PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

ΑΙ	For the 2	2018 calendar year, or tax year beginning	ل ending	UN 30, 2019				
В	Check if applicable:	C Name of organization		D Employer identifi	cation number			
	Address change	ROW NEW YORK, INC.						
	Name change	Doing business as		11-3	632924			
	Initial return	,	Room/suite	E Telephone numbe				
	Final return/	252 WEST 37TH STREET, 4TH FLOOR		(718) 433-3075			
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 12,336,127				
L	Amender return	NEW TORK, NI 10010		H(a) Is this a group re				
	Applica- tion pending			for subordinates				
_		SAME AS C ABOVE		H(b) Are all subordinates in				
		npt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) $4947(a)(1) = 501(c)(1)$	or 527	1	list. (see instructions)			
		rganization: X Corporation Trust Association Other ►	I Voor	H(c) Group exemption	M State of legal domicile: NY			
		Summary	L Teal	or formation. 2001 i	M State of legal dofficile. IN I			
	_	riefly describe the organization's mission or most significant activities: SEE \$	SCHEDU	LE O				
9								
Governance	2 C	heck this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as:	sets.			
Ş	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	16			
		umber of independent voting members of the governing body (Part VI, line 1b)			15			
δ. S	5 T	otal number of individuals employed in calendar year 2018 (Part V, line 2a)		5	105			
Vitie	6 T	otal number of volunteers (estimate if necessary)		6	110			
Activities &	7 a T	otal unrelated business revenue from Part VIII, column (C), line 12		7a	35,872.			
_	b N	et unrelated business taxable income from Form 990-T, line 38		7b	-2,180.			
<u>o</u>				Prior Year	Current Year			
	8 C	ontributions and grants (Part VIII, line 1h)		4,810,309.	10,154,346.			
Revenue	9 P	rogram service revenue (Part VIII, line 2g)		481,813.	409,382.			
ě	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		13,102.	16,990.			
_	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,778.	13,715.			
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,314,002.	10,594,433.			
	1	trants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	1	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,596,475. 0.	3,306,515.			
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25)	7.4	0.	0.			
X	170			1,302,497.	1,314,741.			
	" C	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,898,972.	4,621,256.			
	1	evenue less expenses. Subtract line 18 from line 12		1,415,030.	5,973,177.			
		evenue less expenses. Oubtract line 10 from line 12	Re	ginning of Current Year	End of Year			
ets (20 T	otal assets (Part X, line 16)	<u> </u>	3,505,616.	9,367,592.			
ASS	21 T	otal liabilities (Part X, line 26)		233,626.	297,122.			
Net Assets or	22 N	et assets or fund balances. Subtract line 21 from line 20		3,271,990.	9,070,470.			
Pi	art II	Signature Block		-				
Und	ler penalti	es of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, 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 wh	ich preparer	has any knowledge.				
Sig	n	Signature of officer		Date				
Hei	re	AMANDA KRAUS, FOUNDER & CEO						
		Type or print name and title	T r	Doto I	DTIN			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pai		ARRETT M. HIGGINS GARRETT M. HIGGI	LNS 0	5/14/20 self-employ				
	. –	Firm's name PKF O'CONNOR DAVIES, LLP		Firm's EIN ▶	27-1728945			
use	Only	Firm's address 665 FIFTH AVENUE		Di 21	2_286_2600			
<u> </u>		NEW YORK, NY 10022		Phone no. 41	2-286-2600 X Yes No			
Ma	y the IRS	S discuss this return with the preparer shown above? (see instructions)			X Yes No			

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13530514 756359 2060002.000

Form 990 (2018) ROW NEW YORK, INC. 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	Х	
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, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		x
10	If "Yes," complete Schedule D, Part IV	9		Α_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		x
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
-	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	175		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u>. </u>		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Form 990 (2018) ROW NEW YORK, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	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 lines 24b through 24d and complete			.,
	Schedule K. If "No," go to line 25a	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	050		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	, ,	25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	250		
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?			
		26		х
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
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			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	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	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Dav	Note. All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	L
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	 .	
_			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 25 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0	-		
	Eliter the number of Forme W 24 minuted at Eliter of minet applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.5		
92200	(gambling) winnings to prize winners?	1c Form	990	(2018)

