Harrie and boards	to position	enter -v-)	compensation plans	allowalices
Mr. Glen Dudziec	Trustee	0.	0.	0.
5 Anderson Lane	₁			12
Sparta, NJ		_		100
Frank Light, MD	President	0.	0.	0.
22 Deerwood	1 ol			
Clark, NJ				
Charles Casey	Treasurer	0.	0.	0.
17 Barkman Way	i ol		797 - 39	
Chester, NJ			957,0397,20	
Dennis Ziobar	Trustee	0.	0.	0.
11 Dawn Drive				
Port Reading, NJ				
Evelyn Dudziec	Vice President	0.	0.	0.
6 Witt Lane	1 ol	(1)	15.50	
Newton, NJ 07860			55 p86000 h	- 192
Tracey de Waal	Secretary	0.	0.	0.
45 Vail Drive	j			
Newton, NJ 07860				
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Part V-A Current Officers, Directors, Trus	stees, and Key En	nployees (continue	d)	Yes No
75 a Enter the total number of officers, directors, and trustees pe	rmitted to vote on organizat	ion business at board meeting	s ▶ 6	
b Are any officers, directors, trustees, or key emissed in Schedule A, Part I, or highest compen A, Part II-A or II-B, related to each other through dentifies the individuals and explains the relations.	ployees listed in Form sated professional ani gh family or business onship(s).	990, Part V-A, or highed other independent col relationships? If 'Yes,' a	est compensated employ ntractors listed in Sched attach a statement that	75b X
c Do any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest compen A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the If 'Yes,' attach a statement that includes the in	sated professional an- any other organizatio e definition of 'related	o other independent col ins, whether tax exempt lorganization:	niraciois iisieu iii aciieu	UIC MARKET PARTY TO THE TOTAL PROPERTY OF THE PARTY OF TH
d Does the organization have a written conflict of				
Former Officers, Directors, Trus	toos and Key En	ployees That Bec	eived Compensatio	
Benefits (If any former officer, director during the year, list that person below a the instructions.)	r tructae or key emo	loves received compen	sation or other benefits.	(described below)
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
None			1000	
		1		
				•
			<u> </u>	
				<u> </u>

		1379		
		<u> </u>		
Par VI. Other Information (See the instr	ructions.)			Yes No
76 Did the organization make a change in its activity if 'Yes,' attach a detailed statement of each ch	vities or methods of co	onducting activities?		V
77 Were any changes made in the organizing or g				
If 'Yes,' attach a conformed copy of the change				THE LANGE
78a Did the organization have unrelated business of	gross income of \$1,00	0 or more during the ye	ar covered by this return	1? 78a X
bilf 'Yes,' has it filed a tax return on Form 990-T				78b N/A
79 Was there a liquidation, dissolution, terminatio	n, or substantial contr	action during the		79 X
year? If 'Yes,' attach a statement	rina rrandendada a Series da la reserva			STATE THE PROPERTY OF
80 a is the organization related (other than by asso membership, governing bodies, trustees, office	ers, etc, to any other e	exempt or nonexempt of	rganization?	80a X
b If 'Yes,' enter the name of the organization 🟲	<u>N/A</u>	hook whother it is TT -	exempt or nonexer	
81 a Enter direct and indirect political expenditures.	/Cas line 91 instruction	neck whether it ise	Lead Indicate	0. ***
b Did the organization file Form 1120-POL for the				
BAA	is year			Form 990 (2007)

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Part VI Other Information (continued)			Yes No
82 a Did the organization receive donated services or the use of materials, substantially less than fair rental value?	equipment, or facilities at no cha	irge or at 82a	X
bilf 'Yes,' you may indicate the value of these items here. Do not include revenue in Part I or as an expense in Part II. (See instructions in Part	le this amount as	N/A	1
83a Did the organization comply with the public inspection requirements f	or returns and exemption applicat	ions? 83a	
b Old the organization comply with the disclosure requirements relating	to quid pro quo contributions?	83 b	
84a Did the organization solicit any contributions or gifts that were not tax	deductible?	84a	
b If 'Yes,' did the organization include with every solicitation an express not tax deductible?			N/A
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by me	embers?	85a	
b Did the organization make only in-house lobbying expenditures of \$2,	000 or less?	85 b	N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c thro waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members	85c	N/A	3
d Section 162(e) lobbying and political expenditures.	85 d	N/A	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notice	es 85 e	N/A	行禁[例
f Taxable amount of lobbying and political expenditures (line 85d less to	35e) 85 f	N/A	100000
g Does the organization elect to pay the section 6033(e) tax on the ame			N/A
h if section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the a dues allocable to nondeductible lobbying and political expenditures for the following tax to	ear?	e of	N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contribut line 12	ions included on	N/A	
b Gross receipts, included on line 12, for public use of club facilities	86Ъ	N/A	THE P
87 501(c)(12) organizations. Enter: a Gross income from members or s	hareholders87a	N/A	12.14
b Gross income from other sources. (Do not net amounts due or paid to against amounts due or received from them.)		N/A	
88 a At any time during the year, did the organization own a 50% or great or an entity disregarded as separate from the organization under Reg If 'Yes,' complete Part IX.			X
