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SCANNED FEB 0 1 2010

Department of the Treasury Interroit 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 2008 and ending JUN 30 2009 OMB No 1545-0047 2008 Open to Public Inspection

A	For the	2008 calendar year, or tax year beginning JUL 1, 2008 and ending	JUN 30, 2009	
В	Check if	Please C Name of organization	D Employer identifi	cation number
	Addres:	use IRS		
	Name change	type Doing Business As	31-1	571531
]initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/s	•	
	Termin- ation	Specific 644 LINN STREET, SUITE 626	513-	721-7447
	Amende	City or town, state or country, and ZIP + 4	G Gross receipts \$	2,393,439.
	Applica tion		H(a) Is this a group re	
	pending	F Name and address of principal officer: LRIS SIMPSON-BUSH	for affiliates?	Yes X No
		644 LINN STREET, SUITE 626, CINCINNATI, OH	H(b) Are all affiliates inc	cluded? Yes No
1	fax-exe	mpt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a	list (see instructions)
		e: ► WWW.FLYINGPIGMARATHON.COM	H(c) Group exemption	
		rganization: X Corporation	ear of formation: 1997	M State of legal domicile: OH
Pa		Summary		
ģ	1 E	Briefly describe the organization's mission or most significant activities $\ { t TO} \ { t PRESE}$	NT A PREMIER	EVENT THAT
Governance	<u>F</u>	RAISES MONEY FOR CHARITY AND CELEBRATES COMM	UNITY	
er'i		Check this box 🕨 📖 if the organization discontinued its operations or disposed of n	nore than 25% of its asset	
Š	3 1	lumber of voting members of the governing body (Part VI, line 1a)	3	20
8		lumber of independent voting members of the governing body (Part VI, line 1b)	4	20
ies		otal number of employees (Part V, line 2a)	5	4
Activities &	I	otal number of volunteers (estimate if necessary)	6	4000
Act	1	otal gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	ь	let unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
ę		Contributions and grants (Part VIII, line 1h)	325,675.	840,785.
Revenue		Program service revenue (Part VIII, line 2g)	1,307,310.	1,284,785.
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	30,588.	9,316.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	80,601.	50,424.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,744,174.	2,185,310.
		Grants and similar amounte paid (Part IX, column (A), lines 1·3)	105,758.	107,807.
		Benefits paid to 6Nfb: helpbels (Pat)X, column (A), line 4)	160,541.	211 055
Expenses	15 9	Galaries, other compensation, employee perefits (Part IX, column (A), lines 5-10)	100,341.	211,955.
ens	16a P	Profession a fundrasing tees (Part IX column (A), line 11e)		
ĒĶ		otal fundaning expenses (Part IX, column D), line 25)	1,345,086.	1,443,182.
_		other expenses (Part IX, column (A), line (X) a-11d, 11f-24f)	1,611,385.	1,762,944.
		otal expenses AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	132.789.	422,366.
<u> </u>	19 F	Revenue less expenses Subtract line 18 from line 12		
t Assets or lid Balances	, ,	atal acceta (Part V. line 16)	Beginning of Year 1,009,585.	End of Year 961,890.
Ass. Bal	20 T	otal assets (Part X, line 16) otal liabilities (Part X, line 26)	31,942.	53,581.
Net, Fund	22 N	let assets or fund balances. Subtract line 21 from line 20	977,643.	908,309.
		Signature Block	37770130	
<u> </u>		Under penalties of perjury) declare that I have examined this return, including accompanying schedules and statemen	nts, and to the best of my knowled	ge and belief, it is true, correct,
	1	and complete Declaration of preparer (offer than officer) is based on all information of which preparer has any knowle	dge	_
Sıgı	,	hi Shush	1 1/21	110
Her		Signal bre of officer	Date	
	`	IRIS SIMPSON-BUSH, EXECUTIVE DIRECTOR	1	1
		Type or print name and title		
		Preparer's Date	Check if Prepar	er's identifying number tructions)
Paid		signature MICHAEL J. LENIHAN CPA 1/20/10		0134143
•		rours if RUDLER & ASSOCIATES, INC.	EIN >	
086	٠,,, ا	self-employed). 1881 DIXIE HWY. SUITE 200		
		FT. WRIGHT, KY 41011	Phone no. ► 8	59-331-1717
May	the IRS	S discuss this return with the preparer shown above? (see instructions)		X Yes No
83200	01 12-18-	08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions.	Form 990 (2008)

orm	m 990 (2008) CINCINNATI MARATHON, INC.	31-157153	1 Page 2
Pa	Irt III Statement of Program Service Accomplishments (see instructions)		
1	Briefly describe the organization's mission: NONE	-	7
			<u>.</u>
	Did the appropriate undertake any constraint program on the state the year and lated		
2	Did the organization undertake any significant program services during the year which were not listed of the prior Form 990 or 990-EZ?		res X No
	If "Yes", describe these new services on Schedule O		res [A] No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program s	ervices?	res X No
-	If "Yes", describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program service	es by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the an	nount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a) (Revenue \$ 1,28	4,785.)
	HOSTED ANNUAL FLYING PIG MARATHON THAT RAISED MONEY	FOR CHARITIES	
		····	
			·
			•
		· · · · · · · · · · · · · · · · · · ·	
			-
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	/(anterior)	, (,
			·
4-		\/D==	
4c	(Code.) (Expenses \$ including grants of \$) (Revenue \$,
4d			
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ \$ 1,693,774. (Must equal Part IX, Line 25, color)	
4e	Total program service expenses ▶ \$ 1,693,774 • (Must equal Part IX, Line 25, coli		