	990 (2018) ROW NEW YORK, INC.	11-3632	924	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		1		Yes	No
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	2a 105			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Х	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C)	3b	Х	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	count)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Financial Actions for Financial Actions	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	•			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	rices provided to the payor?	7a	Х	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	ــــــ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			l
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		ــــــ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ \ \textbf{Did a donor advised fund maintained}$	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		<u> </u>
b			9b		_
10	Section 501(c)(7) organizations. Enter:	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	441.			
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	401-			
_	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	44		v
14a			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		\vdash
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				v
	excess parachute payment(s) during the year?		15		X
10	If "Yes," see instructions and file Form 4720, Schedule N.	income?	40		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		$\perp \Delta$

Form **990** (2018)

If "Yes," complete Form 4720, Schedule O.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 16 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 15 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, 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 Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Another's website ___ Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records AMANDA KRAUS - (718) 433-3075 252 WEST 37TH STREET, 4TH FLOOR, NEW YORK.

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- 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.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A) Name and Title	(B) Average hours per	(do	not c	Pos	C) ition		one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director				Highest compensated charles some sample of the sample of t	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) RAYMOND HILL	4.00									
CHAIRMAN	1 00	Х		Х				0.	0.	0.
(2) ELISE RUNSDORF NAPACK	1.00	.,								•
SECRETARY	4 00	Х		Х				0.	0.	0.
(3) KERRY COFFEE TREASURER	4.00	Х		х				0.	0.	0.
(4) AMAL ALY	0.25									
DIRECTOR THRU 09/13/18		Х						0.	0.	0.
(5) MARIA BOURNIAS	0.25									
DIRECTOR		Х						0.	0.	0.
(6) FRANCINE CHEW	0.25									
DIRECTOR		Х						0.	0.	0.
(7) JACK CARLSON	0.25									
DIRECTOR		Х						0.	0.	0.
(8) MORGAN CROOKS	0.25									
DIRECTOR		Х						0.	0.	0.
(9) JONATHAN DENHAM	6.00									
DIRECTOR		Х						0.	0.	0.
(10) JONATHAN DURHAM	0.50									
DIRECTOR		Х						0.	0.	0.
(11) MARCELA FARRELL	0.25							_	_	_
DIRECTOR THRU 12/18/18		Х						0.	0.	0.
(12) DAN FISHER	0.25	l								
DIRECTOR		Х						0.	0.	0.
(13) GINA GREER	0.25	ļ								_
DIRECTOR THRU 11/01/18	1 00	Х						0.	0.	0.
(14) IAN JOHN	1.00	ļ								
DIRECTOR	0 50	Х						0.	0.	0.
(15) LISA KERBER	0.50	.,								•
DIRECTOR	0 05	Х						0.	0.	0.
(16) CHRISTY LOPER	0.25	3,7							_	_
DIRECTOR	0.25	Х			_			0.	0.	0.
(17) SHYAMLI MILAM DIRECTOR	0.25	v						0.	0.	0.
DIRECTOR	l	X	<u> </u>	l	<u> </u>	<u> </u>	<u> </u>	1 0.	l U•	Form 990 (2018)

