Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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.

OMB No. 1545-1150

Open to Public Inspection

Α	For t	he 2011 calendar year, or tax year beginning $7/01$, 2011, and ending $6/30$, 2	2012
B	Check	if applicable: C D En	nployer ider	ntification number
Χ	Addres	s change I CHALLENGE MYSELF, INC 5	6-2423	3423
			elephone nur	mber
	Initial r	1211 10111, 111 10000 1000	(212)	735-7849
	Termin	ated	<u> </u>	
H		I G	roup Exe umber	mption ►
G		unting Method: Cash X Accrual Other (specify) ► H Check ►	_	organization is not
		site: ► WWW.ICHALLENGEMYSELF.ORG required to	attach So	chedule B (Form
J	Tax-e	xempt status (ck only one) — X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527 990, 990-Ez	Z, or 990	-PF).
	Chec		n and its	gross receipts are
	norm	ally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-post	card) ma	y be required (see
		actions). But if the organization chooses to file a return, be sure to file a complete return.		
L	Add I	ines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tota ts (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	al ►\$	79,829.
	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction		
		Check if the organization used Schedule O to respond to any question in this Part I		· -
	1	Contributions, gifts, grants, and similar amounts received	1	78,645.
	2	Program service revenue including government fees and contracts	2	,
	3	Membership dues and assessments.	3	
	4	Investment income.	4	3.
	5a	Gross amount from sale of assets other than inventory		
		Less: cost or other basis and sales expenses		
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).	5 c	
	6	Gaming and fundraising events		
Ŗ		Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
Ā		Gross income from fundraising events (not including \$ of contributions		
REVERU	b	· · · · · · · · · · · · · · · · · · ·		
Ē		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
	С	Less: direct expenses from gaming and fundraising events	-	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d	
	7a	Gross sales of inventory, less returns and allowances		
	b	Less: cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).	7с	
	8	Other revenue (describe in Schedule O)	8	1,181.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8▶	9	79,829.
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
E	12	Salaries, other compensation, and employee benefits	12	11,879.
P	13	Professional fees and other payments to independent contractors	13	1,771.
EXPERSE	14	Occupancy, rent, utilities, and maintenance.	14	31,957.
Ē	15	Printing, publications, postage, and shipping.	15	17.
S	16	Other expenses (describe in Schedule O)	16	38,218.
	17	Total expenses. Add lines 10 through 16.	17	83,842.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9).	18	-4,013.
Α	10	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year		,
N S E S T E	19	figure reported on prior year's return)	19	19,986.
ΤĘ	20	Other changes in net assets or fund balances (explain in Schedule O).	20	
S	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	15,973.

