

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)

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 07/01, 2006, and ending 06/30/2007

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: CROSSING THE FINISH LINE, INC. D Employer identification number: 23-3013896 E Telephone number: (267) 708-0510 F Accounting method: Cash, Accrual

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? (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 Website: WWW.CROSSINGTHEFINISHLINE.ORG

J Organization type (check only one) 501(c)(3) 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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 593,676.

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

SCANNED JUN 25 2008

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Rents, Sales of assets, Special events, and Total revenue/expenses. Includes a 'RECEIVED' stamp from OGDEN, UT dated MAY 20 2008.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Handwritten numbers: 917, 1, 15

**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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)	39,600.	39,600.	STMT 3	
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule)	48,562.	33,994.	4,856.	9,712.
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)				
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	66,971.	50,345.	3,231.	13,395.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27	21,922.	15,383.	2,324.	4,215.
<b>29</b> Payroll taxes	10,517.	7,721.	681.	2,115.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	10,690.	1,875.	6,940.	1,875.
<b>32</b> Legal fees				
<b>33</b> Supplies	4,581.	3,319.	292.	970.
<b>34</b> Telephone	7,992.	5,992.	518.	1,482.
<b>35</b> Postage and shipping	8,301.	5,009.	805.	2,487.
<b>36</b> Occupancy				
<b>37</b> Equipment rental and maintenance				
<b>38</b> Printing and publications	18,771.	15,940.	1,237.	1,594.
<b>39</b> Travel				
<b>40</b> Conferences, conventions, and meetings	1,607.	703.	50.	854.
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc (attach schedule)	6,143.	4,714.	1,429.	NONE
<b>43</b> Other expenses not covered above (itemize)				
<b>a</b> STMT 4	86,024.	71,464.	11,974.	2,586.
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>f</b>				
<b>g</b>				
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	331,681.	256,059.	34,337.	41,285.

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? <b>SEE A-D BELOW.</b> 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.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
<b>a</b> THE ORGANIZATION OFFERS YOUNG ADULT CANCER PATIENTS, AGES 24 TO 50, AND THEIR FAMILIES A RETREAT FROM THE UNYIELDING PHYSICAL AND EMOTIONAL DEMANDS OF CANCER BY PROVIDING EXPENSE PAID RESPITE EXCURSIONS TO ADDRESS THE PSYCHOLOGICAL, EMOTIONAL, ECONOMIC AND SPIRITUAL TRAUMA ASSOCIATED WITH A CANCER DIAGNOSIS. (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	256,059.
<b>b</b> THE ORGANIZATION IS THE PROUD OWNER OF A HOME NEAR ORLANDO, FLORIDA THAT IS USED YEAR ROUND FOR PATIENT EXCURSIONS. MANY SERVICES ASSOCIATED WITH THIS HOME ARE COMPLIMENTARY, AND CFL HAS A FLORIDA CONTINGENT OF VOLUNTEERS TO MAINTAIN THIS HOME AND ACT AS THE CFL CONCIERGE FOR TRAVELING FAMILIES. (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b> THE ORGANIZATION USED OUTCOMES MEASURES MATRIX TO GAUGE THE EFFECTIVENESS OF THE PROGRAM. BOTH QUALITATIVE AND QUANTITATIVE MEASUREMENTS ARE CALCULATED AND ARE INCLUDED MONTHLY ON THE ORGANIZATION'S WEBSITE. (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b> CFL WAS THE FIRST NONPROFIT IN MONTGOMERY COUNTY, THE 34TH NONPROFIT IN THE STATE OF PENNSYLVANIA, TO ACHIEVE THE PANO STANDARDS OF EXCELLENCE CERTIFICATION FROM THE PENNSYLVANIA ASSOCIATION OF NONPROFIT ORGANIZATIONS IN THE 06-07 FISCAL YEAR. (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . . ▶	256,059.

