

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form 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)

▶ Sponsoring organizations, and controlling organization as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization GIRLS ON THE RUN MANHATTAN, INCORPORATED		D Employer identification number 27-0131315
		Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number
		315 BLEECKER STREET		Room/suite 312
		City or town, state or country, and ZIP + 4 NEW YORK, NY 10014		F Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).
G Accounting method: Cash Accrual
Other (specify) ▶

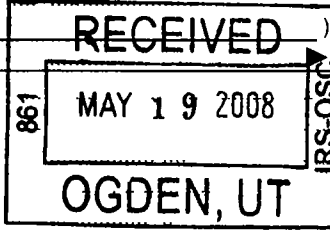
I Website: ▶ **WWW.GOTRM.ORG**
J Organization type (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **79,684.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	36,684.
	2	Program service revenue including government fees and contracts	2	43,000.
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b	Less: direct expenses other than fundraising expenses	6b	
	c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
	8	Other revenue (describe ▶)	8	
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	79,684.
	Expenses	10	Grants and similar amounts paid	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	20,417.
13		Professional fees and other payments to independent contractors	13	4,578.
14		Occupancy, rent, utilities, and maintenance	14	543.
15		Printing, publications, postage, and shipping	15	1,862.
16		Other expenses (describe ▶ SEE STATEMENT 1)	16	35,797.
17		Total expenses (add lines 10 through 16)	17	63,197.
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18	16,487.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	10,356.
	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 through 20)	21	26,843.



Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 51 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	10,856.	27,706.
23 Land and buildings		
24 Other assets (describe ▶ OTHER DEPRECIABLE ASSETS)	0.	48.
25 Total assets	10,856.	27,754.
26 Total liabilities (describe ▶ SEE STATEMENT 2)	500.	911.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	10,356.	26,843.

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

Form **990-EZ** (2006)

Part III Statement of Program Service Accomplishments (See page 51 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? INTERACTIVE RUNNING PROGR-PRETEEN GIRLS		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	GIRL ON THE RUN MANHATTAN OFFERS SCHOLARSHIPS IN ORDER TO DELIVER INTERACTIVE RUNNING PROGRAM TO GIRLS IN 8 LOCATIONS THROUGHOUT MANHATTAN. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 10,472.
29	PROVIDING T-SHIRTS, SNACKS ETC TO THE GIRLS PROVING INSURANCE (GENERAL LIABILITY) SHIPPING, PRINTING AND TRAVELLING (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 11,133.
30	SALARIES AND PROFESSIONAL FEES PAID (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 14,793.
31	Other program services (attach schedule) SEE STATEMENT 5 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a 0.
32	Total program service expenses (add lines 28a through 31a)	32 36,398.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 52 of the instructions)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 3		20,417.		

Part V Other Information (Note the statement requirement in General Instruction V)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="checkbox"/> 37a 0.		
b	Did the organization file Form 1120-POL for this year?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	N/A
39	501(c)(7) organizations Enter:		
a	Initiation fees and capital contributions included on line 9	39a	N/A
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.

b 501(c)(3) and (4) organizations 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 an explanation

	Yes	No
40b		X
40c		
40d		
40e		X

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.

d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

41 List the states with which a copy of this return is filed ▶ NY

42a The books are in care of ▶ SOPHIA BANAY, PRESIDENT Telephone no ▶
 Located at ▶ 25 THOMPSON ST, APT 18, NEW YORK, NY ZIP + 4 ▶ 10013

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)?

	Yes	No
42b		X
42c		X

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

See the instructions for exceptions and filing requirements for Form TD F 90-22 1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

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

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

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: *Sophia Banay* Date: 5/13/2008
 Type or print name and title: Sophia Banay, President GOTRM

Paid Preparer's Use Only
 Preparer's signature: *Tara A. ...* Date: 05/06/08 Check if self employed Preparer's SSN or PTIN:
 Firm's name (or yours if self employed): DHS & COMPANY, INC. CPA
 address and ZIP + 4: 55 SOUTH BROADWAY, SUITE 1W TARRYTOWN, NY 10591
 EIN: Phone no: 914-366-0066

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
MEALS AND ENTERTAINMENT		1,021.	
TAXES		2,439.	
INSURANCE		2,308.	
SUPPLIES		6,925.	
TRAVEL AND CONFERENCES		3,710.	
SUBSCRIPTIONS		533.	
ADVERTISING		50.	
MISCELLANEOUS		1,345.	
STAFF DEVELOPMENT		190.	
SCHOLARSHIPS- UNRESTRICTED		10,472.	
BANK CHARGES		168.	
ORGANISATIONAL EXPENSE		1,088.	
BAD DEBT EXPENSE		310.	
DONATED SUPPLIES		75.	
LICENSE AND PERMITS		163.	
MEMBERSHIP AND DUES		5,000.	
TOTAL TO FORM 990-EZ, LINE 16		35,797.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE	500.	413.	
WAGES AND PAYROLL TAXES PAYABLE	0.	460.	
CHASE CREDIT CARD	0.	38.	
UNRESTRICTED SCHOLARSHIPS	0.	0.	
TOTAL TO FORM 990-EZ, LINE 26	500.	911.	

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 3

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SOPHIA BANAY 25 THOMPSON ST. - NEW YORK, NY 10013	PRESIDENT, 5.00	0.	0.	0.
ERIN DAVIS 141 E 57TH ST. - NEW YORK, NY 10022	DIR PRG SUPP. 5.00	0.	0.	0.
TRACEY EARLY ONE MORTON SQUARE. - NEW YORK, NY 10014	EXECUTIVE.DIR 30.00	20,417.	0.	0.
BETH FREY 608 HENRY ST. - BROOKLYN, NY 11231	DIR. DEV. 5.00	0.	0.	0.
DANA ZUKANOVICH 5 MORTON ST. - BROOKLYN, NY 11215	DIR.R/PLANNING 5.00	0.	0.	0.
KATIE LANDANE 249 13TH ST.	DIR.VOLUN.TRAINING 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		20,417.	0.	0.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT 5

DESCRIPTION

GRANT

EXPENSES

TOTAL TO FORM 990-EZ, LINE 31

0.