

Return of Organization Exempt From Income Tax

2004

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A For the 2004 calendar year, or tax year beginning 07/01, 2004, and ending 06/30/2005

- 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. Number and street (or P O box if mail is not delivered to street address): 170 WEST GERMANTOWN PIKE City or town, state or country, and ZIP + 4: EAST NORRITON, PA 19401

D Employer identification number: 23-3013896 E Telephone number: (484) 674-4778 F Accounting method: 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? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? 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)

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 428,765.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Table with 3 main sections: Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Includes sub-rows for contributions, program service revenue, membership dues, interest, dividends, rents, sales of assets, special events, and inventory.

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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 page 22 of the instructions.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc, 43 Other expenses not covered above, 44 Total functional expenses.

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 [X] 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 page 25 of the instructions.)

What is the organization's primary exempt purpose? [] STMT 8

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)

Table with 2 columns: Description, Program Service Expenses. Rows include: a STMT 9, b, c, d, e Other program services, f Total of Program Service Expenses (should equal line 44, column (B), Program services) 272,421.

Part IV Balance Sheets (See page 25 of 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 | 8,914. | 45 | 6,604. |
| | 46 Savings and temporary cash investments | 30,052. | 46 | 45,851. |
| | 47a Accounts receivable | 47a | | |
| | b Less: allowance for doubtful accounts | 47b | 47c | |
| | 48a Pledges receivable | 48a | | |
| | b Less: allowance for doubtful accounts | 48b | 48c | |
| | 49 Grants receivable | | 49 | |
| | 50 Receivables from officers, directors, trustees, and key employees (attach schedule) | | 50 | |
| | 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 | |
| | 54 Investments - securities (attach schedule) STMT 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | 4,679. | 54 | 4,354. |
| | 55a Investments - land, buildings, and equipment: basis | 55a | | |
| | b Less: accumulated depreciation (attach schedule) | 55b | 55c | |
| 56 Investments - other (attach schedule) | | 56 | | |
| 57a Land, buildings, and equipment: basis | 57a | 162,478. | | |
| b Less: accumulated depreciation (attach schedule) | 57b | 33,261. | 57c | |
| 58 Other assets (describe STMT 11) | | 200. | 58 | 1,000. |
| 59 Total assets (add lines 45 through 58) (must equal line 74) | | 181,449. | 59 | 187,026. |
| Liabilities | 60 Accounts payable and accrued expenses | 446. | 60 | 7,036. |
| | 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) | | 65 | 400. |
| 66 Total liabilities (add lines 60 through 65) | | 446. | 66 | 7,436. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 | | | |
| | 67 Unrestricted | 181,003. | 67 | 179,590. |
| | 68 Temporarily restricted | | 68 | |
| | 69 Permanently restricted | | 69 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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; column (B) must equal line 21) | 181,003. | 73 | | 179,590. |
| 74 Total liabilities and net assets / fund balances (add lines 66 and 73) | 181,449. | 74 | | 187,026. |

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.

Part VI Other Information (See page 28 of the instructions.)

| | | Yes | No |
|-----|---|------|----|
| 76 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | X |
| 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 | | X |
| 78a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | X |
| 78b | If "Yes," has it filed a tax return on Form 990-T for this year? | N/A | |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | | X |
| 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? If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt | | X |
| 81a | Enter direct and indirect political expenditures. See line 81 instructions. | NONE | |
| 81b | Did the organization file Form 1120-POL for this year? | | X |
| 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? 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) | X | |
| 82b | | | |
| 83a | Did the organization comply with the public inspection requirements for returns and exemption applications? | X | |
| 83b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | X | |
| 84a | Did the organization solicit any contributions or gifts that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | X |
| 84b | | N/A | |
| 85a | 501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members? | N/A | |
| 85b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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 for the prior year | N/A | |
| 85c | Dues, assessments, and similar amounts from members | N/A | |
| 85d | Section 162(e) lobbying and political expenditures | N/A | |
| 85e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | N/A | |
| 85f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | N/A | |
| 85g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | N/A | |
| 85h | 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? | N/A | |
| 86a | 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 | N/A | |
| 86b | Gross receipts, included on line 12, for public use of club facilities | N/A | |
| 87a | 501(c)(12) orgs. Enter: a Gross income from members or shareholders | N/A | |
| 87b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | N/A | |
| 88 | 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 | | X |
| 89a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> N/A, section 4912 <input type="checkbox"/> N/A, section 4955 <input type="checkbox"/> N/A | | |
| 89b | 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 | | X |
| | c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> N/A | | |
| | d Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> N/A | | |
| 90a | List the states with which a copy of this return is filed <input type="checkbox"/> PENNSYLVANIA | | |
| 90b | Number of employees employed in the pay period that includes March 12, 2004 (See instructions) | 3 | |
| 91 | The books are in care of <input type="checkbox"/> MARCELLA BOSSOW-SCHANKWEILER Telephone no <input type="checkbox"/> 484-674-4778 Located at <input type="checkbox"/> 170 W. GERMANTOWN PIKE, E. NORRITON, PA ZIP + 4 <input type="checkbox"/> 19401 | | |
| 92 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92 <input type="checkbox"/> N/A | | |