Form 990 (2008) CINCINNATI M
Part IV Checklist of Required Schedules

_			Yes	No
1、	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	_	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	İ .	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	ļ <u> </u>	Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	<u> </u>	X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	ļ <u>.</u>	Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?		l	
	If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	ļ	X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
	Did the organization maintain an office, employees, or agents outside of the U.S?	14a	<u> </u>	Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		İ	
	and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	 	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			х
40	located outside the United States? If "Yes," complete Schedule F, Part II	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	16		Х
4~	located outside the United States? If "Yes," complete Schedule F, Part III Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
17	Did the organization report more than \$15,000 on Part IVII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
18 19	Did the organization report more than \$15,000 total on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	 	X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	Х
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Х
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K			
	If "No", go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	Х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I	25b	ļ	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			l
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	ļ	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			,
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
		FORM	990 (ZOO81

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If "Yes," complete Schedule R, Part V, line 2

If "Yes," complete Schedule R, Part V, line 2

Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.			4
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		l .	
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ļ	١
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	L	X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Form **990** (2008)

35

36

X

Х

X

_	990 (2008) CINCINNATI MARATHON, INC. 31-157	1531	Р	age 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1ą	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable	9		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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)?	4a		Х
ь	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
·	Tax Shelter Transaction?	5c		
62	Did the organization solicit any contributions that were not tax deductible?	6a	Х	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6ь	х	
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		· · · · · · ·	
Ŭ	to file Form 8282?	7c		X
ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7		
·	benefit contract?	7e		Х
f		7f		Х
g	5 15 15 15 15 15 15 15 15 15 15 15 15 15	7g		Х
-	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Х
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	- · · · · · · · · · · · · · · · · · · ·	9a		
b	The state of the s	9b		
10	Section 501(c)(7) organizations. Enter: N/A		İ	
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	コ		
11	Section 501(c)(12) organizations. Enter: N/A	7		

Form **990** (2008)

12a

11a

11b

a Gross income from members or shareholders

amounts due or received from them)

b Gross income from other sources (Do not net amounts due or paid to other sources against

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Form 990 (2008) CINCINNATI MARATHON, INC. 31-1571531 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required, by the Internal Revenue Code)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O See instructions	İ		
1a	Enter the number of voting members of the governing body 1a 20	ŀ		
b	Enter the number of voting members that are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			L
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			37
	governing body?	7a		X
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following	ļ <u>.</u>	37	
a	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	Α_	37
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must		v	
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	ا مد ا		х
C	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		
Sec	tion B. Policies		Yes	- NI-
40-	December of the control of the contr	12a	X	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	IZa		
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12b	х	
_	to conflicts?	120	Λ.	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	x	,
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
IJ	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
_	The organization's CEO, Executive Director, or top management official?	15a	X	
a	Other officers or key employees of the organization?	15b	X	
b	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
_	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶OH			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
-	public inspection Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, as	nd fina	ncial	
	, , ,, , , , , , , , , , , , , , , , ,			
	statements available to the public			
20	·	tion: 🕨	•	
20	statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organiza IRIS SIMPSON-BUSH - 513-719-1296	tion· ▶	-	

Form 990 (2008)

832007 12-18-08

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees, and former such persons

Check this box if the organization did not (A) Name and Title	(B) Average	(C				(C) osition		(D) Reportable	(E) Reportable	(F) Estimated
Walle and This	hours	(с	(check all that apply)				ly)	compensation	compensation from related	amount of
	per week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W·2/1099·MISC)	other compensation from the organization and related organizations
IRIS SIMPSON-BUSH										
EXECUTIVE DIRECTOR	40.00	L.	<u> </u>		Х	<u> </u>	_	107,628.	0.	0.
SEE ATTACHED STATEMENT	ļ <u></u>				_			0.	0.	0.
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		ļ					_			
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	_									
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							-			
	 	<u> </u>			<u> </u>		-			
	 									
