Form **990**

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
CHALLENGE UNLIMITED INC

Number and street (or P O box if mail is not delivered to street address) | Room/suite
450 LOWELL ST

City or town, state or country, and ZIP + 4
ANDOVER, MA 01810

D Employer identification number
22-2478997

E Telephone number
(978) 475-4056

F Accounting method ☐ Cash ☑ Accrual ☐ Other (specify) ▶

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) If "Yes" enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☑ No

I Group Exemption Number ▶

M Check ▶ ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Web site: ▶ WWW CHALLENGEUNLIMITED ORG

J Organization type (check only one) ▶ ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than 25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,097,238

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

Revenue	1	Contributions, gifts, grants, and similar amounts received					
	a	Contributions to donor advised funds		1a			
	b	Direct public support (not included on line 1a)		1b	380,047		
	c	Indirect public support (not included on line 1a)		1c			
	d	Government contributions (grants) (not included on line 1a)		1d			
	e	**Total** (add lines 1a through 1d) (cash $ 360,465 noncash $ 19,582)				1e	380,047
	2	Program service revenue including government fees and contracts (from Part VII, line 93)				2	572,776
	3	Membership dues and assessments				3	
	4	Interest on savings and temporary cash investments				4	180
	5	Dividends and interest from securities				5	
	6a	Gross rents		6a			
	b	Less rental expenses		6b			
	c	Net rental income or (loss) subtract line 6b from line 6a				6c	
	7	Other investment income (describe ▶)				7	
	8a	Gross amount from sales of assets other than inventory	**(A)** Securities: 16,001	8a	**(B)** Other: 1,520		
	b	Less cost or other basis and sales expenses	16,258	8b	1,098		
	c	Gain or (loss) (attach schedule)	-257	8c	422		
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)				8d	165
	9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☐					
	a	Gross revenue (not including $ ____ of contributions reported on line 1b)		9a	126,714		
	b	Less direct expenses other than fundraising expenses		9b	91,558		
	c	Net income or (loss) from special events Subtract line 9b from line 9a				9c	35,156
	10a	Gross sales of inventory, less returns and allowances		10a			
	b	Less cost of goods sold		10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a				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	988,324
Expenses	13	Program services (from line 44, column (B))				13	778,454
	14	Management and general (from line 44, column (C))				14	86,705
	15	Fundraising (from line 44, column (D))				15	104,093
	16	Payments to affiliates (attach schedule)				16	
	17	**Total expenses** Add lines 16 and 44, column (A)				17	969,252
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12				18	19,072
	19	Net assets or fund balances at beginning of year (from line 73, column (A))				19	1,761,450
	20	Other changes in net assets or fund balances (attach explanation)				20	0
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20				21	1,780,522

Part II **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 the instructions.)*

	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
22a	Grants paid from donor advised funds (attach Schedule) (cash $ ______ noncash $ ______) If this amount includes foreign grants, check here ▶ ☐	**22a**				
22b	Other grants and allocations (attach schedule) (cash $ ______ noncash $ ______) If this amount includes foreign grants, check here ▶ ☐	**22b**				
23	Specific assistance to individuals (attach schedule)	**23**				
24	Benefits paid to or for members (attach schedule)	**24**				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	**25a**	34,480	888	9,522	24,070
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	**25b**				
c	Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	**25c**				
26	Salaries and wages of employees not included on lines 25a, b and c	**26**	395,739	319,159	32,108	44,472
27	Pension plan contributions not included on lines 25a, b and c	**27**				
28	Employee benefits not included on lines 25a - 27	**28**	38,422	31,667	3,631	3,124
29	Payroll taxes	**29**	40,118	29,877	3,880	6,361
30	Professional fundraising fees	**30**	2,240			2,240
31	Accounting fees	**31**	6,400		6,400	
32	Legal fees	**32**				
33	Supplies	**33**				
34	Telephone	**34**	5,849	5,849		
35	Postage and shipping	**35**				
36	Occupancy	**36**				
37	Equipment rental and maintenance	**37**	8,805	5,010	995	2,800
38	Printing and publications	**38**				
39	Travel	**39**				
40	Conferences, conventions, and meetings . .	**40**				
41	Interest	**41**	120,754	120,754		
42	Depreciation, depletion, etc (attach schedule)	**42**	68,899	61,907	6,992	
43	Other expenses not covered above (itemize)					
a	See Additional Data Table	**43a**				
b		**43b**				
c		**43c**				
d		**43d**				
e		**43e**				
f		**43f**				
g		**43g**				
44	**Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13—15)	**44**	969,252	778,454	86,705	104,093