Part VII Analysis of Income-Producing Activities (See page 33 of 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 _____ | | | | | |
| b _____ | | | | | |
| 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 | 867. | |
| 96 Dividends and interest from securities | | | | | |
| 97 Net rental income or (loss) from real estate | | | | | |
| a debt-financed property | | | | | |
| b not 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 | | | | | |
| 101 Net income or (loss) from special events | | | | | 60,517. |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue a _____ | | | | | |
| b MISCELLANEOUS _____ | | | | | 5,874. |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | | | 867. | 66,391. |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 67,258. |

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of 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). |
|----------|---|
| ▼ | |
| | |
| | |
| | |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of 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 |
|--|---|-----------------------------|---------------------|---------------------------|
| N/A | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of 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).

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.

Please Sign Here

Signature of officer: Marcella B Schankweiler Date: 1/10/06

Type or print name and title: Marcella B. Schankweiler President

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 1/5/06 Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. W): P00087387

Firm's name (or yours if self-employed), address, and ZIP + 4: SMART AND ASSOCIATES, LLP EIN: 23-2792198

502 WASHINGTON AVENUE, SUITE 500 Phone no: 410-296-6300

BALTIMORE, MD 21204

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 Section 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

2004

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 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 ▶ | NONE | | | |

Part II 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 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, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B) | | X |
| 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 of property? | | X |
| b Lending of money or other extension of credit? | | X |
| c Furnishing of goods, services, or facilities? | | X |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | X | |
| e Transfer of any part of its income or assets? | | X |
| 3a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments) | | X |
| b Do you have a section 403(b) annuity plan for your employees? | | X |
| 4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? | | X |
| b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? | | X |

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

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 supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

| (a) Name(s) of supported organization(s) | (b) Line number from above |
|--|----------------------------|
| | |
| | |
| | |

14 An organization organized and operated to test for public safety Section 509(a)(4). (See page 5 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 6 columns: Calendar year (or fiscal year beginning in), (a) 2003, (b) 2002, (c) 2001, (d) 2000, (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 not included in line 18; 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets; 23 Total of lines 5 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE; 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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts; c Total support for section 509(a)(1) test Enter line 24, column (e); d Add Amounts from column (e) for lines 18, 19, 22, 26b; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

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: (2003) (2002) (2001) (2000)

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 this list organizations described in lines 5 through 11, 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: (2003) (2002) (2001) (2000)

c Add Amounts from column (e) for lines 15, 16, 17, 20, 21; d Add Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test Enter amount from line 23, column (e); g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.) **NOT APPLICABLE**
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

| | 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 a 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 | |
| 34 a 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) **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.)

| | | (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 - If the amount on line 40 is - The lobbying nontaxable amount is - | 41 | | |
| 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 | | | |
| 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 | | |

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.)

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|--|--|-------------|-------------|-------------|--------------|
| | (a) 2004 | (b) 2003 | (c) 2002 | (d) 2001 | (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

NOT APPLICABLE

(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

CROSSING THE FINISH LINE, INC.

FORM 990, PART I - LIST OF CONTRIBUTORS
=====

| | |
|---------|----------|
| DIRECT | ----- |
| PUBLIC | ----- |
| SUPPORT | ----- |
| | ----- |
| | 266,305. |
| | ===== |

| | |
|------------------|------|
| NAME AND ADDRESS | DATE |
| ----- | ---- |

TOTAL CONTRIBUTION AMOUNTS

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

| DESCRIPTION ----- | AMOUNT ----- |
|----------------------|-----------------|
| BEACH BALL 2005 | 45,008. |
| FASHION SHOW 2005 | 52,594. |
| GOLF 2004 | 25,435. |
| OTHER SPECIAL EVENTS | 16,491. |
| | ----- |
| TOTAL | 139,528. |
| | ===== |

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

| DESCRIPTION | GROSS REVENUE | DIRECT EXPENSES | NET INCOME |
|----------------------|---------------|-----------------|------------|
| BEACH BALL 2005 | 49,505. | 40,484. | 9,021. |
| FASHION SHOW 2005 | 35,660. | 25,778. | 9,882. |
| GOLF 2004 | 39,485. | 26,256. | 13,229. |
| OTHER SPECIAL EVENTS | 31,069. | 2,684. | 28,385. |
| TOTALS | 155,719. | 95,202. | 60,517. |

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====

DESCRIPTION

AMOUNT

UNREALIZED LOSS ON INVESTMENT

325.

TOTAL

325.
=====

FORM 990, PART II - SPECIFIC ASSISTANCE TO INDIVIDUALS

=====

DESCRIPTION

PROGRAM
SERVICES

PATIENT STIPEND

32,012.

TOTALS

32,012.