					_		-			

31-1571531 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours	(C) Position (check all that apply)					oly)	(D) Reportable compensation	(E) Reportable compensatio		an	(F) timate nount	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s	com fr org and	other pensa om th anizat d relat	e tion ted
							_						
												-	
		_											
				_									
			_			-						_	
1b Total		<u> </u>	<u> </u>			<u> </u>		107,628.		0.			0.
Total number of individuals (including those compensation from the organization	e in 1a) who re	ceiv	ed n	nore	tha	n \$1	00,	000 in reportable		•		Yes	1 No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual									[3		Х
 4 For any individual listed on line 1a, is the suand related organizations greater than \$150 5 Did any person listed on line 1a receive or a 	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	eduk	e J	for such individual		-	4		Х
the organization? If "Yes," complete Sched Section B. Independent Contractors	ule J for such	pers	on								5		Х
Complete this table for your five highest co the organization NONE (A)	mpensated in	depe	ende	ent c	ont	racto	ors 1	that received more than	\$100,000 of com	pensa	ation f		
Name and business	address							Description of s	services	C	ompe		n
	····				-		_						<u> </u>
2 Total number of independent contractors (if from the organization ▶	ncluding those	e in	1) wł	ho re	ecer	ved	mor	re than \$100,000 in com	pensation				

 \triangleright 2,185,310.1,335,209.

Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e

0.

9,316. Form **990** (2008) Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must compl	(A)	(B)	(C)	(D).
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and			T	
	organizations in the U.S. See Part IV, line 21	107,807.	107,807.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	104 551	104 661		
	trustees, and key employees	194,661.	194,661.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	966.	966.		
9	Other employee benefits	16,328.	16,328.	+	
10	Payroll taxes	10,320.	10,320.		
11	Fees for services (non-employees):				
a	Management				····
	Legal	6,685.		6,685.	
	Accounting	0,003.		0,003.	
d	, , ,				
e	Professional fundraising services. See Part IV, line 17 Investment management fees				
f					
g 12	Advertising and promotion	226,819.	226,819.		
13	Office expenses	58,381.	20,561.	37,820.	
14	Information technology	50,0021		7,7,5,2,5	
15	Royalties				
16	Occupancy	23,038.		23,038.	· · · · · · · · · · · · · · · · · · ·
17	Travel	24,605.	24,605.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,469.	13,469.		
23	Insurance	15,172.	13,545.	1,627.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	RUNNER VARIABLE EXPENSE	301,306.	301,306.		
b	RACE EXPENSES	260,668.	260,668.		
С	SUB-CONTRACT LABOR	164,574.	164,574.		
d	POLICE & CITY SERVICES	120,522.	120,522.		
е	EXPO EXPENSES	68,090.	68,090.		
f	All other expenses	159,853.	159,853.		
25	Total functional expenses. Add lines 1 through 24f	1,762,944.	1,693,774.	69,170.	0
26	Joint Costs. Check here ▶ if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				Form 990 (2008

		· · · · · · · · · · · · · · · · · · ·			(A) Beginning of year		(B End of		
	1 4	0-1						3,76	7
	1	Cash · non-interest-bearing		}	834,281.	1	80	3,70) / •
	2	Savings and temporary cash investments		-		2			
	3	Pledges and grants receivable, net		F	110,298.	3		2,59	1 2
	4	Accounts receivable, net		.	110,230.	4	0	4,59	٠.
	5	Receivables from current and former officers, d		·		_			
	_	employees, or other related parties. Complete F		F		5			
	6	Receivables from other disqualified persons (as							
	[4958(f)(1)) and persons described in section 49. Part II of Schedule L	30(C)(3	(b) Complete		6	"		
(A	7	Notes and loans receivable, net		-		7			
Assets	8	Inventories for sale or use		-	37,112.	8	7	4,47	16
As	9	Prepaid expenses and deferred charges		}-	37,112	9		4,4,	
	i	Land, buildings, and equipment cost basis	10a	74,702.		۳			
	1	Less: accumulated depreciation Complete	100	, 1, 1, 1, 1		[['		
	~	Part VI of Schedule D	10b	53,648.	27,894.	10c	2	1,05	. 4 ن
	11	Investments - publicly traded securities				11		-,,,	
	12	Investments - other securities See Part IV, line			12				
	13	Investments - program-related. See Part IV, line				13			
	14	Intangible assets	Í		14				
	15	Other assets See Part IV, line 11			15		-		
	16	Total assets. Add lines 1 through 15 (must equ	al line :	34)	1,009,585.	16	96	1,89	0.
	17	Accounts payable and accrued expenses	31,942.	17	5	3,58	1.		
	18	Grants payable				18			
	19	Deferred revenue				19			
	20	Tax-exempt bond liabilities				20			
es	21	Escrow account liability Complete Part IV of Sc	hedule	D	-,_,,	21			
Ę	22	Payables to current and former officers, directo	rs, trus	tees, key employees,					
Liabilities		highest compensated employees, and disqualif	ied per	sons Complete Part II					
_		of Schedule L				22			
	23	Secured mortgages and notes payable to unrela	ird parties		23				
	24	Unsecured notes and loans payable		-		24			
	25	Other liabilities Complete Part X of Schedule D		-	21 042	25		2 50	-
	26	Total liabilities. Add lines 17 through 25			31,942.	26	<u> </u>	3,58	<u>, † •</u>
		Organizations that follow SFAS 117, check h	ere 🟲	A and complete					
lances		lines 27 through 29, and lines 33 and 34.			977,643.	27	9.0	8,30	۱ ۵
	27	Unrestricted net assets		}	7//,043.			0,50	<u> </u>
Fund Ba	28 29	Temporarily restricted net assets Permanently restricted net assets		-		28 29			
ğ	29	Organizations that do not follow SFAS 117, c	hock h	ere and		25			
ē	ļ	complete lines 30 through 34.	on 11]					
ts (30	Capital stock or trust principal, or current funds				30			
Net Assets	31	Paid-in or capital surplus, or land, building, or ed		nt fund		31			
ž.	32	Retained earnings, endowment, accumulated in		-		32			
ž	33	Total net assets or fund balances		Ī	977,643.	33	90	8,30	9.
	34	Total liabilities and net assets/fund balances			1,009,585.	34	96	1,89	0.
Pa	rt XI	Financial Statements and Reporting]						
		,			1			Yes	No
1		ounting method used to prepare the Form 990:		ash X Accrual	Other		<u> </u>	\vdash	
2a		the organization's financial statements compiled		•	ecountant?		2a		X
ь		the organization's financial statements audited to	•	·	and devices and the second		2b		<u>X</u>
С		es" to lines 2a or 2b, does the organization have		•	•	audit			
2-		w, or compilation of its financial statements and s		•		مار ۸۰۰	2c	$\vdash \vdash$	
38	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?								Х
ь	If "Yes," did the organization undergo the required audit or audits?								<u> </u>
	1 12-18		J. U				3b Form	990 (20	008)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