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

		(A) Beginning of year	(B) End of year		
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only					
<b>Assets</b>	45	Cash - non-interest-bearing . . . . .	694	45	3,845.
	46	Savings and temporary cash investments . . . . .	40,353.	46	98,186.
	47a	Accounts receivable . . . . .		47a	
	b	Less allowance for doubtful accounts . . . . .		47b	47c
	48a	Pledges receivable . . . . .	10,000.	48a	
	b	Less allowance for doubtful accounts . . . . .		48b	NONE
	49	Grants receivable . . . . .		49	10,000.
	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(f)(1)) and persons described in 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 . . . . .		53	8,025.
	54a	Investments - publicly-traded securities . . . . .		54a	
	b	Investments - other securities (attach schedule) . . . . .		54b	
	55a	Investments - land, buildings, and equipment basis . . . . .		55a	
	b	Less accumulated depreciation (attach schedule) . . . . .		55b	55c
	56	Investments - other (attach schedule) . . . . .		56	6,348.
	57a	Land, buildings, and equipment basis . . . . .	168,928.	57a	
b	Less accumulated depreciation (attach schedule) . . . . .	45,762.	57b	127,015.	
58	Other assets, including program-related investments (describe . . . . .)	1,000.	58	1,000.	
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .	169,062.	59	250,570.	
<b>Liabilities</b>	60	Accounts payable and accrued expenses . . . . .	59,758.	60	14,679.
	61	Grants payable . . . . .		61	
	62	Deferred revenue . . . . .		62	
	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) . . . . .		64b	
	65	Other liabilities (describe . . . . .)	304.	65	NONE
66	<b>Total liabilities.</b> Add lines 60 through 65 . . . . .	60,062.	66	14,679.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74</b>				
	67	Unrestricted . . . . .	99,000.	67	220,891.
	68	Temporarily restricted . . . . .	10,000.	68	15,000.
	69	Permanently restricted . . . . .		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74</b>				
	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	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .	109,000.	73	235,891.
	74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	169,062.	74	250,570.



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

- 75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 12
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?
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?
d Does the organization have a written conflict of interest policy?

Table with 3 columns: Question, Yes, No. Contains checkboxes for questions 75a through 75d.

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 )

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

- 76 Did the organization make a change in its activities or methods of conducting activities?
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
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?
80b If "Yes," enter the name of the organization
81a Enter direct and indirect political expenditures (See line 81 instructions).
81b Did the organization file Form 1120-POL for this year?

Table with 3 columns: Question, Yes, No. Contains checkboxes for questions 76 through 81b.

Part VI Other Information (continued)

Form 990 (2006) Part VI Other Information (continued) table with columns for question, Yes, and No. Includes questions 82a-91b regarding organization services, dues, lobbying, and foreign 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 Yes No X

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 N/A

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

Note: Enter gross amounts unless otherwise indicated

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

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)

Table with 2 columns: 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)

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

Table with 5 columns: (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).

**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

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**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

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

**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.

Signature of officer: Marcella B. Schankweiler Date: May 12, 2008  
 Type or print name and title: Marcella B. Schankweiler President

**Paid Preparer's Use Only**

Preparer's signature: <u>[Signature]</u>	Date: <u>5/6/08</u>	Check if self-employed: <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst X): P00087387
Firm's name (or yours if self-employed), address, and ZIP + 4: <u>SMART BUS. ADV. AND CONSULTING, LLC</u> <u>502 WASHINGTON AVENUE, SUITE 500</u> <u>BALTIMORE, MD 21204</u>	EIN: <u>20-8994268</u>	Phone no: <u>410-296-6300</u>	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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

**2006**

Name of the organization

CROSSING THE FINISH LINE, INC.

Employer identification number

23-3013896

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 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 . . ▶ NONE

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals 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 . . . . . ▶ NONE

**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 individuals or firms. If there are none, enter "None." See page 2 of the 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 . . . . . ▶ NONE

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

Table with columns for question number, description, Yes, and No. Includes questions 1 through 4g regarding lobbying activities, compensation, and donor advised funds.