Joint Costs. Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ **Yes** ☐ **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs $______, **(ii)** the amount allocated to Program services $______, **(iii)** the amount allocated to Management and general $ ______, and **(iv)** the amount allocated to Fundraising $

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

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

What is the organization's primary exempt purpose? ▶ PHYSICAL & OTHER THERAPY SERVICES All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a PROVIDE EFFECTIVE THERAPY FOR INDIVIDUALS WITH PHYSICAL, COGNITIVE & EMOTIONAL DISABILITIES (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	778,454
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (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) . . . . . ▶	778,454

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
Assets					
45 Cash—non-interest-bearing			104,943	45	81,923
46 Savings and temporary cash investments				46	
47a Accounts receivable	47a	34,837			
b Less allowance for doubtful accounts	47b	22,000	12,950	47c	12,837
48a Pledges receivable	48a	79,125			
b Less allowance for doubtful accounts	48b		58,685	48c	79,125
49 Grants receivable				49	
50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)				50b	
51a Other notes and loans receivable (attach schedule)	51a				
b Less allowance for doubtful accounts	51b			51c	
52 Inventories for sale or use				52	
53 Prepaid expenses and deferred charges			4,183	53	4,117
54a Investments—publicly-traded securities ▶ ☐ Cost ☐ FMV				54a	
b Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV				54b	
55a Investments—land, buildings, and equipment basis	55a				
b Less accumulated depreciation (attach schedule)	55b			55c	
56 Investments—other (attach schedule)			1,080	56	6,035
57a Land, buildings, and equipment basis	57a	3,999,043			
b Less accumulated depreciation (attach schedule)	57b	388,577	2,967,749	57c	3,610,466
58 Other assets, including program-related investments (describe ▶ ______)			615,036	58	14,542
59 **Total assets** (must equal line 74) Add lines 45 through 58			3,764,626	59	3,809,045
Liabilities					
60 Accounts payable and accrued expenses			239,055	60	212,759
61 Grants payable				61	
62 Deferred revenue			38,666	62	62,831
63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64a Tax-exempt bond liabilities (attach schedule)				64a	
b Mortgages and other notes payable (attach schedule)			1,664,366	64b	1,631,914
65 Other liabilities (describe ▶ ______)			61,089	65	121,019
66 **Total liabilities** Add lines 60 through 65			2,003,176	66	2,028,523
Net Assets or Fund Balances					
Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 67 through 69 and lines 73 and 74					
67 Unrestricted			1,667,441	67	1,598,617
68 Temporarily restricted			94,009	68	181,905
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
70 Capital stock, trust principal, or current funds				70	
71 Paid-in or capital surplus, or land, building, and equipment fund				71	
72 Retained earnings, endowment, accumulated income, or other funds				72	
73 **Total net assets or fund balances** Add lines 67 through 69 **or** lines 70 through 72 (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			1,761,450	73	1,780,522
74 **Total liabilities and net assets / fund balances** Add lines 66 and 73			3,764,626	74	3,809,045

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	1,079,882
b	Amounts included on line **a** but not on Part I, line 12				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify)	b4	91,558		
	Add lines **b1** through **b4**			b	91,558
c	Subtract line **b** from line **a**			c	988,324
d	Amounts included on Part I, line 12, but not on line **a**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2			
	Add lines **d1** and **d2**			d	91,558
e	**Total revenue** (Part I, line 12) Add lines **c** and **d** ▶			e	988,324