31-1571531

Name of the organization

CINCINNATI MARATHON,

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). (Attach Schedule H) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 exempt 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). (Complete the Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d ___ Type III - Other b Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes 11g(i) the governing body of the supported organization? 11g(iı) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the organizations the organization supports. (vi) Is the organization in col. (i) organized in the U.S.? (iii) Type of (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization n col. (i) listed in your organization in col. support organization (described on lines 1-9 governing document? (i) of your support? above or IRC section Yes (see instructions))

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 CINCINNATI MARATHON, INC. 31-15715

[Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I)

Se	Section A. Public Support										
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	332,922.	404,863.	402,200.	325,675.	349,085.	1814745.				
2	Tax revenues levied for the organ-					İ					
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge			445-000	005 655		4044545				
4	Total. Add lines 1 · 3	332,922.	404,863.	402,200.	325,675.	349,085.	1814745.				
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,						005 450				
	column (f)						835,450.				
	Public Support. Subtract line 5 from line 4						979,295.				
	ction B. Total Support	T									
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007 325,675.	(e) 2008 349, 085.	(f) Total 1814745.				
	Amounts from line 4	332,922.	404,863.	402,200.	343,673.	349,000.	1614/45.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties	2 007	0.400	10 206	20 500	0 210	70 400				
	and income from similar sources	3,807.	8,489.	18,296.	30,588.	9,318.	70,498.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carned on										
10	Other income Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part IV)			-			1885243.				
	Total support. Add lines 7 through 10						,309,870.				
	Gross receipts from related activities,						,309,670.				
13	First five years. If the Form 990 is for		s tirst, second, thir	a, tourth, or titth ta	ax year as a sectio	n 501(c)(3)	_				
500	organization, check this box and storetion C. Computation of Publ		rcentage								
				ioluma (fl)		14	51.95 %				
	Public support percentage for 2008 (Public support percentage from 2007		•	oluli II (I))		15	44.51 %				
	33 1/3% support test - 2008. If the c			n line 13 and line :	 1.4						
104	stop here. The organization qualifies	-			14 13 33 17370 01 11	iore, crieck triis bo	►X				
h	33 1/3% support test - 2007. If the c		•		line 15 is 33 1/3%	or more, check th					
	and stop here. The organization qual				III 10 10 00 17070	or more, encertain	▶ □				
17:	10% -facts-and-circumstances tes	· · · · · · · · · · · · · · · · · · ·	• •		13 16a or 16b a	and line 14 is 10%	or more.				
110	and if the organization meets the "fac										
	meets the "facts-and-circumstances"				•		▶□				
Ь	10% -facts-and-circumstances tes	_	•	•	-	7a. and line 15 is	10% or				
	more, and if the organization meets the	-									
	organization meets the "facts-and-circ						▶□				
18							s •				
		 : : :::				dule A (Form 990					

