

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

2006

Open to Public
Inspection

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

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

C Name of organization

CROSSING THE FINISH LINE, INC.

Number and street (or P O box if mail is not delivered to street address)

980 HARVEST DRIVE

Room/suite

203

City or town, state or country, and ZIP + 4

BLUE BELL, PA 19422

D Employer identification number

23-3013896

E Telephone number

(267) 708-0510

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 Website: ▶ WWW.CROSSINGTHEFINISHLINE.ORG

J Organization type (check only one) ☒ 501(c)(3) () (insert no) 4947(a)(1) or 527K 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 ▶ 593,676.

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	363,503.		
	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 \$ 363,503. noncash \$)	1e	363,503.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5	2,192.		
	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	8a			
	b	Less cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ☐				
	a	Gross revenue (not including \$ 165,762. of STMT 1 contributions reported on line 1b). STMT 2	9a	227,981.		
b	Less direct expenses other than fundraising expenses	9b	135,104.			
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	92,877.			
	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	458,572.		
	Expenses	13	Program services (from line 44, column (B))	13	256,059.	
		14	Management and general (from line 44, column (C))	14	34,337.	
		15	Fundraising (from line 44, column (D))	15	41,285.	
		16	Payments to affiliates (attach schedule)	16		
		17	Total expenses. Add lines 13 and 14, column (A)	17	331,681.	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	126,891.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	109,000.		
	20	Other changes in net assets or fund balances (attach explanation)	20			
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	235,891.		

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

Form 990 (2006)

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 39,600.	39,600.	STMT 3	
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 48,562.	33,994.	4,856.	9,712.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)	25b			
c 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)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 66,971.	50,345.	3,231.	13,395.
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28 21,922.	15,383.	2,324.	4,215.
29 Payroll taxes	29 10,517.	7,721.	681.	2,115.
30 Professional fundraising fees	30			
31 Accounting fees	31 10,690.	1,875.	6,940.	1,875.
32 Legal fees	32			
33 Supplies	33 4,581.	3,319.	292.	970.
34 Telephone	34 7,992.	5,992.	518.	1,482.
35 Postage and shipping	35 8,301.	5,009.	805.	2,487.
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38 18,771.	15,940.	1,237.	1,594.
39 Travel	39			
40 Conferences, conventions, and meetings	40 1,607.	703.	50.	854.
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 6,143.	4,714.	1,429.	NONE
43 Other expenses not covered above (itemize)				
a STMT 4	43a 86,024.	71,464.	11,974.	2,586.
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).	44 331,681.	256,059.	34,337.	41,285.

Joint Costs. Check ☐ if you are following SOP 98-2Are 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? **SEE A-D BELOW.**

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 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 ☐	256,059.
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 ☐	
c 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 ☐	
d 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 ☐	
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)	256,059.

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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
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 48a	10,000.		
b	Less allowance for doubtful accounts 48b	NONE	48c	10,000.
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(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 STMT. 5	NONE	53	8,025.
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) STMT. 6	NONE	56	6,348.
57a	Land, buildings, and equipment basis 57a	168,928.		
b	Less accumulated depreciation (attach schedule) 57b	45,762.		
		127,015.	57c	123,166.
58	Other assets, including program-related investments (describe ☐ STMT 7)	1,000.	58	1,000.
59	Total assets (must equal line 74). Add lines 45 through 58	169,062.	59	250,570.
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	Total liabilities. Add lines 60 through 65	60,062.	66	14,679.
Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	99,000.	67	220,891.
68	Temporarily restricted	10,000.	68	15,000.
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)	109,000.	73	235,891.
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	169,062.	74	250,570.

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?	X	
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?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	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		
c	Dues, assessments, and similar amounts from members 85c	N/A	
d	Section 162(e) lobbying and political expenditures 85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g	N/A	
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	N/A	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities 86b	N/A	
87	501(c)(12) orgs Enter a Gross income from members or shareholders 87a	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b	N/A	
88b	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	N/A	
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		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> , section 4955 ▶ <u>N/A</u>		
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		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>N/A</u>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ <u>N/A</u>		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f		X
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		X
90a	List the states with which a copy of this return is filed ▶		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions) 90b	5	
91a	The books are in care of ▶ <u>MARCELLA BOSSOW-SCHANKWEILER</u> Telephone no ▶ <u>484-674-4778</u>		
	Located at ▶ <u>980 HARVEST DRIVE, STE 203 BLUE BELL, PA</u> ZIP + 4 ▶ <u>19422</u>		

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**

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 ☒ 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

	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					
96 Dividends and interest from securities			14	2,192.	
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			01	92,877.	
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))				95,069.	
105 Total (add line 104, columns (B), (D), and (E))					95,069.

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)

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).

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				
Totals				

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				
Totals				

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: [Signature] Date: 5/6/08 Check if self-employed: ☐ Preparer's SSN or PTIN (See Gen. Inst. X): P00087387

Firm's name (or yours if self-employed), address, and ZIP + 4: SMART BUS. ADV. AND CONSULTING, LLC EIN: 20-8994268

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

BALTIMORE, MD 21204

Form 990 (2006)

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

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

Schedule A (Form 990 or 990-EZ) 2006

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)

1 X

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 of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? STMT. 11

2d X

e Transfer of any part of its income or assets?