=====

FORM 990, PART II - OTHER EXPENSES
=====

| DESCRIPTION | TOTAL | PROGRAM SERVICES | MANAGEMENT AND GENERAL | FUNDRAISING |
|-------------------------------|----------|------------------|------------------------|-------------|
| ACCOMODATIONS | 5,640. | 5,640. | | |
| AIRLINE TRAVEL | 30,617. | 30,617. | | |
| BANK SERVICE CHARGES | 3,300. | 2,416. | 501. | 383. |
| BOARD EXPENSE | 123. | | 123. | |
| CAR RENTAL | 14,305. | 14,305. | | |
| COMPUTER SOFTWARE MAINTENANCE | 3,405. | 2,495. | 514. | 396. |
| CONTRIBUTIONS | 149. | 149. | | |
| DUES AND SUBSCRIPTIONS | 1,233. | 904. | 186. | 143. |
| EDUCATIONAL OUTREACH | 432. | 432. | | |
| FACILITY EXPENSES | 22,025. | 22,025. | | |
| FACILITY EXPENSES | 2,943. | 2,146. | 444. | 353. |
| INSURANCE | 241. | 241. | | |
| MISCELLANEOUS | 948. | 695. | 143. | 110. |
| PAYROLL PROCESSING FEES | 846. | 846. | | |
| PORT SUPPORT | 3,084. | 2,776. | | 308. |
| TECHNOLOGY AND WEBSITE | 3,752. | 2,749. | 567. | 436. |
| UTILITIES | 551. | 551. | | |
| VOLUNTEER APPRECIATION | 8,642. | 8,642. | | |
| WELCOME BASKET | | | | |
| TOTALS | 102,236. | 97,629. | 2,478. | 2,129. |

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

THE ORGANIZATION OFFERS YOUNG ADULT CANCER PATIENTS AND SPOUSES/CAREGIVERS A RETREAT FROM PHYSICAL AND EMOTIONAL DEMANDS OF TREATMENT'S. SINCE INCEPTION, THE ORGANIZATION HAS PROVIDED FOR OVER 424 INDIVIDUALS.

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS (A THROUGH D)
=====

ITEM DESCRIPTION

EXPENSES

A THE ORGANIZATION OFFERS YOUNG ADULT CANCER PATIENTS AND
SPOUSES/CAREGIVERS A RETREAT FROM PHYSICAL AND EMOTIONAL
DEMANDS OF TREATMENTS. SINCE INCEPTION THE ORGANIZATION HAS
PROVIDED FOR OVER 424 INDIVIDUALS. 272,421.

TOTAL

272,421.
=====

FORM 990, PART IV - INVESTMENTS - SECURITIES

=====

| DESCRIPTION | ENDING BOOK VALUE |
|-------------|--------------------------|
| ----- | ----- |
| STOCKS | 4,354. |
| TOTALS | ----- 4,354. ===== |

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 ----- |
|---|-----------------|
| SPECIAL EVENTS DONATED FACILITIES AND SERVICES | -92,063. |
| | ----- |
| TOTAL | -92,063. |
| | ===== |

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION

AMOUNT

SPECIAL EVENTS DONATED
FACILITIES AND SERVICES

-92,063.

TOTAL

-92,063.

=====

FORM 990, PART V - LIST OF 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 170 W. GERMANTOWN PIKE, STE C-3 EAST NORRITON, PA 19401 | EXECUTIVE DIRECTOR 30 | 41,000. | NONE | NONE |
| THOMAS MCGINN 170 W. GERMANTOWN PIKE, STE C-3 EAST NORRITON, PA 19401 | PRESIDENT 5 | NONE | NONE | NONE |
| JEFFREY BOYLE, CPA 170 W. GERMANTOWN PIKE, STE C-3 EAST NORRITON, PA 19401 | VP 1 | NONE | NONE | NONE |
| JOSEPH SUNDHEIM 133 STEINRIGHT ROAD COLLEGEVILLE, PA 19401 | TREASURER 1 | NONE | NONE | NONE |
| MARIANN KUTLER, RN 170 W. GERMANTOWN PIKE, STE C-3 EAST NORRITON, PA 19401 | SECRETARY 1 | NONE | NONE | NONE |
| GRAND TOTALS | | 41,000. | NONE | NONE |

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

DIRECTOR OF THE ORGANIZATION WAS PAID A SALARY OF \$41,000.

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)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only.

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

| | | |
|--|--|---|
| Type or print File by the due date for filing your return. See instructions | Name of Exempt Organization CROSSING THE FINISH LINE, INC. | Employer identification number 23-3013896 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 170 WEST GERMANTOWN PIKE | C-3 |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. EAST NORRITON, PA 19401 | |

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-SCHANKWEILER**

Telephone No. ▶ **484 674-4778** 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 **Form 990-T corporation**) extension of time until **02/15**, **2006** 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**, **2004**, and ending **06/30**, **2005**.

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

3a 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 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 \$ _____

c **Balance Due.** 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 \$ _____

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