Part III Support Schedule for	Organizations	Described in	Section 509(a)(2) (Complete onl	y if you checked the bo	ox on line 9 of Part I
Section A. Public Support			.			
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
 Gifts, grants, contributions, and 						
membership fees received (Do not					1	
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-		† · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities					 	
furnished by a governmental unit to	,					
the organization without charge			1			
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and	1	· · · · · · · · · · · · · · · · · · ·			-	
3 received from disqualified person						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b		1				
8 Public support (Subtract line 7c from line 6)			·			
Section B. Total Support	·····	<u> </u>	L	I	ا	<u> </u>
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesse	s					
acquired after June 30, 1975						
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 	s					
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)		<u> </u>	l. <u> </u>	<u> </u>		
14 First five years. If the Form 990 is t	for the organization	's first, second, thi	rd, fourth, or fifth to	ax year as a sect	on 501(c)(3) organiz	ation,
check this box and stop here						▶∟
Section C. Computation of Pul	blic Support Pe	ercentage				
15 Public support percentage for 2008	3 (line 8, column (f) o	divided by line 13,	column (f))		15	%
16 Public support percentage from 200					16	%
Section D. Computation of Inv	estment Incon	ne Percentage				<u></u>
17 Investment income percentage for 2	2008 (line 10c, colu	ımn (f) dıvıded by lıı	ne 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2008. If the	ne organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box	and stop here. The	e organization qual	ifies as a publicly s	supported organi	zation	▶∟
b 33 1/3% support tests - 2007. If the line 18 is not more than 33 1/3%, cl	•					and ▶□
20 Private foundation. If the organizat			•		_	

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

Employer identification number

	CINCINNATI MARATHO			31-1571531
Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accou	unts. Complete if the
	organization answered "Yes" to Form 990, Part IV. lin			
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			<u> </u>
5	Did the organization inform all donors and donor advisors in	-	d funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds may be i	used only	
	for charitable purposes and not for the benefit of the donor			Yes No
Pai			rt IV, line 7	
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (e.g., recreation or			
	Protection of natural habitat	Preservation of certified	d historic st	ructure
_	Preservation of open space			
2	Complete lines 2a-2d if the organization held a qualified con-	servation contribution in the form of a conse	ervation eas	sement on the last day
	of the tax year		<u></u>	Hald as the First et als a Value
_	Tatal number of careenstein agreements			Held at the End of the Year
a	Total number of conservation easements		2a 2b	
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic st	nucture included in (a)	2c	
c C	Number of conservation easements included in (c) acquired	• •	2d	
3	Number of conservation easements included in (c) acquired Number of conservation easements modified, transferred, re		ستتحا	n during the taxable
•	year	seased, extinguished, or terminated by the	organizatioi	Toding the taxable
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe		Ь	
	enforcement of the conservation easements it holds?	3 . ,		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	and enforcing easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, and			
8	Does each conservation easement reported on line 2(d) abo	-	n)(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expense s	statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describes th	ne organiza	tion's accounting for
	conservation easements.			
Par	t III Organizations Maintaining Collections of		her Simil	ar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116, no	•		
	treasures, or other similar assets held for public exhibition, e	·	lic service, į	provide, in Part XIV, the text of
	the footnote to its financial statements that describes these			
b	If the organization elected, as permitted under SFAS 116, to	•		
	or other similar assets held for public exhibition, education, o	or research in furtherance of public service,	provide the	following amounts relating to
	these items			o
	(i) Revenues included in Form 990, Part VIII, line 1			\$
2	(ii) Assets included in Form 990, Part X	ageuroe, or other cimilar access for financial	nain provid	Ψ
2	If the organization received or held works of art, historical tree		gani, provid	I U
_	the following amounts required to be reported under SFAS 1	To relating to these items.		¢
	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X			\$
5	ASSOLUTIONI SOULT ALL A			<u></u>

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)			ATI MARATH	ION,	INC.				<u> 31-15</u>	71531	Page 2
that apply? a Pubble exhibition d Loan or exchange programs b Scholarly research e Other b Scholarly research e Other c Preservation for Inturus generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization soloct or receive donations of air, historical treasures, or other similar assests to be sold to raise funds after than to be mainlained as part of the organization scillection? Yes No Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part XX line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XY b If "Yes", Explain the arrangement in Part XIV and complete the following table: C Beginning balance	Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Oth	er Simil	ar Asse	ts (contir	nued)
a Public exhibition d	3	Using the organization's accession and other	er records, check an	y of the	following tha	at are a signif	icant use	e of its col	lection ite	ms (checl	k all
b Scholarly research c Other		that apply).									,
c	а	Public exhibition	•	d 🗔	Loan or exc	hange progr	ams				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive donations of air, historical reasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research	•	е 🗀	Other						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 Is the organization an aspert, fusuate, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the following table: Beginning balance	С	Preservation for future generations							-	_	
to be sold to rase funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X ves No b If "Yes," explain the arrangement in Part XIV and complete the following table: c Beginning balance d Additions during the year f Ending balance 1	4	Provide a description of the organization's c	oliections and expla	iin how t	hey further t	he organizat	ion's exe	mpt purp	ose in Par	t XIV	
Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the following table:	5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	asures, or oth	er sımıla	r assets			
Tal Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: c Beginning balance d Additions during the year f Ending balance 2 Dot the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. Telegram Part XIV Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. Telegram Part XIV Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. Telegram Part XIV Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. Telegram Part XIV Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. Telegram Part XIV Part V Endowment Funds Part Y Part V Part		to be sold to raise funds rather than to be m	aintained as part of	the orga	inization's c	ollection?				Yes	No_
on Form 990, Part X? If Yes, "explain the arrangement in Part XIV and complete the following table: C	Par		•	S. Comp	lete if organ	ization answ	ered "Ye	s" to Form	າ 990, Par	t IV, line 9	, or
b If "Yes," explain the arrangement in Part XIV and complete the following table: c Beginning balance d Additions during the year e Distributions during the year 1 te 1 te 1 te 1 te 1 te 1 te 1 te 1 te	1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other as	ssets not	ncluded		-	
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Bill *Yes.* explain the arrangement in Part XIV Part V Endowment Funds. Complete if organization answered *Yes* to Form 990, Part IV, line 10.	2a		orm 990, Part X, line	e 21?				<u> </u>		Yes	No
Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back	b	If "Yes," explain the arrangement in Part XIV									
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g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶	f	· · · · ·				1				<u> </u>	
2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶		·					1		·		
Board designated or quasi-endowment		•	r end balance held	as		1,.,.					
b Permanent endowment											
c Term endowment ▶		· .									
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01 054					6					19	,966.
			orm 990, Part X, col	umn (B).	<u> </u>						