b At any time during the year, did the organization, directly or indirectly section 512(b)(13)? If 'Yes,' complete Part XI.	, own a controlled entity within th	e meaning of	X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organizations	ration during the year under:		14.1
section 4911 ► 0 _ ; section 4912 ►	<u>0.</u> ; section 4955 ►	- 	
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in during the year or did it become aware of an excess benefit transacti explaining each transaction.	any section 4958 excess benefit on from a prior year? If 'Yes,' atta	transaction ich a statement 89L	
c Enter: Amount of tax imposed on the organization managers or disquiyear under sections 4912, 4955, and 4958	alified persons during the	0.	
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	ion	0. t/心	ALC: N
e All organizations. At any time during the tax year, was the organization	on a party to a prohibited tax shel	ter transaction? 89e	100
f All organizations. Did the organization acquire a direct or indirect inte	rest in any applicable insurance of	contract? 89f	X
g For supporting organizations and sponsoring organizations maintains organization, or a fund maintained by a sponsoring organization, hav	e excess business noidings at any	time during	A A
the year? 90 a List the states with which a copy of this return is filed None			
b Number of employees employed in the pay period that includes Marc	h 12, 2007	001	
(See instructions.)	Telephone number ►	900	1
91 a The books are in care of >		7IP + 4 ►	
Located at ►		CII T *	Yes No
b At any time during the calendar year, did the organization have an in financial account in a foreign country (such as a bank account, secur	terest in or a signature or other at	uthority over a	-
If 'Yes,' enter the name of the foreign country	mes account, or other illiaricial ac		4 4
		The state of the s	T. Ala
See the instructions for exceptions and filing requirements for Form Financial Accounts.	in r an-xx.i, kebou or roreign B	ank and	情情
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C At any time during the calendar year, did the organization maintal if 'Yes,' enter the name of the foreign country. 2 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in and enter the amount of tax-exempt interest received or accrued and enter the amount of tax-exempt interest received or accrued and enter the amount of tax-exempt interest received or accrued and enter the amount of tax-exempt interest received or accrued and enter the amount of tax-exempt interest received or accrued and enter the amount of tax-exempt interest received or accrued and tax-exempt interest received or accrued and tax-exempt interest received or accrued accrued and tax-exempt interest received or accrued and tax-exempt unrelated business in Unrelated business in	lieu of Form 1041 — Check during the tax year the instructions.) The come Excluded by section to the instruction of Exclusion code (C) Exclusion code 5 5	here	N/A N Related or exemption income
2 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in and enter the amount of tax-exempt interest received or accrued at VII- Analysis of Income-Producing Activities (See Interest indicated. 4 Unrelated business interest indicated. 5 Program service revenue: 6 Medicare/Medicaid payments 7 Membership dues and assessments 8 Interest on savings & temporary cash inventors 9 Net rental income or (loss) from real estate: 9 a debt-financed property. 9 b not debt-financed property. 9 Net rental income or (loss) from pers prop 9 Other investment income 100 Gain or (loss) from sales of assets other than inventory. 101 Net income or (loss) from sales of inventory. 102 Gross profit or (loss) from sales of inventory. 103 Other revenue: a 104 Subtotal (add columns (B), (D), and (E)). 105 Total (add line 104, columns (B), (D), and (E)). 106 Explain how each activity for which income is reported in coff the organization's exempt purposes (other than by proving the completion of the organization's exempt purposes (other than by proving the completion of the organization's exempt purposes (other than by proving the completion of the organization's exempt purposes (other than by proving the completion of the organization's exempt purposes (other than by proving the completion of the organization's exempt purposes (other than by proving the completion of the organization's exempt purposes (other than by proving the completion of the organization's exempt purposes (other than by proving the completion of the organization's exempt purposes (other than by proving the completion of the organization's exempt purposes (other than by proving the completion of the organization's exempt purposes (other than by proving the completion of the organization's exempt purposes (other than by proving the completion of the organization's exempt purposes (other than by proving the completion of the organization's exempt purposes (other than by proving the completion of the organization's exempt purposes (other than by	lieu of Form 1041 — Check during the tax year the instructions.) The come Excluded by section to the instruction of Exclusion code (C) Exclusion code 5 5	here 92 92 14 15 15 15 15 15 15 15	
and enter the amount of tax-exempt interest received or accrued INTERIOR Analysis of Income-Producing Activities (See Interest of Income Producing Activities (See Interest of Income Producing Activities (See Interest of Income Producing Activities (See Interest of Income In	during the tax year the instructions.) Come Excluded by sec Company Exclusion code Exclusion code	(D) Amount 24,007.	(E) Related or exem.