**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)(v) (Also complete the **Support Schedule** in Part IV-A)
- 11b  A community trust Section 170(b)(1)(A)(v) (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 (EIN)	(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?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 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

Table with columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 The value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12.

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 9 of the instructions)

NOT APPLICABLE

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

	Yes	No
<b>29</b> 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? . . . . .	<b>29</b>	
<b>30</b> 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? . . . . .	<b>30</b>	
<b>31</b> 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 ) ----- ----- -----	<b>31</b>	
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b> Admissions policies? . . . . .	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b> Educational policies? . . . . .	<b>33e</b>	
<b>f</b> Use of facilities? . . . . .	<b>33f</b>	
<b>g</b> Athletic programs? . . . . .	<b>33g</b>	
<b>h</b> Other extracurricular activities? . . . . .	<b>33h</b>	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</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	<b>34b</b>	
<b>35</b> 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 . . . . .	<b>35</b>	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions) (To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

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)

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for all electing organizations. Rows include Total lobbying expenditures, Total exempt purpose expenditures, and Lobbying nontaxable amount.

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

4-Year Averaging Period Under Section 501(h)

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

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include Lobbying nontaxable amount, Lobbying ceiling amount, Total lobbying expenditures, Grassroots nontaxable amount, Grassroots ceiling amount, and Grassroots lobbying expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities NOT APPLICABLE (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions)

Table with 3 columns: Description, Yes, No, Amount. Rows include Volunteers, Paid staff or management, Media advertisements, Mailings to members, Publications, Grants to other organizations, Direct contact with legislators, Rallies, and Total lobbying expenditures.



FORM 990, PART I - EXCLUDED CONTRIBUTIONS  
=====

DESCRIPTION  
-----

AMOUNT  
-----

OTHER SPECIAL EVENTS

165,762.

TOTAL

-----  
165,762.  
=====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
OTHER SPECIAL EVENTS	227,981.	135,104.	92,877.
TOTALS	227,981.	135,104.	92,877.

FORM 990, PART II - SPECIFIC ASSISTANCE TO INDIVIDUALS  
=====

DESCRIPTION -----	PROGRAM SERVICES -----
PATIENT STIPEND	39,600.
TOTALS	----- 39,600. =====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
ACCOMMODATIONS	111.	111.	NONE	NONE
AIRLINE TRAVEL	24,544.	24,544.	NONE	NONE
BANK SERVICE CHARGES	5,599.	3,919.	1,288.	392.
CAR RENTAL	10,886.	10,886.	NONE	NONE
COMPUTER SOFTWARE MAINTENANCE	3,024.	2,208.	211.	605.
DUES AND SUBSCRIPTIONS	927.	315.	306.	306.
FACILITY REPAIRS	5,912.	5,783.	129.	NONE
INSURANCE	3,336.	2,435.	234.	667.
MISCELLANEOUS	14,100.	10,159.	3,941.	NONE
PORT SUPPORT	1,131.	1,131.	NONE	NONE
STRATEGIC PLANNING	5,650.	NONE	5,650.	NONE
TECHNOLOGY AND WEBSITE UTILITIES	61.	61.	NONE	NONE
	10,743.	9,912.	215.	616.
TOTALS	86,024.	71,464.	11,974.	2,586.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
PREPAID INSURANCE & TAXES	8,025.
TOTALS	----- 8,025. =====