Financial derivatives and other financial products Closely-held equity interests Other Total (Col (b) should equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year market value Cost or end-of-ye	
Fotal (Col (b) should equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year market value Fotal. (Col (b) should equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15.	
Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market valuation. Cost or end-of-year market valuati	
Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market valuati	
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(a) Description of investment type Cost or end-of-year market value Cost or end-of-year market value otal. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15.	
Part IX Other Assets. See Form 990, Part X, line 15.	ne
Part IX Other Assets. See Form 990, Part X, line 15.	-
Part IX Other Assets. See Form 990, Part X, line 15.	
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Part IX Other Assets. See Form 990, Part X, line 15.	
Part IX Other Assets. See Form 990, Part X, line 15.	
Part IX Other Assets. See Form 990, Part X, line 15.	
) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)	
Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Amount	
Federal income taxes	
Total. (Column (b) should equal Form 990. Part X. col (B) line 25.)	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 832053 12-23-08

Sche	dule D	(Form 990) 2008	CINCINNATI MARATHON, INC.						31-1	1571531	Page 4
Pa	rt XI	Reconciliation of	f Change in Net Assets from Form 990 t	o Fir	nan	cial St	atemer	nts			
1	Total	revenue (Form 990, Par	t VIII, column (A), line 12)				1			2,185	,310.
2	Total	expenses (Form 990, Pa	art IX, column (A), line 25)				2			1,762	,944.
3		· ·	r Subtract line 2 from line 1				3				,366.
4		nrealized gains (losses)					4				
5	Donat	ted services and use of	facilities				5			-210	,700.
6	Invest	tment expenses					6				
7	Prior	period adjustments					7				
8	Other	(Describe in Part XIV)					8			-281	,000.
9	Total	adjustments (net). Add	lines 4-8				9			-491	
10			r per financial statements Combine lines 3 and 9		_		10				,334.
Pai	t XII	Reconciliation of	f Revenue per Audited Financial Statem	ents	s Wi	th Rev	venue p	er R	eturn	·	
1			er support per audited financial statements						1		
2	Amou	ints included on line 1 b	out not on Form 990, Part VIII, line 12 [.]								
а	Net u	nrealized gains on inves	stments		2a						
b	Donat	ted services and use of	facilities		2b						
С	Recov	venes of prior year gran	ts		2c						
d	Other	(Describe in Part XIV)			2d						
е	Add I	nes 2a through 2d							2e		
3	Subtr	act line 2e from line 1							3		
4	Amou	ints included on Form 9	90, Part VIII, line 12, but not on line 1								
а	Invest	tment expenses not inc	luded on Form 990, Part VIII, line 7b		4a						
b	Other	(Describe in Part XIV)		4	4b						
С	Add Iı	nes 4a and 4b							4c		
5			d 4c. (This should equal Form 990, Part I, line 12)						5		
Pa			f Expenses per Audited Financial Stater	ment	ts W	ith Ex	penses	per		<u>rn</u>	
1		•	er audited financial statements						1		
2			out not on Form 990, Part IX, line 25:	1.	_ 1						
а	Donat	ted services and use of	facilities	-	2a						
b		year adjustments			2b				l		
С		es reported on Form 990	0, Part IX, line 25		2c						
d		(Describe in Part XIV)		ئا	2d						
е		nes 2a through 2d						- 1	2e		
3		act line 2e from line 1						- 1	3		
4			90, Part IX, line 25, but not on line 1:	1	. 1						
a		•	luded on Form 990, Part VIII, line 7b	\vdash	4a						
b		(Describe in Part XIV)		ئا	4b		-				
_		ines 4a and 4b	14 CD 1 15 000 Dath Lag 10 \						4c		
5		Supplemental In	and 4c. (This should equal Form 990, Part I, line 18.)						5		
		<u> </u>	escriptions required for Part II, lines 3, 5, and 9; Part	t III. lun	noc 1	a and 4:	Part IV II	nos 11	n and S	Dh. Part V. line	4 Part
			rescriptions required for Part II, lines 3, 5, and 9, Part in the same and 9, Part in the same in the same and same in the sam	,	163 1	a anu 4,	raitiv, ii	1162 11	J and 2	D, Part V, IIIIe	4, 1 ait
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						<u> </u>					
PAI	RT X	I, LINE 8 -	OTHER ADJUSTMENTS:								
		· · · · · · · · · · · · · · · · · · ·						•			
DOI	VATE	D RACE AND I	EVENT SUPPLIES: -281000.								
										-	•