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Relationship of Activities to the Accomplishmen No. Explain how each activity for which income is reported in confidence of the organization's exempt purposes (other than by proving A Information Regarding Taxable Subsidiaries are			20 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
Explain how each activity for which income is reported in c of the organization's exempt purposes (other than by proving A Information Regarding Taxable Subsidiaries are	nt of Exempt Purpose	s (See the instruct	tions.)
A Information Regarding Taxable Subsidiaries ar	nlumn (E) of Part VIII contrib	outed importantly to the	accomplishment
A Information Regarding Taxable Subsidiaries ar	ding funds for such purpose	s).	, accompromise it
Information Regarding Taxable Subsidiaries ar			
	d Disregarded Entitie	s (See the instruct.	ions.)
(A) (B)	(C)	(D)	(E)
		Total	End-of-year
Name, address, and EIN of corporation, partnership, or disregarded entity partnership interest	Nature of activities	income	assets
'A			1000
8	A A A A A A A A A A A A A A A A A A A	17074	8 200 000
8		100	2021
Information Regarding Transfers Associated w		ontracts (See the	instructions.)
a Did the organization, during the year, receive any funds, directly or indirectly, to pay	ith Personal Benefit C		Yes X N
b Did the organization, during the year, receive any runns, directly or managing, to pay	rith Personal Benefit C	intract?	
Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instruction	premiums on a personal benefit co	ontract?	Yes XING

orm 990	(2007) Katie's House, Inc	423	22-37	89299	Page
Part XI	Information Regarding Transfers organization is a controlling organ	To and From Controlled Entity	ies. Complete only if (12(b)(13).	the	
	organization is a controlling organ	inzarion do domina in occario o	-(-)()	Y	es No
106 Die	d the reporting organization make any transf	fers to a controlled entity as defined in	n section 512(b)(13) of the	Code? If	22
'Ye	es, complete the schedule below for each co	ontrolled entity.			<u>X</u>
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of t	ransfer
a					
b					
c					
	Totals	English 1			
				Y	es No
107 Di	d the reporting organization receive any tran	nsfers from a controlled entity as defin	ned in section 512(b)(13) of	f the Code? If	х
, 'Y	es,' complete the schedule below for each co				
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amount of t	ransfer
a					- Ting
b					
c					
	Totāts		A PARTIE TO		
				Υ	es No
108 Di ar	id the organization have a binding written co nnuities described in question 107 above?		<u> </u>		x
	Under penalties of perjury. I declare that I have examing true, correct, and complete. Declaration of preparer (off	ed this return, including accompanying schedules a ner than officer) is based on all information of which	and statements, and to the best of my n preparer has any knowledge.	y knowledge and belief	, it is
lanca			1		
Please Sign	Signature of officer		Date		
lere	-				
	Type or print name and title.				100.1
Paid Pre-	Preparer's signature John D. Carrico,		Check if self- employed ►	Preparer's SSN or P General Instruction > N/A	TIN (See
parer's	Furm's name (or Carrico Associate		27 29 20 20 20 20 20 20 20 20 20 20 20 20 20		
Jse	yours if self- employed, > 271 Route 46 West				10
Only	address and ZIP+4 Fairfield, NJ 070	004	Phone no. ► (973) 227-66	
BAA			- 1000 -	Form 99	0