Гаі	Check if the organization used Sche	edule O to respond to any qu				
				A) Beginning of yea		(B) End of year
	Cash, savings, and investments			2,072	_	1,473.
23	Land and buildings	CEE CCUEDII I	······	26,880	23	19,313.
24 25				28,952		20,786.
26	Total liabilities (describe in Schedule O			8,966		4,813.
	Net assets or fund balances (line 27 of			19,986		15,973.
Par					. _ /	Expenses
	Check if the organization used Sc				(Req	uired for section
What i	s the organization's primary exempt purpose? SE	E SCHEDULE O			501(c)(3) and 501(c)(4) nizations and section
Desc	s the organization's primary exempt purpose? <u>SEJ</u> ribe the organization's program service a sured by expenses. In a clear and concis- fited, and other relevant information for e	e manner, describe the service	ts three largest progra	m services, as	4947	(a)(1) trusts; optional
bene	fited, and other relevant information for	each program title.	ces provided, the name	ber of persons	for o	thers.)
28	SEE_SCHEDULE_O					
						64 600
	(Grants \$) If th				28 a	61,682.
29						
	(Grants \$) If th	is amount includes foreign gr	rants check here		29 a	
30				·	<u> ZJa</u>	
50						
	(Grants \$) If th	is amount includes foreign gr	rants, check here		30 a	
31	Other program services (describe in Sch					
	(Grants \$) If th	iis amount includes foreign gr	rants, check here	▶ □	31 a	
32	Total program service expenses (add li	nes 28a through 31a)		· · · · · · · · · · · · · · · · · · ·	32	61,682.
Par						
	Check if the organization used So	, , , , , , , , , , , , , , , , , , , ,				<u> </u>
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	contributions to empl	oyee	(e) Estimated amount of other compensation
		devoted to position	(ii not paid, enter -0-)	benefit plans, and deferred compensate		
ROG	ER SCHWED	BOARD CHAIR		ucicirca compensar	.1011	
	0 BROADWAY, STE 8-24	2	0.		0.	0.
	<u> YORK, NY 10036</u>					
	REYES	EXECUTIVE DIREC				
	0 BROADWAY, STE 8-24	40	2,958.	. 1,3	74.	0.
	YORK, NY 10036					
	ID ABEEL	VICE CHAIR				
	0 BROADWAY, STE 8-24	2	0.	•	0.	0.
	YORK, NY 10036 M FRANCIS	DIDECTOR				
	M FRANCIS 50 BROADWAY, STE 8-24	DIRECTOR	0.		0.	0.
	7 YORK, NY 10036	2	0.	·	Ο.	0.
	AS STRYCHARZ	TREASURER				
	0 BROADWAY, STE 8-24	2	0.		0.	0.
	YORK, NY 10036	_			•	
	T BRUCKNER	SECRETARY				
	0 BROADWAY, STE 8-24	2	0.		0.	0.
NEW	<u> YORK, NY 10036</u>					
				+		

rar	the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			. X
22	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of		Yes	
	each activity in Schedule Ö	33		Χ
	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)	34		Х
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
b	olf 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
C	: Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
	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	36		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0 Did the organization file Form 1120-POL for this year?	37 b		Х
	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?			X
	amount involved	7		
	a Initiation fees and capital contributions included on line 9	_		
	· · · · · · · · · · · · · · · · · · ·	7		j I
40 a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
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	40 b		Χ
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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.	40 e		Х
	Sheller transactions in fest, complete Form 8886-1	40 e	, ,	Λ
41	List the states with which a copy of this return is filed NY			
	List the states with which a copy of this return is filed ► NY The organization's books are in care of ► ANA REYES Located at ► 1460 BROADWAY, SUITE 8-24 NEW YORK NY ZIP + 4 ► 10036		5	19
42 a	The organization's books are in care of ► ANA REYES Located at ► 1460 BROADWAY, SUITE 8-24 NEW YORK NY At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	730		19 No
42 a	a The organization's books are in care of ► ANA REYES Telephone no. ► (212) Located at ► 1460 BROADWAY, SUITE 8-24 NEW YORK NY ZIP + 4 ► 10036		5	19
42 a	Telephone no. ► (212) Located at ► 1460 BROADWAY, SUITE 8-24 NEW YORK NY 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	730	5	19 No
42 a	Telephone no. ► (212) Located at ► 1460 BROADWAY, SUITE 8-24 NEW YORK NY 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ► 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	42b 42c	Yes	No X
42 a b c c c 43	Telephone no. ANA REYES Located at 1460 BROADWAY, SUITE 8-24 NEW YORK NY 2IP + 4 10036 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: 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. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	42b 42c	Yes	No X N/A N/A
42 a b c c c 43	Telephone no. ANA REYES Located at 1460 BROADWAY, SUITE 8-24 NEW YORK NY OAt 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: 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. Page 157 A Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	42b 42c	Yes	No X X N/A N/A
42 a b c c c 43	Telephone no. ANA REYES Located at ► 1460 BROADWAY, SUITE 8-24 NEW YORK NY ANA REYES Located at ► 1460 BROADWAY, SUITE 8-24 NEW YORK NY ANA REYES Located at ► 1460 BROADWAY, SUITE 8-24 NEW YORK NY ANA REYES Located at ► 1460 BROADWAY, SUITE 8-24 NEW YORK NY ANA REYES Located at ► 1460 BROADWAY, SUITE 8-24 NEW YORK NY Lip + 4 ► 1003(1) 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ► 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. Located at Pale Not Pale N	42b 42c	Yes	No X N/A N/A No X
42 a b c c c c c c c c c c c c c c c c c c	Telephone no. ► (212) Located at ► 1460 BROADWAY, SUITE 8-24 NEW YORK NY 2IP + 4 ► 1003 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ► 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. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in	42b 42c 42c	Yes	No X N/A N/A No X
42 a b c c c c c c c c c c c c c c c c c c	Telephone no. ► (212) Located at ► 1460 BROADWAY, SUITE 8-24 NEW YORK NY 21P + 4 ► 1003 2 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)? See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filling 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. A Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' provide an explanation in Schedule O.	42b 42c 44a 44b	Yes	No X N/A N/A No X
42 a b c c c c c c c c c c c c c c c c c c	Telephone no. ► (212) Located at ► 1460 BROADWAY, SUITE 8-24 NEW YORK NY 2IP + 4 ► 1003 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ► 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. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in	42b 42c 42c 44a 44b 44c 44d 45a	Yes	No X N/A N/A No X X