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hi	ghe	st C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos		1 than	one	Reportable	Reportable	•	Es	stimate	∍d
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation		l	nount	of
	week	_	cer ar	la a a	Trecto	or/trus	itee)	from	from related		l	other	
	(list any hours for	recto						the	organization		ı	pensa	
	related	ord	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	l	rom the janizat	
	organizations	ruste	l trus		ee Ge	npen		(***2/1099-181130)			ı -	d relat	
	below	Individual trustee or director	Institutional trustee	_	nploy	st co	La Car				l	anizati	
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former						
(18) CAMPBELL MYERS	0.25												
DIRECTOR		Х						0.		0.			0.
(19) AMANDA KRAUS	40.00												
FOUNDER & CEO		Х		Х				158,250.		0.			27.
(20) RACHEL CYTRON	40.00												
EXECUTIVE DIRECTOR AS OF MAY 2019				Х				0.		0.			0.
(21) KRISTIN TAYLOR	32.00												
<u>coo</u>				Х				82,474.		0.	1	6,3	<u>81.</u>
(22) ARSHAY COOPER	40.00	1											
FORMER DIRECTOR/CURRENT CPO						_	Х	82,390.		0.		1,4	<u> 15.</u>
		1											
						-					<u> </u>		
		1											
		<u> </u>				_							
		-											
_						\vdash							
		1											
1h Cub total		<u> </u>		<u> </u>	<u> </u>	<u> </u>		323,114.		0.	1	7,8	23
1b Sub-total c Total from continuation sheets to Part V	I Section A							0.		0.		7,0	0.
d Total (add lines 1b and 1c)								323,114.		0.	1	7,8	
Total number of individuals (including but r							no re		000 of reportable			7,0	<u> </u>
compensation from the organization	iot iii iiited to ti	1036	11316	u al	JOVE	<i>5)</i> VVI	10 16	cerved more than \$100,	ooo or reportable	5			1
compensation from the organization												Yes	No
3 Did the organization list any former officer	. director. or tru	ustee	e. ke	v en	olan	vee.	or h	nighest compensated er	mplovee on				
line 1a? If "Yes," complete Schedule J for s				•	•	•					3	х	
4 For any individual listed on line 1a, is the si													
and related organizations greater than \$15											4	х	
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes." con	nplete Schedul	e J fo	or su	ıch ı	oers	on					5		Х
Section B. Independent Contractors	•												
1 Complete this table for your five highest co	mpensated inc	depe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of com	pensa	tion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith o	or wi	ithin	the organization's tax y	ear.				
(A)								(B)			(0		
Name and business								Description of s	ervices	С	ompe	nsatio	n
STAGEBERG ARCHITECTURE PI										1			
25 CHAPEL ST #600, BROOKLYN, NY 11201 ARCHITECTURE SERVICE 303,30								07.					

Name and business address

STAGEBERG ARCHITECTURE PLLC
25 CHAPEL ST #600, BROOKLYN, NY 11201

HR&A ADVISORS, INC.
99 HUDSON ST, NEW YORK, NY 10013

Description of services

Compensation

ARCHITECTURE SERVICE 303,307.

SC BOATHOUSE PROJECT

MANAGER

174,616.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 2

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		Check if Schedule O conta	ains a resnonse	or note to any line	in this Part VIII			
		Cricci ii Gerieddie G coria	airis a response	or note to any inte	(A)	(B)	(C)	_ (D)
					Total revenue	Related or	Unrelated	Revenuè excluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
(0.40		Fodovated compaigns	140			TOVENIGE	Teveride	312 - 314
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns						
Gra		Membership dues		420 020				
ts, An		Fundraising events		439,829.				
igif ilar		Related organizations		200 112				
ns, Sim		Government grants (contributi		309,113.				
er S	f	All other contributions, gifts, gran						
ję H		similar amounts not included abov		9,405,404.				
onti od (_	Noncash contributions included in lines		1,631,693.				
<u>0</u> <u>p</u>	h	Total. Add lines 1a-1f			10,154,346.			
				Business Code				
ce	2 a	ROWING PROGRAM FEES		713940	409,382.	409,382.		
ervi e	b	·						
S r enu	С							
ran ?ev	d	·						
Program Service Revenue	е							
Б		All other program service reve						
	g	Total. Add lines 2a-2f			409,382.			
	3	Investment income (including						
		other similar amounts)			3,116.			3,116.
	4	Income from investment of tax	x-exempt bond p	roceeds 🕨				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,629,542.	8,550.				
	b	Less: cost or other basis						
		and sales expenses	1,624,218.					
	С	Gain or (loss)	5,324.	8,550.				
	d	Net gain or (loss)			13,874.			13,874.
Ф	8 a	Gross income from fundraising						
) Jun		including \$ 439	,829. of					
Other Revenu		contributions reported on line	1c). See					
Ϋ́		Part IV, line 18	a					
the	b	Less: direct expenses	b	117,476.				
9	С	Net income or (loss) from fund	draising events	 	-44,191.			-44,191.
	9 a	Gross income from gaming ac						
		Part IV, line 19	a					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less						
		and allowances		4,375.				
		Less: cost of goods sold		0.				
	С	Net income or (loss) from sales	s of inventory		4,375.			4,375.
		Miscellaneous Revenue	е	Business Code				
	11 a	STORAGE FEES		713990	35,872.		35,872.	
	b	INSURANCE SETTLEMENT PA	AYMENT	900099	12,000.			12,000.
	С	REBATES AND OTHER INCOM	ME	900099	5,659.			5,659.
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶	53,531.			
	12	Total revenue See instructions		▶ [10 594 433.	409 382.	35 872.	-5 167.