2e X

- 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 X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4a** Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b X

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c X

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 rights to provide advice on the distribution or investment of amounts in such funds or accounts ►

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

Schedule A (Form 990 or 990-EZ) 2006

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 (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	
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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	169,028.	266,305.	260,916.	243,258.	939,507.
16 Membership fees received					
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					
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	1,559.	867.	595.	969.	3,990.
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. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	170,587.	267,172.	261,511.	244,227.	943,497.
24 Line 23 minus line 17.	170,587.	267,172.	261,511.	244,227.	943,497.
25 Enter 1% of line 23.	1,706.	2,672.	2,615.	2,442.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. NOT APPLICABLE . . . ▶ 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					
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: (2005) _____ (2004) _____ (2003) _____ (2002) _____ 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: (2005) _____ (2004) _____ (2003) _____ (2002) _____ c Add: Amounts from column (e) for lines 15 _____ 939,507. 16 _____ 17 _____ 20 _____ 21 _____ ▶ 27c 939,507. d Add: Line 27a total, _____ and line 27b total, _____ ▶ 27d e Public support (line 27c total minus line 27d total) ▶ 27e 939,507. f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ 27f 943,497. g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g 99.5771 % h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h 0.4229 % 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
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?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		

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?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

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?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement		

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 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)

		(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 -			
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	41		
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 13 of the instructions)

		Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total	
45 Lobbying nontaxable amount						
Lobbying ceiling amount						
46 (150% of line 45(e))						
47 Total lobbying expenditures						
Grassroots nontaxable amount						
48 (150% of line 47(e))						
Grassroots ceiling amount						
49 (150% of line 48(e))						
Grassroots lobbying expenditures						
50						

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)

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

16

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	61.	61.	NONE	NONE
UTILITIES	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	Selected Dates		Asset Balances			Depreciable Basis					Current & Accum Depreciation					Net Book Value			
		Beginning	Ending	Additions	Deletions	Ending	Depr Multi/Conv	Life Yr Mo	Book Cost	Credit Reduction Amount	Bus Use %	Net \$178A & AFYD	Prior Reported Depreciation	Depreciable Basis	Beginning Accum Depr	Current Depr & AFYD		Net Sec 179/78A	Net Additions/Deletions	Ending Accum Depr
Asset Type Computer																				
000010	Computer equipment																			
7/27/2001		5,304	0	0	0	5,304	SL100FM	5 0	5,304	5,304	0 100	0	5,304	5,304	5,304	0	0	0	5,304	0
000060	Two new PCs purchased from iBeast Business Solutions																			
5/1/2006		1,393	0	0	0	1,393	SL100FM	5 0	1,393	1,393	0 100	0	46	1,393	46	279	0	0	375	1,068
000090	New Computers																			
1/1/2007		0	2,294	0	0	2,294	SL100FM	5 0	2,294	2,294	0 100	0	0	2,294	0	229	0	0	229	2,065
Subtotal Computer (3)		6,697	2,294	0	0	8,991			8,991	8,991	0	0	5,350	8,991	5,350	508	0	0	5,889	3,133
Asset Type Computer Software																				
000020	Computer software																			
7/27/2001		1,398	0	0	0	1,398	SL100FM	3 0	1,398	1,398	0 100	0	1,359	1,398	1,359	0	0	0	1,359	39
000030	Computer software upgrade																			
3/1/2002		11,752	0	0	0	11,752	SL100FM	3 0	11,752	11,752	0 100	0	11,752	11,752	11,752	0	0	0	11,752	0
000070	Rasens Edge software																			
12/1/2005		2,763	0	0	0	2,763	SL100FM	3 0	2,763	2,763	0 100	0	537	2,763	537	921	0	0	1,458	1,305
Subtotal Computer Software (3)		15,913	0	0	0	15,913			15,913	15,913	0	0	13,648	15,913	13,648	921	0	0	14,569	1,344
Asset Type Land																				
000040	Land Davenport house																			
3/7/2002		14,402	0	0	0	14,402	None	0 0	14,402	14,402	0 100	0	0	0	0	0	0	0	0	14,402
Subtotal Land (1)		14,402	0	0	0	14,402			14,402	14,402	0	0	0	0	0	0	0	0	0	14,402
Asset Type Residential Rental Property																				
000050	Davenport House for program participants																			
3/7/2002		129,622	0	0	0	129,622	SL100MM	27 6	129,622	129,622	0 100	0	20,620	129,622	20,620	4,714	0	0	25,334	104,288
Subtotal Residential Rental Property (1)		129,622	0	0	0	129,622			129,622	129,622	0	0	20,620	129,622	20,620	4,714	0	0	25,334	104,288
Grand Total		166,634	2,294	0	0	168,928			168,928	168,928	0	0	38,619	154,526	39,619	6,143	0	0	45,761	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. ☒ **X**

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

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

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

☒ Form 990	☐ Form 990-PF	☐ Form 1041-A	☐ Form 6069
☐ Form 990-BL	☐ Form 990-T (sec 401(a) or 408(a) trust)	☐ Form 4720	☐ Form 8870
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 5227	

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, 2008
- 5 For calendar year _____, or other tax year beginning 07/01, 2006, and ending 06/30, 2007
- 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.

8a 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	8a \$	NONE
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$	NONE
c Balance Due. Subtract line 8b from line 8a. 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	8c \$	NONE

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)

- ☐ We have approved this application. Please attach this form to the organization's return
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
- ☐ Other _____

By _____

Director

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

Type or print	Name
	SMART BUS. ADV. AND CONSULTING, LLC
	Number and street (include suite, room, or apt. no.) or a P O box number
	502 WASHINGTON AVENUE, SUITE 500
	City or town, province or state, and country (including postal or ZIP code)
	BALTIMORE, MD 21204

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

OMB No 1545-1709

▶ 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 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 CROSSING THE FINISH LINE, INC.	Employer identification number 23-3013896
	Number, street, and room or suite no. If a P.O. box, see instructions 980 HARVEST DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions BLUE BELL, PA 19422	

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

☒ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ 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

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.	3a	\$	NONE
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.	3b	\$	NONE
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.	3c	\$	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.

Form **8868** (Rev. 4-2007)