							Yes	No
46 Did t	he organization engage, directly or indire idates for public office? If 'Yes,' complete	ctly, in political campa	gn activities	on behalf o	of or in opposition to	AG		X
Part VI	Section 501(c)(3) organizations	s and section 1917	(a)(1) non	exempt c	haritable trusts o	46 11v Allseo	rtion	
1 art vi	501(c)(3) organizations and sec 47-49b and 52, and complete the	ction 4947(a)(1) no	nexempt (charitable	trusts must answe	er question	ns	
	Check if the organization used Schedu	le O to respond to any	question in	this Part VI.				. 🔲
							Yes	No
47 Did t	he organization engage in lobbying activi plete Schedule C, Part II	ties or have a section s	501(h) electi	on in effect	during the tax year? If	'Yes,'		Х
48 Is the	e organization a school as described in s	ection 170(b)(1)(A)(ii)?	If 'Yes,' cor	nplete Sche	dule E	48		Х
	he organization make any transfers to ar	•	-					X
	es,' was the related organization a section	•						<u></u>
50 Com empl	plete this table for the organization's five oyees) who each received more than \$10	highest compensated of 00,000 of compensation	employees (n from the or	other than o rganization.	officers, directors, trust If there is none, enter	ees and key 'None.'		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable (Forms W-2	compensation (/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
NONE					·			
		 						
		 						
e Total	number of other employees paid over \$	100.000						
51 Com	plete this table for the organization's five	highest compensated	independent	contractors	who each received me	ore than \$10	0,000	of
	bensation from the organization. If there Name and address of each independent contractor paid		1	(h) Type	of service	(c) Comp	ensatio	
	Name and address of each independent contractor pare	Thore than \$100,000		(b) Type	01 301 1100	(c) comp		
NONE_								
	number of other independent contractor	J .	*					
52 Did t	he organization complete Schedule A? N table trusts must attach a completed Sch	ote: All section 501(c)(organizat	ions and 49	47(a)(1) nonexempt	. ► X Yes	Г	No
Under penaltie	es of perjury, I declare that I have examined this return	, including accompanying sche	dules and staten	nents, and to the	e best of my knowledge and be			
true, correct, a	and complete. Declaration of preparer (other than office	er) is based on all information (or which prepare	r nas any knowi	eage.			
Sign	Signature of officer				Date			
Here	ANA REYES				PRESIDENT			
	Type or print name and title.	Proparario cianatura		Date		PTIN		
Daid	Print/Type preparer's name STEVE WEI CPA	Preparer's signature STEVE WEI CPA		2/11/1	Check	20138187	2	
Paid Preparer		Tb			.3 self-employed I	. 0130107		
Use Only	Firm's address > 13310 39TH AVE				Firm's EIN ►	11-3264	561	
	FLUSHING, NY 11				Phone no. (71	8) 445-6		
May the IR	RS discuss this return with the preparer sl	hown above? See instr	uctions			. ► X Yes		No (2011)
						Form 990	J-EZ	(2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 Employer identification number I CHALLENGE MYSELF, INC 56-2423423