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) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (B) Program service expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 303,982. 227,987. 37,998. 37,997. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 171,111. 138,424. 16,343. 16,344. persons described in section 4958(c)(3)(B) 2,353,306. 1,672,271. 401,012. 280,023. Other salaries and wages 7 Pension plan accruals and contributions (include 42,935. 30,450. 7,274. 5,211. section 401(k) and 403(b) employer contributions) 158,724. 114,614. <u>25,</u>962. 18,148. Other employee benefits 9 276,457. 199,241. 44,578. 32,638. 10 Payroll taxes 11 Fees for services (non-employees): 78,337. 56,457. 12,632 9,248. Management Legal 39,300. 39,300. Accounting $12, \overline{546}$ 84,000. 12,357. 59,097. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 12,348. 8,687. 1,844. 1,817. column (A) amount, list line 11g expenses on Sch O.) 72,949.52,574.11,763.8,612. Advertising and promotion 12 49,374. 31,688. 4,312. 13,374. 13 Office expenses 14,103. 9,003. 1,224. 3,876. Information technology 14 15 Royalties 142,890. 177,807. 20,158. 14,759. 16 Occupancy 8,021. 6,183. 514. 1,324. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 7,541. 628. 9,783. 1,614. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 154,005. 154,005. Depreciation, depletion, and amortization 22 112,695. 112,026. 549. 120. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 338,528. 338,528. ATHLETIC AND EDUCATIONA STUDENT TRANSPORTATION 67,270. 67,270. 56,310. 52,197. 1,738. 3,702. 2,375. REPAIRS & MAINTENANCE 22,439. 17,298. 1,439. PROFESSIONAL DEVELOPMEN 17,472.17,472. e All other expenses 4,621,256. 3,498,431. 642,451. 480,374. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,918,502.	1	2,308,336
2	Savings and temporary cash investments		2	2,749,787
3	Pledges and grants receivable, net		3	2,382,765
4	Accounts receivable, net		4	17,342
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets 6 7	Notes and loans receivable, net		7	
8 Ass	Inventories for sale or use		8	
9	B	67 520	9	70,041
	Prepaid expenses and deterred charges Land, buildings, and equipment: cost or other	0773331	-	707011
loa	hasis Complete Part VI of Schodule D			
	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 2,632,405 807,309	929,311.	10c	1,825,096
l b	•		11	1,023,030
11	Investments - publicly traded securities			
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11	•	13	
14	Intangible assets		14	1/ 225
15	Other assets. See Part IV, line 11		15	14,225 9,367,592
16	Total assets. Add lines 1 through 15 (must equal line 34)		16	150,050
17	Accounts payable and accrued expenses		17	150,050
18	Grants payable		18	47 070
19	Deferred revenue		19	47,072
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
g 22	Loans and other payables to current and former officers, directors, trustees,			
월	key employees, highest compensated employees, and disqualified persons.			
Liabilities	Complete Part II of Schedule L		22	
- 23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			400.00
	Schedule D	0.	25	100,000
26	Total liabilities. Add lines 17 through 25	233,626.	26	297,122
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
န္မ	complete lines 27 through 29, and lines 33 and 34.	1 221 122		
Net Assets or Fund balances 2 2 8 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Unrestricted net assets		27	2,516,377
28	Temporarily restricted net assets	1,340,810.	28	6,554,093
29	Permanently restricted net assets		29	
<u> </u>	Organizations that do not follow SFAS 117 (ASC 958), check here			
<u> </u>	and complete lines 30 through 34.			
2 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
동 32	Retained earnings, endowment, accumulated income, or other funds		32	
ž 33	Total net assets or fund balances	3,271,990.	33	9,070,470
34	Total liabilities and net assets/fund balances	3,505,616.	34	9,367,592