FORM 990, PART IV - INVESTMENTS - OTHER

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
SECURITIES	6,348.
TOTALS	----- 6,348. =====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
SECURITY DEPOSITS	1,000.
TOTALS	----- 1,000. =====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION -----	AMOUNT -----
DONATED SERVICES FOR SPECIAL EVENTS	-83,472.
	-----
TOTAL	-83,472.
	=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MARCELLA BOSSOW-SCHANKWEILER 980 HARVEST DRIVE, STE 203 BLUE BELL, PA 19422	PRESIDENT 40.00	48,562.	NONE	NONE
THOMAS MCGINN 980 HARVEST DRIVE, STE 203 BLUE BELL, PA 19422	CHAIRMAN 1.00			
JEFFREY BOYLE, CPA 980 HARVEST DRIVE, STE 203 BLUE BELL, PA 19422	DIRECTOR 1.00			
JOSEPH SUNDHEIM 980 HARVEST DRIVE, STE 203 BLUE BELL, PA 19422	DIRECTOR 1.00			
MARIANN KUTLER, RN 980 HARVEST DRIVE, STE 203 BLUE BELL, PA 19422	PROGRAM COORDINATOR 1.00			
CHRISTOPHER SELGRATH, DO 980 HARVEST DRIVE, STE 203 BLUE BELL, PA 19422	DIRECTOR 1.00			
J. SCOTT MILLER 980 HARVEST DRIVE, STE 203 BLUE BELL, PA 19422	DIRECTOR 1.00			
JAMES MURRAY 980 HARVEST DRIVE, STE 203 BLUE BELL, PA 19422	DIRECTOR EMERITUS 1.00			

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
PATRICK BELLO 980 HARVEST DRIVE, STE 203 BLUE BELL, PA 19422	DIRECTOR 1.00			
DAVID SPEICHER 980 HARVEST DRIVE, STE 203 BLUE BELL, PA 19422	DIRECTOR 1.00			
JOHN WASHLICK, ESQUIRE 980 HARVEST DRIVE, STE 203 BLUE BELL, PA 19422	SECRETARY 1.00			
MICHAEL KEENAN, CPA 980 HARVEST DRIVE, STE 203 BLUE BELL, PA 19422	DIRECTOR EMERITUS 1.00			
DEBORAH BACON, CPA 980 HARVEST DRIVE, STE 203 BLUE BELL, PA 19422	TREASURER 1.00			

GRAND TOTALS

48,562. NONE NONE

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

DIRECTOR OF THE ORGANIZATION WAS PAID A SALARY OF \$48,562

FEDERAL FOOTNOTES

=====

PART V-A CURRENT OFFICERS, DIRECTORS, TRUSTEES & KEY EMPLOYEES

=====

QUESTION 75B EXPLANATION

=====

MARIANN KUTLER IS THE MOTHER OF MARCELLA BOSSOW-SCHANKWEILER

**Crossing the Finish Line, Inc.**  
**Comprehensive Depreciation [Depreciation]**  
**GAAP**  
**For the Period July 1, 2006 to June 30, 2007**

Asset ID	Placed in Service/Disposal Date	Asset Balance				Ending	Depr Meth/Conv	Life Yr	Book Cost	Credit Reduction Amount	Depreciable Basis			Current & Accum Depreciation			Net Book Value
		Beginning	Additions	Deletions	0						Bus Use %	Net S178A & APTD	Prior Reported Depreciation	Depreciable Basis	Beginning Accum Depr	Current Depr & APTD	
<b>Asset Type Computer</b>																	
000010	Computer equipment																
7/27/2001	5,304	0	0	0	5,304	SL100FM	5.0	5,304	0	0	100	5,304	5,304	0	0	0	5,304
000060	Two new PCs purchased from Best Business Solutions	1,393	0	0	1,393	SL100FM	5.0	1,393	0	0	100	46	1,393	46	0	0	375
5/1/2006	1,393	0	0	0	1,393	SL100FM	5.0	1,393	0	0	100	46	1,393	46	0	0	1,068
000090	New Computers	0	2,294	0	2,294	SL100FM	5.0	2,294	0	0	100	0	2,294	0	0	0	2,294
1/1/2007	0	2,294	0	0	2,294	SL100FM	5.0	2,294	0	0	100	0	2,294	0	0	0	2,294
Subtotal	Computer (2)	6,697	2,294	0	8,991			8,991	0	0	100	5,350	8,991	5,350	598	0	5,658
000020	Computer software																
7/27/2001	1,398	0	0	0	1,398	SL100FM	3.0	1,398	0	0	100	1,359	1,398	1,359	0	0	1,399
000030	Computer software upgrade	11,752	0	0	11,752	SL100FM	3.0	11,752	0	0	100	11,752	11,752	11,752	0	0	11,752
3/1/2002	11,752	0	0	0	11,752	SL100FM	3.0	11,752	0	0	100	11,752	11,752	11,752	0	0	11,752
000070	Ressens Edge software	2,763	0	0	2,763	SL100FM	3.0	2,763	0	0	100	537	2,763	537	921	0	1,458
12/1/2005	2,763	0	0	0	2,763	SL100FM	3.0	2,763	0	0	100	537	2,763	537	921	0	1,458
Subtotal	Computer Software (3)	15,913	0	0	15,913			15,913	0	0	100	13,648	15,913	13,648	921	0	14,569
000040	Land Davenport house																
3/7/2002	14,402	0	0	0	14,402	None	0.0	14,402	0	0	100	0	0	0	0	0	14,402
Subtotal	Land (1)	14,402	0	0	14,402			14,402	0	0	100	0	0	0	0	0	14,402
000050	Residential Rental Property																
3/7/2002	129,622	0	0	0	129,622	SL100MM	27.6	129,622	0	0	100	20,620	129,622	20,620	4,714	0	104,288
Subtotal	Residential Rental Property (1)	129,622	0	0	129,622			129,622	0	0	100	20,620	129,622	20,620	4,714	0	104,288
Grand Total		166,634	2,294	0	168,928			168,928	0	0	100	38,619	154,526	39,619	6,143	0	123,167