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	1,060,810
b	Amounts included on line **a** but not on Part I, line 17				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify)	b4	91,558		
	Add lines **b1** through **b4**			b	91,558
c	Subtract line **b** from line **a**			c	969,252
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2			
	Add lines **d1** and **d2**			d	
e	**Total expenses** (Part I, line 17) Add lines **c** and **d** ▶			e	969,252

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	**(B)** Title and average hours per week devoted to position	**(C)** Compensation **(If not paid, enter -0-.)**	**(D)** Contributions to employee benefit plans & deferred compensation plans	**(E)** Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 15			
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	Yes	
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		No
	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		No

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	(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

Part 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		No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		No
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		No
80a	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	Yes	
b	If "Yes," enter the name of the organization ▶ IRONSTONE THERAPY INC and check whether it is ☑ exempt **or** ☐ nonexempt			
81a	Enter direct or indirect political expenditures (See line 81 instructions) 81a			
b	Did the organization file **Form 1120-POL** for this year?	81b		No

Part VI Other Information *(continued)*

			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		No
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		
	If "Yes," was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
c	Dues assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	*501(c)(7) orgs.* Enter **a** Initiation fees and capital contributions included on line 12 86a			
b	Gross receipts, included on line 12, for public use of club facilities 86b			
87	*501(c)(12) orgs.* Enter **a** Gross income from members or shareholders 87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a		No
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b		No
89a	*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	*501(c)(3) and 501(c)(4) orgs.* 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		No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶			
e	*All organizations.* At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e		No
f	*All organizations.* Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f		No
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		

90a List the states with which a copy of this return is filed ▶ MA

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) **90b** 17

91a The books are in care of ▶ MARY E O'BRIEN EXECUTIVE DIRECTOR Telephone no ▶ (978) 475-4056

Located at ▶ 450 LOWELL ST ANDOVER, MA ZIP + 4 ▶ 01810

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		No

If "Yes," enter the name of the foreign country ▶

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

Part VI Other Information *(continued)*

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		No
	If "Yes," enter the name of the foreign country ▶			
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041*****—**Check here ▶ ☐			
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92		

Part VII Analysis of Income-Producing Activities ***(See the instructions.)***

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Instruction Revenue					536,776
b Management Fees					36,000
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	180	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			01	165	
101 Net income or (loss) from special events					35,156
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				345	607,932

105 Total (add line 104, columns (B), (D), and (E)) ▶ 608,277

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes ***(See the instructions.)***

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	RIDING LESSONS PROVIDED TO HANDICAPPED CHILDREN AND MENTALLY AND
93A	PHYSICALLY HANDICAPPED ADULTS
93B	MANAGEMENT SERVICES PROVIDED TO IRONSTONE THERAPY
101	FUNDRAISING TO SUPPORT PROGRAM SERVICES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities ***(See the instructions.)***

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts ***(See the instructions.)***

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☑ No

NOTE: *If "Yes" to* ***(b)****, file Form 8870* ***and*** *Form 4720 (see instructions).*

Part XI **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?		

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

****** 2008-04-29
Signature of officer Date

MARY E O'BRIEN EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Raymond L Anstiss Jr	Date 2008-04-29	Check if self-empolyed ☐	Preparer's SSN or PTIN (See Gen Inst W)
Firm's name (or yours if self-employed), address, and ZIP + 4: Anstiss & Co PC, 21 George Street, Lowell, MA 01852			EIN; Phone no (978) 452-2500

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

Name of the organization
CHALLENGE UNLIMITED INC

Employer identification number
22-2478997

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over $50,000 ▶				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over $50,000 for professional services ▶		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over $50,000 for other services ▶		

Part III Statements About Activities (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include 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		No
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing property?	2a		No
b	Lending of money or other extension of credit?	2b		No
c	Furnishing of goods, services, or facilities?	2c		No
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		No
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		No
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		

d Enter the total number of donor advised funds owned at the end of the tax year ▶

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ 0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ 0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

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 operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☐ An organization that normally receives a substantial part of its support from a governmental 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 complete the **Support Schedule** in Part IV-A)

12 ☑ An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I ☐ Type II ☐ Type III - Functionally Integrated ☐ Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	No	(e) Amount of support?
Total				▶	