Parl	I Reason for Pub	olic Charity Status	(All organizations	must o	comple	ete this	part.)	See i	nstruct	ions.		
The c	rganization is not a priv	ate foundation becaus	e it is: (For lines 1 thro	ugh 11,	check o	nly one	box.)					
1	A church, convention	on of churches or asso	ciation of churches desc	cribed in	section	n 170(b)	(1)(A)(i)					
2	A school described	in section 170(b)(1)(A	(Attach Schedule E	Ξ.)								
3			ce organization describe	•	ction 17	0(b)(1)(A	4)(iii).					
4			in conjunction with a h					0(b)(1)(A	A)(iii). Er	nter the hos	spital's	3
	name, city, and star	•						-(-)(-)(-	-			
5		erated for the benefit of	of a college or university	owned	or oper	ated by	a gover	nmenta	I unit de	scribed in s	section	n
6 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 of	described in section 17	70(b)(1)(A)(vi). (Comple	te Part I	l.)							
9	from activities relation investment income June 30, 1975. See	ed to its exempt functi and unrelated busines section 509(a)(2). (Co		n except section	ions, ar 511 tax	nd (2) no) from b	more t usiness	han 33- es acqu	1/3% of	its support	from	aross
10	An organization org	janized and operated e	exclusively to test for pu	ıblic safe	ety. See	section	1 509(a)	(4).				
11	An organization org more publicly suppo describes the type of	orted organizations des of supporti <u>ng</u> organiza	exclusively for the benet scribed in section 509(a tion and complete lines	fit of, to)(1) or s 11e thre	perform section 5 ough 11	n the fun 509(a)(2 h.	nctions o). See s	of, or ca section !	rry out th 509(a)(3) —	ne purpose . Check th	s of or e box	าe or that
	a Type I	b Type II	c Type III	I — Fund	ctionally	integra	ted		d	Type III -	- Othe	r
е	By checking this bo other than foundation section 509(a)(2).	x, I certify that the org on managers and othe	anization is not controll r than one or more publ	led dired licly sup	ctly or in ported o	idirectly organiza	by one itions de	or more escribed	disquali in section	ified person on 509(a)(1	ns) or	
f	If the organization r		rmination from the IRS					e III sup	porting	organizatio	n, 	
g	Since August 17, 20	006, has the organizati	ion accepted any gift o	r contrib	oution fr	om any	of the fo	ollowing	persons	?		
_											Yes	No
	below, the gov	verning body of the su	ontrols, either alone or pported organization?							11 g (i)		
	• • •	•	bed in (i) above?							11 g (ii)		<u> </u>
	(iii) A 35% control	lled entity of a person	described in (i) or (ii) a	bove?						11 g (iii)		
h	Provide the following	ig information about th	e supported organization	n(s).				1				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (your go	Is the zation in i) listed in overning ment?	the organ	rou notify nization in n (i) of upport?	organiz	s the ration in (i) ed in the S.?	(vii) Amour	nt of sup	port
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)												
(D)												
<u>(E)</u>												
Total												

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

Schedule A (Form 990 or 990-EZ) 2011

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							
	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc (see ins	tructions)			12	
13	First five years. If the Form 990 organization, check this box and						
	tion C. Computation of Pul						
	Public support percentage for 20						<u>%</u>
	Public support percentage from 2						%
16 a	33-1/3% support test — 2011. If the and stop here. The organization	the organization of qualifies as a pul	lid not check the blicly supported o	box on line 13, ar rganization	nd the line 14 is 3	3-1/3% or more, o	heck this box
b	b 33-1/3% support test – 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Éxplain in Part	IV how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-ad-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop her a publicly support	e. Explain in Part ed organization.	IV how the ▶
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a			structions

Page 3

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.)