Note: There may be differences due to rounding

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box.

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy

Form header section with fields: Type or print, Name of Exempt Organization (CROSSING THE FINISH LINE, INC.), Employer identification number (23-3013896), Number, street, and room or suite no (980 HARVEST DRIVE), City, town or post office, state, and ZIP code (BLUE BELL, PA 19422)

Check type of return to be filed (File a separate application for each return)

Form with checkboxes for return types: Form 990 (checked), Form 990-PF, Form 990-BL, Form 990-EZ, Form 990-T (sec 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

The books are in the care of MARCELLA BOSSOW Telephone No 267 708-0510 FAX No

If the organization does not have an office or place of business in the United States, check this box.

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 05/15, 20 08
5 For calendar year, or other tax year beginning 07/01, 20 06, and ending 06/30, 20 07
6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN.

Table with 3 rows (8a, 8b, 8c) and 2 columns (Amount, Description). 8a: tentative tax, less any nonrefundable credits. 8b: refundable credits and estimated tax payments made. 8c: Balance Due.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Matthew D. Hanford Title CPA Date 2/11/08

Notice to Applicant. (To Be Completed by the IRS)

- Options for IRS approval: We have approved this application, We have not approved this application (10-day grace period), We have not approved this application (no grace period), We cannot consider this application because it was filed after the extended due date, Other

Director By Date

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Form for alternate mailing address: Name (SMART BUS. ADV. AND CONSULTING, LLC), Number and street (502 WASHINGTON AVENUE, SUITE 500), City or town, province or state, and country (BALTIMORE, MD 21204)

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print  File by the due date for filing your return See instructions	Name of Exempt Organization <b>CROSSING THE FINISH LINE, INC.</b>	Employer identification number <b>23-3013896</b>
	Number, street, and room or suite no If a P O box, see instructions <b>980 HARVEST DRIVE</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>BLUE BELL, PA 19422</b>	

### Check type of return to be filed (file a separate application for each return):

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► MARCELLA BOSSOW

Telephone No ► 267 708-0510 FAX No ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 02/15, 2008, to file the exempt organization return for the organization named above The extension is for the organization's return for

- calendar year \_\_\_\_\_ or
- tax year beginning 07/01, 2006, and ending 06/30, 2007

2 If this tax year is for less than 12 months, check reason.  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	<b>3a</b>	\$	NONE
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	<b>3b</b>	\$	NONE
<b>c Balance Due.</b> Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	<b>3c</b>	\$	NONE

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.