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) ***Use cash method of accounting.***

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

	Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	739,262	159,281	232,333	62,867	1,193,743
16	Membership fees received					0
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	472,846	669,923	556,480	640,720	2,339,969
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,133	2,815	1,817	420	7,185
19	Net income from unrelated business activities not included in line 18					0
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	7,000				7,000
23	Total of lines 15 through 22	1,221,241	832,019	790,630	704,007	3,547,897
24	Line 23 minus line 17	748,395	162,096	234,150	63,287	1,207,928
25	Enter 1% of line 23	12,212	8,320	7,906	7,040	

26 **Organizations described on lines 10 or 11:** **a** Enter 2% of amount in column (e), line 24 ▶ **26a**

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b** 0

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ **26c**

d Add Amounts from column (e) for lines 18 ______ 19 ______ 22 ______ 26b ______ ▶ **26d**

e Public support (line 26c minus line 26d total) ▶ **26e**

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f**

27 **Organizations described on line 12:** **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " **Do not file this list with your return.** Enter the sum of such amounts for each year

(2006) 122,975 (2005) 39,143 (2004) 16,250 (2003) 3,000

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year

(2006) 175,516 (2005) 138,247 (2004) 140,333 (2003) 78,083

c Add Amounts from column (e) for lines 15 1,193,743 16 0 17 2,339,969 20 0 21 0 ▶ **27c** 3,533,712

d Add Line 27a total 181,368 and line 27b total 532,179 ▶ **27d** 713,547

e Public support (line 27c total minus line 27d total) ▶ **27e** 2,820,165

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ **27f** 3,547,897

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** 7948 84 %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** 20 25 %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Line	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
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?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of 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)	31		
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d		
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	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	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ **a** ☐ if the organization belongs to an affiliated group Check ▶ **b** ☐ if you checked "a" and "limited control" 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
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	**36**		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	**37**		
38 Total lobbying expenditures (add lines 36 and 37)	**38**		
39 Other exempt purpose expenditures	**39**		
40 Total exempt purpose expenditures (add lines 38 and 39)	**40**		
41 Lobbying nontaxable amount Enter the amount from the following table—	**41**		
42 Grassroots nontaxable amount (enter 25% of line 41)	**42**		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	**43**		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	**44**		

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 $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

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 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2007	**(b)** 2006	**(c)** 2005	**(d)** 2004	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines **c** through **h.**)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

			Yes	No
(i)	Cash	51a(i)		No
(ii)	Other assets	a(ii)		No
b	Other transactions			
(i)	Sales or exchanges of assets with a noncharitable exempt organization	b(i)		No
(ii)	Purchases of assets from a noncharitable exempt organization	b(ii)		No
(iii)	Rental of facilities, equipment, or other assets	b(iii)		No
(iv)	Reimbursement arrangements	b(iv)		No
(v)	Loans or loan guarantees	b(v)		No
(vi)	Performance of services or membership or fundraising solicitations	b(vi)		No
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		No

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always 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 arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2007

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
CHALLENGE UNLIMITED INC	Form 990 Page 2	22-2478997

Part I Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	1	$ 125,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	$ 500,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

	(a) Description of property	**(b)** Cost (business use only)	**(c)** Elected cost
6			

7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	43,647

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2007	17	25,102
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a 3-year property						
b 5-year property		1,500	5	HY	S/L	150
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	68,899
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.*)

24a Do you have evidence to support the business/investment use claimed? Yes No

24b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 . **28**

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 . . . . **29**

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles) . .												
31 Total commuting miles driven during the year .												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use? .												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year (see instructions)					

43 Amortization of costs that began before your 2007 tax year **43**

44 Total. Add amounts in column (f) See the instructions for where to report . . **44**

Additional Data

Software ID:
Software Version:
EIN: 22-2478997
Name: CHALLENGE UNLIMITED INC

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

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 Instruction	**43a**	20,831	20,831		
b Insurance	**43b**	27,162	13,034	12,499	1,629
c Advertising	**43c**	17,402	15,344	2,058	
d Dues & Subscriptions	**43d**	2,454	1,569	40	845
e Office Expenses	**43e**	39,455	30,813	8,580	62
f Farm Operations	**43f**	95,290	95,290		
g Bad Debt	**43g**	9,000	9,000		
h Special Events	**43h**	15,542	15,542		
i Fundraising Expenses	**43i**	20,410	1,920		18,490