Sec	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·	·	•			
	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')	22,612.	141,253.	167,620.	176,505.	78,645.	586,635.
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.		,	9,750.	=,	,	9,750.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.	3,475.		3,130.			3,475.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
	facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	26,087.	141,253.	177,370.	176,505.	78,645.	599,860.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	7,500.	10,000.	12,500.	0.	9,200.	39,200.
ŀ	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.	0.	0.	0.	0.	0.	0.
,	Add lines 7a and 7b	7,500.	10,000.	12,500.	0.	9,200.	39,200.
	Public support (Subtract line	7,300.	10,000.	12,300.	0.	9,200.	39,200.
	7c from line 6.)tion B. Total Support						560,660.
	dar year (or fiscal yr beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	26,087.	141,253.	177,370.	176,505.	78,645.	599,860.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	82.	86.	7.	25.	1,184.	1,384.
c	Add lines 10a and 10b	82.	86.	7.	25.	1,184.	1,384.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
	Total support. (Add Ins 9, 10c, 11, and 12.)	26,169.	141,339.	177,377.	176,530.	79,829.	601,244.
14	First five years. If the Form 990 organization, check this box and	is for the organiza	tion's first, second	d, third, fourth, or	fifth tax year as	a section 501(c)(3)	
	tion C. Computation of Pul						<u> </u>
				a 13 column (f))		15	93.25 %
	Public support percentage for 20	11 (line 8, column	(f) divided by line	6 13, coluitii (1)).			_
		•				16	93.07 %
16	Public support percentage for 20	2010 Schedule A,	Part III, line 15	<u></u>		16	
16 Se c	Public support percentage for 20 Public support percentage from 2	2010 Schedule A, estment Incon	Part III, line 15 ne Percentage				0.23 %
16 Sec 17 18	Public support percentage for 20 Public support percentage from 2 tion D. Computation of InvInvestment income percentage for Investment Investm	estment Incom or 2011 (line 10c, rom 2010 Schedul	Part III, line 15 e Percentage column (f) divided e A, Part III, line	d by line 13, colur	mn (f))		0.23 % 0.06 %
16 Sec 17 18 19 a	Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv Investment income percentage for Investment income percentage for 33-1/3% support tests — 2011. If is not more than 33-1/3%, check	estment Incomposer 2010 Schedule A, estment Incomposer 2011 (line 10c, rom 2010 Schedul the organization of this box and stop	Part III, line 15 ne Percentage column (f) divided e A, Part III, line did not check the le here. The organic	d by line 13, colur 17	mn (f))	17 18 e than 33-1/3%, and orded organization	0.23 % 0.06 %
16 Sec 17 18 19 a	Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv Investment income percentage for Investment Invest	estment Incompose 2010 Schedule A, estment Incompose 2011 (line 10c, rom 2010 Schedul the organization of this box and stop the organization of	Part III, line 15 ne Percentage column (f) divided e A, Part III, line did not check the l here. The organia did not check a bo	d by line 13, colur 17box on line 14, a zation qualifies a	mn (f))nd line 15 is more s a publicly suppone 19a, and line 1	than 33-1/3%, and orted organization.	0.23 % 0.06 % d line 17

Schedule F	(Form 990 or 990)-EZ) 2011 I C	HALLENGE MI	YSELF, INC		56-2423	3423 Page 4
Part IV	Supplemental Part II, line 17 (See instruction	Information. (7a or 17b; and ons).	Complete this Part III, line 1	part to provide 2. Also compl	e the explanation ete this part for	ons required by F any additional ir	Part II, line 10; information.
							. – – – – – – – – – – – – – – – – – – –