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Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,59				
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,62				
3	Revenue less expenses. Subtract line 2 from line 1	3	5,97				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,27	1,9	<u>90.</u>		
5							
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-17	4,6	97.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	9,07	0,4	70.		
Part XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule) .					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?						
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
3a 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?	=	3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2018)		

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization ROW NEW YORK INC. 11-3632924 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) 6 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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 Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) **Total**

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	, , , , , , , , , , , , , , , , , , ,	•	,			_
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	` ,	, ,		
	membership fees received. (Do not						
	include any "unusual grants.")	1808369.	2908004.	728,713.	4810309.	10154346.	20409741.
2	Tax revenues levied for the organ-						
	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						
4	Total. Add lines 1 through 3	1808369.	2908004.	728,713.	4810309.	10154346.	20409741.
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,						
	column (f)						9203919.
	Public support. Subtract line 5 from line 4.						11205822.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1808369.	2908004.	728,713.	4810309.	10154346.	20409741.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,006.	982.	486.	46,207.	3,116.	51,797.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		14,829.				14,829.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				2,985.		
11	Total support. Add lines 7 through 10						20497011.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	<u>,950,660.</u>
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
_	organization, check this box and stor						>
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2018 (I					14	54.67 %
	Public support percentage from 2017					15	61.18 %
16a	33 1/3% support test - 2018. If the o						
	stop here. The organization qualifies	as a publicly suppo	orted organization				\ X
b	33 1/3% support test - 2017. If the o	-					
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			▶□
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac				=	~	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orga	nization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2018

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, 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 business 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						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						>
	ction C. Computation of Publi					T I	
15	Public support percentage for 2018 (I			column (f))		15	<u>%</u>
16						16	%
	ction D. Computation of Inves			40		14-1	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
19	a 33 1/3% support tests - 2018. If the						. .
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2017. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶□
20	Drivate foundation If the organization	n did not chack a	boy on line 14, 10	or 10h chock th	nic boy and soo in	etructions	▶ 7

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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30		
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10a		
10b		

11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of an supported organization? b A family member of a person described in (a) above? If 'Yes' to a.b. or c. provide detail in Part VI. 11b C	Pal	Supporting Organizations (Continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 59% controlled with or a special person described in (a) a for (a) bove? if Yes' to a, b, or c, provide detail in Pert VI. 11b				Yes	No
below, the governing body of a supported organization? 1 A family member of a person described in (a) above? 2. AS\$6 controlled entity of a person described in (a) or (b) above? 3. AS\$6 controlled entity of a person described in (a) or (b) above? 4. Yes 1 to a. b. or c. provide detail in Pert VI. 11b 11c Section B. Type I Supporting Organizations 1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If 'No,' observible. If the organization directors or trustees at all times during the tax year? If 'No,' observible. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictors, if any, applied to supple powers during the tax year 2. Did the organization operate for the benefit of any supported organization other than the supported organization and what conditions or estrictors, if any, applied to supple powers during the tax year in Part VI how providing such benefit carried out the purposes of the supported organization of the than the supported organization and the supported organizations and the supported organizations of the supported organization of the supported organization or trustees of each of the organization and provided during the supported organization or trustees of each of the organization and provided organization or trustees described in the supported organization or the supported organization or the supported organization or the suppo	11	Has the organization accepted a gift or contribution from any of the following persons?			
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a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization's to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organization determined that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2					
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trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		За		
	h				
	-		3b		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	lov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrated	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Par	LV	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	ction D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amou	nts paid to perform activity that directly furthers exemp			
	organ				
3	Admir				
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which th	e organization is responsive		
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2018 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Unde	distributions, if any, for years prior to 2018 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2018			
а	From	2013			
b	From	2014			
С	From	2015			
d	From	2016			
е	From	2017			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2018 distributable amount			
i	Carry	over from 2013 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2018 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2018 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2018, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions.			
6	Rema	ining underdistributions for 2018. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part \	/I. See instructions.			
7	Exces	ss distributions carryover to 2019. Add lines 3j			
	and 4	C.			
8	Break	down of line 7:			
а	Exces	s from 2014			
b	Exces	s from 2015			
С	Exces	s from 2016			
d	Exces	s from 2017			
е	Exces	s from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS REVENUE
2017 AMOUNT: \$ 2,985.
INSURANCE SETTLEMENT PAYMENT
2018 AMOUNT: \$ 12,000.
REBATES AND OTHER INCOME
2018 AMOUNT: \$ 5,659.
SCHEDULE A, PART II:
COLUMN (C) IS REPORTING A SHORT YEAR FOR THE PERIOD JANUARY 1, 2017
THROUGH JUNE 30, 2017.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