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MARY-ELIZABETH O'BRIEN 450 LOWELL STREET ANDOVER,MA 01810	EXEC DIRECTOR 40 00	33,280	0	1,200
DAVID SOLLARS 450 LOWELL STREET ANDOVER,MA 01810	PRESIDENT 5 00	0	0	0
CHARLES GAFFNEY 450 LOWELL STREET ANDOVER,MA 01810	CLERK 5 00	0	0	0
JOHN J MCNAMEE JR 450 LOWELL STREET ANDOVER,MA 01810	DIRECTOR 5 00	0	0	0
PETER RAFFALLI 450 LOWELL STREET ANDOVER,MA 01810	DIRECTOR 5 00	0	0	0
WALTER P REICHERT 450 LOWELL STREET ANDOVER,MA 01810	DIRECTOR 5 00	0	0	0
NANCY ANGELL 450 LOWELL STREET ANDOVER,MA 01810	DIRECTOR 5 00	0	0	0
MARTHA GAFFNEY 450 LOWELL STREET ANDOVER,MA 01810	DIRECTOR 5 00	0	0	0
DAVID PIERRE 450 LOWELL STREET ANDOVER,MA 01810	DIRECTOR 5 00	0	0	0
ED STEVENS 450 LOWELL STREET ANDOVER,MA 01810	TREASURER 5 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
DIANE SOLLARS 450 LOWELL STREET ANDOVER, MA 01810	DIRECTOR 5 00	0	0	0
RODOLFO BAEZ 450 LOWELL STREET ANDOVER, MA 01810	DIRECTOR 5 00	0	0	0
JAMES ALEX 450 LOWELL STREET ANDOVER, MA 01810	DIRECTOR 5 00	0	0	0
JAMES GLEASON 450 LOWELL STREET ANDOVER, MA 01810	DIRECTOR 5 00	0	0	0
PATRICK LEYNE 450 LOWELL STREET ANDOVER, MA 01810	DIRECTOR 5 00	0	0	0
PETER MCCARTHY 450 LOWELL STREET ANDOVER, MA 01810	DIRECTOR 5 00	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2007 Gain/Loss from Sale of Other Assets Schedule

Name: CHALLENGE UNLIMITED INC
EIN: 22-2478997

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
Registered Quarter Horse - Val	2001-11	PURCHASED	2007-06		500	2,712		0	-81	2,131
Registered Paint - Belle	2001-11	PURCHASED	2007-08			2,713		0	-517	2,196
Registered Paint - Candlefire	2001-11	PURCHASED	2007-02		500	2,713		0	500	2,713
GradePony - Ajax	2001-11	PURCHASED	2007-09			2,713		0	0	2,713
GradePony - Oxnard	2001-11	PURCHASED	2007-02		520	2,713		0	520	2,713

TY 2007 Gain/Loss from Sale of Public Securities Schedule

Name:	CHALLENGE UNLIMITED INC
EIN:	22-2478997
Gross Sales Price:	16,001
Basis:	16,258
Sales Expenses:	0
Total (net):	-257