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No. 1545-0047

2011

Name of the organization		Employer identification number
I CHALLENGE MYSELF, INC		56-2423423
Organization type (check one):		·
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(<u>3</u>) (enter number) organization 4947(a)(1) nonexempt charitable trust not to	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treate	ed as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by Note. Only a section 501(c)(7), (8), or (1	the General Rule or a Special Rule . 0) organization can check boxes for both the General F	Rule and a Special Rule. See instructions.
General Rule X For an organization filing Form 990, 9 contributor. (Complete Parts I and II.)	990-EZ, or 990-PF that received, during the year, \$5,00)	00 or more (in money or property) from any one
Special Rules		
For a section 501(c)(3) organization of 509(a)(1) and 170(b)(1)(A)(vi), and ro (2) 2% of the amount on (i) Form 990	filing Form 990 or 990-EZ that met the 33-1/3% suppor eceived from any one contributor, during the year, a co D, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complet	t test of the regulations under sections intribution of the greater of (1) \$5,000 or te Parts I and II.
total contributions of more than \$1.00	organization filing Form 990 or 990-EZ that received from 50 for use exclusively for religious, charitable, scientific or animals. Complete Parts I, II, and III.	m any one contributor, during the year, ;, literary, or educational purposes, or
contributions for use <i>exclusively</i> for r	organization filing Form 990 or 990-EZ that received froughligious, charitable, etc, purposes, but these contributions total contributions that were received during the year figures unless the General Rule applies to this organizations.	ons did not total to more than \$1,000. for an <i>exclusively</i> religious, charitable, etc.
religious, charitable, etc, contribution	s of \$5,000 or more during the year	
Caution: An organization that is not cove 990-PF) but it must answer 'No' on Part Form 990-PF, to certify that it does not	ered by the General Rule and/or the Special Rules does IV, line 2, of its Form 990; or check the box on line Ho neet the filing requirements of Schedule B (Form 990, 9	on the schedule B (Form 990, 990-EZ, or of its Form 990-EZ or on Part I, line 2, of its 990-EZ, or 990-PF).
BAA For Paperwork Reduction Act Not	ice, see the Instructions for Form 990.	Schedule B (Form 990, 990-F7, or 990-PF) (2011)

990EZ, or 990-PF.

1 of **Part 1**

I CHALLENGE MYSELF, INC

Page 1 of Employer identification number

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\mathcal{L}		t) '1	

Parti	Contributors (see instructions). Ose duplicate copies of Part i il additional s	pace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROGER SCHWED 1460 BROADWAY, SUITE 8-24	\$ 8,500.	Person X Payroll Noncash
	NEW YORK, NY 10036	-	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LAUREUS SPORT FOR GOOD FOUNDATION 460 FULHAM ROAD	\$ 20,000.	Person X Payroll Noncash
	LONDON, EUROPE UNITED KINGDOM	-	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE CATALOG FOR GIVING OF NYC 1115 BROADWAY, SUITE 1200 NEW YORK, NY 10010	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

]

1 to 1 of Part II

Name of organization
I CHALLENGE MYSELF, INC

Employer identification number

56-2423423

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2011)

1 to_

1 of Part III

Name of organization
I CHALLENGE MYSELF, INC

Employer identification number 56-2423423

Part III	Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete cols (a) through (e) and the following line entry.			
	For organizations completing Part III, enter contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	total of <i>exclusively</i> religious, cl (Enter this information once. S	haritable, etc.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A			
	Transferee's name, addres	(e) Transfer of gift Transferee's name, address, and ZIP + 4		ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee
(a)	(b)	(c)		(d)
No. from Part I	Purpose of gift	Use of gift		Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		Rela	ationship of transferor to transferee