832054 12-23-08 Schedule D (Form 990) 2008

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

NonCash Contributions

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

CINCINNATI MARATHON, INC.

Employer identification number 31-1571531

Pai	rt I Types of Property				_		
		(a)	(b)	(c)	(d)		
		Check if	Number of	Revenues reported of		_	
		applicable	contributions	Form 990, Part VIII, line	revenu	ies	
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests	,					
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution						
	(historic structures)						
14	Qualified conservation contribution (other)						
15	Real estate - Residential	ļ					
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts		 				
23	Scientific specimens						
24	Archeological artifacts	7,	11	201 00	A DOMOR GOOM		
25	Other (RACE SUPPLIES)	X	11	281,00	0.DONOR COST		
26	Other ()				·		
27	Other ()						
28	Other (<u> </u>	<u> </u>	<u> </u>			
29	Number of Forms 8283 received by the organi						
	for which the organization completed Form 82	83, Part IV,	Donee Acknov	viedgment <u>L</u>	29	Ye	_ N_
	D				1 00 that it must hald for		s No
30a	During the year, did the organization receive b						
	at least three years from the date of the initial	contribution	, and which is	not required to be used	for exempt purposes for	30a	X
	the entire holding period?					30a	- A
	If "Yes," describe the arrangement in Part II		an was the re-	now of any non standar	d contributions?	31	X
31	Does the organization have a gift acceptance					31	- ^
32a	Does the organization hire or use third parties	or related o	rganizations to	Solicit, process, or sell	HOHCASH	32a	Х
L	contributions?					92.0	+**
	If "Yes," describe in Part II.	volume (a) fo	r a tuno of pro	perty for which column	(a) is chacked		
33	If the organization did not report revenues in o	Joiumn (C) 10	a type of pro	perty for which column	a) is checked,		1
	describe in Part II.		·				

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

CINCINNATI MARATHON, INC. Employer identification number 31-1571531

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 IS DISTRIBUTED TO EACH MEMBER OF THE BOARD AT A REGULARLY SCHEDULED BOARD MEETING PRIOR TO THE JANUARY MEETING. FORM 990, PART VI, SECTION B, LINE 12C: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MEETS QUARTERLY TO REVIEW AND MONITOR ADMINISTRATIVE ISSUES AND POLICY COMPLIANCE FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR'S COMPENSATION IS BASED UPON COMPARABILITY DATA FROM IEG INDUSTRY STANDARD ANNUAL REVIEWS AND A CURSORY COMPARISON OF COMPENSATION IN SIMILAR THERE IS A BASE SALARY AND BONUS PERCENTAGES PAID FOR ORGANIZATIONS. PARTICIPANT RECRUITMENT (SIZE OF FIELD), SPONSORSHIP AMOUNT ABOVE A BASE AMOUNT AND BOTTOM LINE DOLLARS ABOVE A MINIMAL AMOUNT. FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL DOCUMENTS, BY-LAWS, ETC. ARE AVAILABLE UPON REQUEST AND MAY BE REVIEWED AT THE FLYING PIG MARATHON SUITE 626, CINCINNATI, OHIO 45203 OFFICES, LOCATED AT 644 LINN ST. FORM 990, PART 1, LINE 6 DESCRIPTION OF NUMBER OF VOLUNTEERS THE ORGANIZATION HAS NO FULL-TIME OR PART-TIME VOLUNTEERS IN YEAR-ROUND POSITIONS. THE ORGANIZATION DOES HOWEVER DEPEND ON NUMEROUS VOLUTEERS FOR THE ANNUAL MARATHON RACE WEEKEND. THE ORGANIZATION HAS ESTIMATED THE NUMBER OF VOLUNTEERS BASED ON THE NUMBER OF VOLUNTEERS THAT SIGNED UP TO HELP DURING THE RACE WEEKEND.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization	CINCINNATI MARATHON, INC.		Employer identification number 31-1571531
	CINCINNIII IEEEIIION, INC		01 20.100-
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Department of the Treasury
Service (99) Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property) ► See separate instructions.

► Attach to your tax return.