TY 2007 Investments - Other Schedule

Name: CHALLENGE UNLIMITED INC

EIN: 22-2478997

Description	Book Value	Cost/FMV
AGENCY ENDOWMENT	6,035	F

TY 2007 Land etc. Schedule

Name: CHALLENGE UNLIMITED INC
EIN: 22-2478997

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Riding Equipment	2,293	2,293	0
Saddles	1,685	1,685	0
Saddles	1,228	1,228	0
Saddles	1,265	1,265	0
Computer	2,260	2,260	0
Photo Equipment	2,210	2,210	0
Fax Machine	500	500	0
Video Equipment	400	400	0
PA System	520	520	0
Leasehold Improvements	21,395	14,983	6,412
LEASEHOLD IMPROVEMENTS	5,670	3,432	2,238
COMPUTER	2,464	2,464	0
COPIER	5,100	5,100	0
CONCRETE - PT ARENA	3,203	3,203	0
Parking lot lighting	3,185	3,150	35
Delpac	500	500	0
Pavement - Parking Lot	7,000	3,813	3,187
heatair-office	1,850	375	1,475
electricity office	800	163	637
heatair office	1,850	375	1,475
electrical work	300	61	239
heatair	1,450	285	1,165
heat and air office	85	16	69
office	240	47	193
from Walters donation(plaster)	2,300	442	1,858
office improvement	1,187	228	959
office improvement	400	77	323
office	618	118	500
bathroom	1,000	190	810
bathroom	1,373	261	1,112

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
officebathroom	903	170	733
bathroom	1,100	204	896
office improvement	1,547	288	1,259
ag build location	175	33	142
electrical work officebathroom	800	145	655
office improvement	301	56	245
floors office bathroom	1,350	248	1,102
office counters	320	59	261
office improvement	400	73	327
chairsfiling cabinets office	1,300	1,300	0
record donation of two HP computers and one printer	3,810	3,810	0
record donation of cannon copier	3,900	3,900	0
helmet from Barbizon Light grant	399	399	0
from Mass Charitable Grant	2,373	2,373	0
small helmets	86	86	0
record donation of 4 sets of re	1,937	1,937	0
4 helmets	92	92	0
Leasehold Improvements	69,214	12,980	56,234
Registered Paint - Jody	2,712	2,712	0
Registered Paint - Cody	2,712	2,712	0
Registered Paint - TJ	2,712	2,712	0
GradePony - Emma	2,712	2,712	0
GradePony - Tonka	2,712	2,712	0
Registered Haflinger - Lear	2,712	2,357	355
Registered Haflinger - Brandt	2,712	2,357	355
Registered Haflinger - Halstatt	2,713	2,357	356
Registered Haflinger - Kessler	2,713	2,357	356
Registered Haflinger - Telleman	2,713	2,357	356
Registered Haflinger - Fritz	2,713	2,357	356
Registered Haflinger - Grumman	2,713	2,357	356

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Registered Haflinger - Hans	2,713	2,357	356
Registered Haflinger - Konstanz	2,713	2,357	356
Registered Haflinger - Rolfe	2,713	2,357	356
Registered Haflinger - Klagen	2,713	2,713	0
1988 Massey Furguson 50 HX Backhoe-loader	5,000	4,345	655
Kubota L4200 tractor and loader	5,000	4,345	655
1988 Ford 350 4x4 Rack Body Dump w9' plow	5,000	4,345	655
1971 Ford F250 4x4 Rack Body w8' plow	5,000	4,345	655
GMC 8500 V-6 Magnum Single Axel Dump	5,000	4,345	655
Bush Hog Mower 4' 3 pt hitch	1,500	1,304	196
Grader Blade 7' 3 pt hitch	1,500	1,304	196
Land Pride 7' rake 3 pt hitch	1,500	1,304	196
Grading Rake 3pt hitch	1,500	1,304	196
Heater	2,000	2,000	0
Leasehold Improvements on Farm & Arena	4,783	665	4,118
Hayracks	1,550	212	1,338
Mosquitoe Magnet	2,475	2,475	0
Stall Frames	2,205	297	1,908
Office Equipment	4,000	4,000	0
Leasehold Improvements on Arena	2,259	299	1,960
IBM ThinkPad T21	2,500	2,500	0
PowerPoint Projector	1,500	1,350	150
12 YR OLD GELDING	8,000	3,810	4,190
John Deere SandSalt Spreader	2,150	973	1,177
PT Arena	16,981	1,887	15,094
Suffolk Punch Gelding - Clint	5,000	2,976	2,024
Equestrian Equipment	3,513	2,869	644
Tack	700	618	82
Hafflinger - Kaiser	6,000	3,928	2,072
6 year old gelding	4,000	2,000	2,000