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

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. Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization Employer identification number 56-2423423 CHALLENGE MYSELF, INC FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE EMPOWER YOUTH IN UNDER SERVED COMMUNITIES FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS OUR CYCLING SMARTS PROGRAM PROVIDES OPPORTUNITIES FOR HIGH SCHOOL STUDENTS TO INCREASE THEIR PHYSICAL ACTIVITY AND FITNESS LEVELS THROUGH LONG-DISTANCE CYCLING (INCLUDING A 1-DAY CENTURY RIDE), COMBINED WITH CROSS TRAINING AND NUTRITION WORKSHOPS. CYCLING SMARTS IS TYPICALLY OFFERED 4 TIMES PER WEEK AT EACH PARTICIPATING PUBLIC HIGH SCHOOL (4 IN THE 2011-2012 SY) AND INTEGRATED WITH THE SCHOOL'S PHYSICAL EDUCATION CLASSES. DURING WARM MONTHS, WEEKEND BIKE RIDES THAT EXPLORE A VARIETY OF NEIGHBORHOODS ARE ADDED TO THE CURRICULUM. IN JULY 2011, WE PILOTED A SUMMER BIKE TOUR PROGRAM OF FIVE COLLEGES IN UPSTATE NEW YORK. FUNDING LIMITATIONS PREVENTED US FROM OFFERING THE COLLEGE BIKE TOUR IN 2012. AS AN ALTERNATIVE IN 2013, WE PLAN ON INTEGRATING CAREER EXPLORATION WORKSHOPS AND BIKE TOURS TO COLLEGES IN THE NEW YORK METROPOLITAN AREA INTO THE CYCLING SMARTS PROGRAM TO HELP STUDENTS ON THEIR CAREER JOURNEY FROM EVALUATIONS OVER THE PAST 3 YEARS, STUDENTS HAVE REPORTED SIGNIFICANT IMPROVEMENT ACROSS A WIDE RANGE OF AREAS: GREATER PHYSICAL FITNESS, THE ABILITY TO PUSH THEMSELVES MORE, NUTRITIONAL KNOWLEDGE AND DIETARY HABITS, HEIGHTENED RESPECT FOR OTHER PEOPLE AND A BETTER ABILITY TO FOCUS IN CLASS. THESE CHANGES ARE NOTED AND COMMENTED UPON BY THEIR CYCLING SMARTS TEACHERS AS WELL. FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..

Employer identification number

I CHALLENGE MYSELF, INC			56-2423423	
FORM 990-EZ, PART V - REGARDI	NG TRANSFERS ASSO	CIATED WITH PERSON	AL BENEFIT CONTRACT	<u> (CONTI</u> NUE
(B) DID THE ORGANIZATION,	DURING THE YEAR,	PAY PREMIUMS, DIR	ECTLY_OR	
INDIRECTLY, ON A PERSONAL	BENEFIT CONTRACT?		<u> </u>	NO

2011	SCHEDULE O - SUPPLEMENTAL INFOR	RMATION	PAGE 1
CLIENT 12-0303	I CHALLENGE MYSELF, INC		56-2423423
2/11/13 FORM 990-EZ, PA OTHER REVENU	ART I, LINE 8 IE		03:07PN
OTHER INCOME.		TOTAL \$	1,181. 1,181.
FORM 990-EZ, P OTHER EXPENS	ART I, LINE 16 ES		
DEPRECIATION DUES INSURANCE OFFICE EXPENS OTHER SPORTS EQUIPM TELEPHONE	ONSULTANTS ES ENT/ACCESSORIES		23,729. 6,220. 110. 1,287. 212. 2,251. 2,397. 1,225. 787. 38,218.
FORM 990-EZ, P. OTHER ASSETS	ART II, LINE 24		
MACHINERY AND	EQUIPMENTTOTAL	BEGINNING \$ 26,880. \$ \$ 26,880. \$	ENDING 19,313. 19,313.
FORM 990-EZ, P.	ART II, LINE 26 IES		
ACCOUNTS PAYA	BLE AND ACCRUED EXPENSESTOTAL	BEGINNING \$ 8,966. \$ \$ 8,966. \$	ENDING 4,813. 4,813.