ROW NEW YORK, INC. 11-3632924								
Organization type (chec	ck one):							
Filers of:	ilers of: Section:							
Form 990 or 990-EZ								
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
Note: Only a section 50° General Rule For an organiza	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota any one contributor. Complete Parts I and II. See instructions for determining a contribution	ling \$5,000 or more (in money or						
Special Rules								
sections 509(a) any one contrib	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.								
year, contributi is checked, ent purpose. Don't	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
but it must answer "No"	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule E on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on it set the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	, , , , , , , , , , , , , , , , , , , ,						

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization Employer identification number

ROW NEW YORK, INC

11-3632924

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	Name, address, and ZiF + 4	\$2,693,355.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2		\$1,100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3		\$1,000,000.	Person X Payroll	
(a)	(b)	(c)	(d)	
	Name, address, and ZIP + 4	* 1,000,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5		\$ <u>1,000,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization

Employer identification number

11-3632924

11011 11	in rollit, inc.		3032324
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

ROW NEW YORK, INC.

11-3632924

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
1	PUBLICLY TRADED SECURITIES				
		\$ 1,559,144.	06/30/19		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

Name of organization **Employer identification number** ROW NEW YORK, 11-3632924 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

) (see separate instructions), then	tional Complete Dort III			
	Section 501(c)(4), (5), or (6) organizat	lions. Complete Part III.		Emp	loyer identification number
	•	YORK, INC.			11-3632924
Pa	art I-A Complete if the org	janization is exempt under	section 501(c) or	r is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures	. •		S
Pa	art I-B Complete if the org	anization is exempt under	section 501(c)(3)) <u>.</u>	
1	Enter the amount of any excise tax	incurred by the organization under	section 4955	▶ \$	S
	Enter the amount of any excise tax				
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720 fo	r this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the org	anization is exempt under	section 501(c), e	except section 501(c	:)(3).
3	Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and en made payments. For each organiza contributions received that were propolitical action committee (PAC). If	a. Add lines 1 and 2. Enter here and 1120-POL for this year? Inployer identification number (EIN) tion listed, enter the amount paid fomptly and directly delivered to a second control of the control of	of all section 527 polition the filing organizars	ical organizations to which tion's funds. Also enter the ization, such as a separate	Yes No n the filing organization e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