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
5 Year old Geldıng	4,000	2,000	2,000
Campagne Membershıp Module	1,449	1,369	80
2002 Dodge Ram	17,374	4,757	12,617
Blackbaud	3,250	1,715	1,535
Horse	4,000	1,143	2,857
Indoor Arena	643,695	11,003	632,692
Blackbaud Software	1,625	163	1,462
Saddle Setup	641	32	609
Tack	2,916		2,916
PT Arena Improvements	5,704	122	5,582
Copy Machıne	5,197	520	4,677
Barn Roof	16,638	213	16,425
Rıdıng Equıpment	4,957	248	4,709
40' Cargo Contaıner	1,500	1,304	196
40' Cargo Contaıner	1,500	1,304	196
40' Cargo Contaıner	1,500	1,304	196
44' Box Traıler	5,000	4,345	655
Mobıl Feeder - 20 Statıon	5,000	4,345	655
10 Jersey Barrıers	2,500	2,173	327
TOA 900 Serıes amplıfıer w mıcrophone and speakers	1,000	1,000	0
Mıscellaneous Tools	3,500	3,042	458
Lıvestock Equıpment	5,046	4,385	661
Resıdence Buıldıng	525,000	82,452	442,548
Barn PT Arena and other Structures	450,000	70,673	379,327
Land - Resıdence	175,000		175,000
Land - Farm	1,760,325		1,760,325
HP Brıo Computer	1,666	1,666	0
Doors	2,154	352	1,802
Wall for Therapy Room	1,829	291	1,538
Gıftmaker Pro Fundraısıng Software	5,381	5,381	0

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Arena Sound System	12,341	617	11,724
Pony - Ollie	1,200	143	1,057
Gelding - Silas	3,500	375	3,125
Gelding - Gus	1,750	167	1,583
Haflinger - Wilson	5,500	131	5,369
Gelding - Tugboat	2,500	179	2,321
Storage Container	3,050	73	2,977
Mower	1,500	150	1,350

TY 2007 Mortgages and Notes Payable Schedule

Name: CHALLENGE UNLIMITED INC

EIN: 22-2478997

Total Mortgage Amount: 1631914

TY 2007 Other Assets Schedule

Name: CHALLENGE UNLIMITED INC

EIN: 22-2478997

Description	Beginning of Year Amount	End of Year Amount
ESCROW - REAL ESTATE TAX	1,803	1,557
CONSTRUCTION IN PROCESS	613,233	12,985

TY 2007 Other Expenses Included Schedule

Name: CHALLENGE UNLIMITED INC

EIN: 22-2478997

Description	Amount
DIRECT FUNDRAISING COSTS	91,558

TY 2007 Other Liabilities Schedule

Name: CHALLENGE UNLIMITED INC

EIN: 22-2478997

Description	Beginning of Year Amount	End of Year Amount
LINE OF CREDIT	61,089	121,019

TY 2007 Other Revenues Included Schedule

Name: CHALLENGE UNLIMITED INC

EIN: 22-2478997

Description	Amount
DIRECT FUNDRAISING COSTS	91,558

TY 2007 Relationship Schedule

Name: CHALLENGE UNLIMITED INC

EIN: 22-2478997

Person Name / Business Name	Title or Role	Person Name 2 / Business Name 2	Title or Role 2	Relationship
CHARLES GAFFNEY	CLERK	MARTHA GAFFNEY	DIRECTOR	SIBLINGS
DAVID SOLLARS	PRESIDENT	DIANE SOLLARS	DIRECTOR	SPOUSE
DAVID SOLLARS	PRESIDENT	DAVID PIERRE	DIRECTOR	BUSINESS PARTNERS
DAVID PIERRE	DIRECTOR	NANCY ANGELL	DIRECTOR	SPOUSE

TY 2007 Special Events Schedule

Name: CHALLENGE UNLIMITED INC

EIN: 22-2478997

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
SPECIAL EVENTS REVENUE	351,558	224,844	126,714	91,558	35,156

TY 2007 Other Income Schedule

Name: CHALLENGE UNLIMITED INC

EIN: 22-2478997

Description	2006	2005	2004	2003	Total
RECOVERY OF BAD DEBT	7,000				7,000