990

OMB No. 1545-0172

Sequence No 67

Business or activity to which this form relates Name(s) shown on return Identifying number CINCINNATI MARATHON, INC. FORM 990 PAGE 10 31-1571531 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 250,000. 1 Maximum amount. See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 800,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (b) Cost (business use only) (c) Elected cost (a) Description of property 6 7 7 Listed property Enter the amount from line 29 Я 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 3,313. 14 14 Special depreciation for qualified property (other than listed property) placed in service during the tax year 15 15 Property subject to section 168(f)(1) election 303. 16 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property) (See instructions) Section A 8,712. 17 17 MACRS deductions for assets placed in service in tax years beginning before 2008 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (f) Method (e) Convention (g) Depreciation deduction (a) Classification of property (business/investment use ear placed in service only - see instructions) 3-year property 19a 3,313. 5 YRS. MO 200DB 415 5-year property b C 7-year property d 10-year property е 15-year property f 20-year property 25-year property 25 yrs S/L g 27.5 yrs ММ S/L h Residential rental property MM S/L 27.5 yrs MM S/L 39 yrs i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L 12-year 12 yrs b MM S/L 40-year 40 yrs C Part IV Summary (See instructions) 726. 21 21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 13,469. 22 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form 4562 (2008) 31-1571531 Page 2 CINCINNATI MARATHON, INC. Part V. Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) X Yes No 24b If "Yes," is the evidence written? X Yes 24a Do you have evidence to support the business/investment use claimed? (i) (e) (f) (g) (h)(d) Date Elected Type of property (list vehicles first) Business/ Basis for depreciation Depreciation Recovery Method/ Cost or placed in investment ness/investment section 179 Convention deduction other basis period service use percentage use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use: 1999 FORD E-150 726 021706100.00% 6,300 6,300. 5.00 200DB-HY 27 Property used 50% or less in a qualified business use: S/L · S/L. % S/L · 726 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole propnetor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (d) (e) **(f)** (a) (b) (c) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 Yes Yes Yes No Yes No 34 Was the vehicle available for personal use Yes No Yes No No No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5%

owners or related persons.

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

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	(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42	Amortization of costs that begins during	your 2008 tax year				
					<u> </u>	
				<u> </u>	_l	<u> </u>
43	Amortization of costs that began before	your 2008 tax year			43	
44	Total. Add amounts in column (f). See th	ne instructions for whe	ere to report		44	

Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

ightharpoons If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box 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. Automatic 3-Month Extension of Time. Only submit original (no copies needed). Part 1 A corporation 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 a corporation 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 Employer identification number Type or Name of Exempt Organization print CINCINNATI MARATHON, INC. 31-1571531 File by the Number, street, and room or suite no. If a P.O. box, see instructions due date for filing your 644 LINN STREET, SUITE 626 City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions CINCINNATI, OH 45203-1738 Check type of return to be filed (file a separate application for each return): X | Form 990 Form 990-T (corporation) Form 4720 Form 5227 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 6069 Form 990-EZ Form 8870 Form 990-PF Form 1041-A IRIS SIMPSON-BUSH The books are in the care of ▶ 644 LINN STREET SUITE 626 - CINCINNATI, OH 45203-1738 Telephone No. ► 513-721-7447 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 ElNs of all members the extension will cover I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► ___ calendar year ___ ► X tax year beginning JUL 1, 2008 2009 If this tax year is for less than 12 months, check reason: Initial return ___ Change in accounting period 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 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 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

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

2008 Cincinnati Flying Pig Marathon Board of Directors

COMPANY	FIRST	LAST
EXECUTIVE DIRECTOR		_
Cincinnati Marathon, Inc.	Ms. Iris	Simpson-Bush
BOARD MEMBERS		
Cash City	Mr. Robert	Baron
DLZ Corporation	Mr. Mike	Boylan
City Dash	Mr. Jim	Bush
Caruso Inc.	Mr. Mike	Caruso
Q-Mc Enterprises, LTD	Mr. Bob	Coley
Paycor, Inc.	Mr. Bob	Coughlin
Children's Hospital Medical Center	Dr. Jon	Divine
Reynold's Pharmacy	Ms. Mary	Enzweiler
INFINIT NUTRITION	Mr. Michael	Folan
	Mr. James	Ferguson
	Ms. Frances	Gilbert
	Mr. Joe	Hale
The Compass Group	Mr. Jim	Mahon, Ph.D.
MSC Software Corporation	Mr. John	Mongelluzzo
Xavier University	Mr. Doug	Olberding, Ed.D.
Ernst and Young	Mr. Tom	O'Neil
	Retired Judge Daniel	Roketenetz
Bob Roncker's Running Spot	Mr. Bob	Roncker
Schiff Kreidler Shell Insurance Agency	Mr. John	Sence
Colliers Turley Martin Tucker	Mr. Robert	Taylor, Jr.
Center for Human Perfromance	Ms. Barbara	Walker, Ph.D.
Burke, Inc.	Ms. Tammy	Wise