Form CHAR500

This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)

Annual Filing for Charitable Organizations

New York State Department of Law (Office of the Attorney General)

Charities Bureau - Registration Section
120 Broadway

New York, NY 10271

http://www.charitiesnys.com

2011

Open to Public Inspection

aliu CHAN 000)		Tittp://www.charitieshys.com		
1. General Information				
a. For the fiscal year beginning (mi	m/dd/yyyy) 07/0	1 / 2011 and ending (mm/dd/yyyy)	06/30/2012	
b. Check if applicable for NYS:	c. Name of organization			d. Fed. employer ID no. (EIN) (##-######)
X Address change				56-2423423
Name change	_			e. NY State registration no. (##-##-##)
Initial filing				21-28-23
Final filing	Number and street (or P	O. box if mail is not delivered to street address)	Room/suite	f. Telephone number
Amended filing	1460 BROADW	AY, SUITE 8-24		(212) 735-7849
NY registration pending	City or town, state or con	untry and zip + 4		g. Email
	NEW YORK, N	Y 10036-7305		
2. Certification - Two Signatures R	equired			
We certify under penalties of perjuitance true, correct and complete in a	ry that we reviewed ccordance with the I	this report, including all attachments, aws of the State of New York applica	, and to the best of able to this report.	our knowledge and belief, they
a. President or Authorized Officer		ANA REYES	PRESIDENT	
G. 1.100.00.11 G. 1.00.1200 G.1100.	Signature	Printed Name	Title	Date
b. Chief Financial Officer or Treasurer		ROGER SCHWED	BOARD CHAIL	
2. One manera emeet of modern	Signature	Printed Name	Title	Date
3. Annual Report Exemption Inform	nation			
 \$25,000 and the ocontributions during the second sec	rganization did not ε g this fiscal year. ation may claim this iited Way or incorpo	cluding residents, foundations, corpoengage a professional fund raiser (PF exemption if no PFR or FRC was us rated community appeal and contribucontributions from one government a	R) or fund raising of the control of	counsel (FRC) to solicit received an allocation from a ces did not exceed \$25,000 or 2)
b. EPTL annual report exemption (-	d dual registrants)		
Check → if gross receipts did no	t exceed \$25,000 and the	assets (market value) did not exceed \$25,000 at		
For EPTL or Article 7-A registra registrants claiming the annua	nts claiming the anr I report exemptions and part 3 (,	nual report exemption under the one lunder both laws, simply complete pa Annual Report Exemption Information	law under which the rt 1 (General Inform n) above.	ey are registered and for dual nation), part 2 (Certification)
		the following schedules and do not s		
4 4 11 7 4 6 1 1 1				
4. Article 7-A Schedules				
	•	ption above, complete the following f	-	
-	· -	ounsel or commercial co-venturer for fund raisi	ng activity in NY State?.	Yes* <u>X</u> No
* If "Yes", complete Schedule 4		()) 2		V # 17 N
•		ns (grants)?		Yes* <u>X</u> No
* If "Yes", complete Schedule 4	0.			
5. Fee Submitted: See last page fo	r summarv of fee re	quirements.		
Indicate the filing fee(s) you are su		•		
a. Article 7-A filing fee		\$ <u> </u> \$	for the	ly one check or money order total fee, payable to "NYS
b. EPTL filing fee			$J \cdot I$	Department of Law"

6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see page 4 for required attachments

35.

I CHALLENGE MYSELF, INC

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type Fee Instructions

Article 7-A
 Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.

EPTL Calculate the EPTL filing fee using the table in part b below. the Article 7-A filing fee is \$0.

Dual
 Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) ETPL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers				
Filing Fee				
X Single check or money order payable to 'NYS Department of Law'				
Copies of Internal Revenue Service Forms				
IRS Form 990 All required schedules (including Schedule B IRS Form 990-T	X IRS Form 990-EZ X All required schedules (including Schedule B IRS Form 990-T	IRS Form 990-PF All required schedules (including Schedule B IRS Form 990-T		
Additional Article 7-A Document Attachmen	t Requirement			

Additional Article 7-A Document Attachment Requirement Independent Accountant's Report Audit Report (total support & revenue more than \$250,000) X Review Report (total support & revenue \$100,001 to \$250,000) No Accountant's Report Required (total support & revenue not more than \$100,000)