Schedule C (Form 990 or 990-EZ) 2018

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2018 ROW NEW YORK, INC. 11-36329 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)		(k	o)
	of the lobbying activity.			No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
	Volunteers?			X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		_	X		
С	Media advertisements?			X		
d	Mailings to members, legislators, or the public?			X		
е	Publications, or published or broadcast statements?			X		
	Grants to other organizations for lobbying purposes?		_	X		
	Direct contact with legislators, their staffs, government officials, or a legislative body?		_	X		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			X		
i	Other activities?	Х				1,000.
	Total. Add lines 1c through 1i				84	1,000.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			X		
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- 504/-\/				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 501(0)(o), o	r sec	tion	
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?				3		
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."	'No," OR	(b)	Part		e 3, is
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	aı				
	expenses for which the section 527(f) tax was paid).			0-		
	Current year			2a		
	Carryover from last year			2b		
	Total			2c		
				3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the arganization agree to correspond to the respondence of pendeductible labeling and pendeductible label					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	mucai				
5	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)			5		
Par				3		
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II-	A. lin	es 1 ar	nd 2 (see	
instru	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	. ,		(
FAI	RT II-B, LINE 1, LOBBYING ACTIVITIES:					
THE	ORGANIZATION HIRED AN OUTSIDE LOBBYIST TO LOBBY ON	VARIO	ous	ST	ATE	
ANI	CITY GOVERNMENT AGENCIES ON ITS BEHALF FOR PERMITS	AND A	APP	ROV	ALS	
REC	GARDING REAL PROPERTY AND ASSISTING IN SECURING COUN	CIL D	csc	RET:	IONARY	7
FUI	NDING.					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ROW NEW YORK, INC.

Employer identification number 11-3632924

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	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	dvisors in writing that grant funds can be u	sed only				
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose c	onferring				
_							
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, P	art IV, line 7.				
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).					
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically important land area				
	Protection of natural habitat	Preservation of a certification	fied historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o					
	day of the tax year.		Held at the End of the Tax Year				
	Total number of conservation easements		l l				
	Number of conservation easements on a certified historic str						
d	Number of conservation easements included in (c) acquired a		I I				
_	listed in the National Register						
3	Number of conservation easements modified, transferred, re	eased, extinguished, or terminated by the	organization during the tax				
	year -						
4	Number of states where property subject to conservation eas	·					
5	Does the organization have a written policy regarding the per		Yes No				
6	violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting,						
U	Starr and volunteer riours devoted to morntoning, inspecting,	rianding of violations, and emorcing conse	ervation easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year				
•	► \$	aming of violations, and officioning consolvation	on easements daring the year				
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170/h)(4)(B)(i)				
_	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservati						
	include, if applicable, the text of the footnote to the organiza	•	•				
	conservation easements.						
Par	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.						
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,				
	historical treasures, or other similar assets held for public exl	nibition, education, or research in furtheran	ce of public service, provide, in Part XIII,				
	the text of the footnote to its financial statements that descri	bes these items.					
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publ	ic service, provide the following amounts				
	relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		> \$				
	(ii) Assets included in Form 990, Part X		> \$				
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	gain, provide				
	the following amounts required to be reported under SFAS 1						
а	Revenue included on Form 990, Part VIII, line 1		• \$				
	Assets included in Form 990, Part X		> \$				
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2018				

	dule D (Form 990) 2018 ROW NEW			ariaal Tra		· Otho	. Cimi		534944		ige ∠
-	rt III Organizations Maintaining C										
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items										
	(check all that apply):										
а	Public exhibition	(hange progra						
b	Scholarly research	•	e	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							pose in Par	t XIII.		
5	During the year, did the organization solicit o				•				_		1
D :	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran		lete if the	organizatio	n answered '	'Yes" on	Form 9	90, Part IV	, line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi								_		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:				1			
									Amount		
	Beginning balance							:			
d	Additions during the year						. 10	t l			
е	Distributions during the year							•			
f	Ending balance							<u> </u>	_	_	
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	escrow or cu	ustodial acco	unt liabil	ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete i	f the organization a			orm 990, Part	IV, line			1		
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Thre	ee years back	(e) Four y	/ears t	oack_
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	e (line 1g	g, column (a))) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held ar	nd administer	ed for th	ie organ	nization	_		
	by:								\	/es	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		owment f	unds.							
Pai	rt VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or	other	(b) Cost	or other	(c) A	ccumul	ated	(d) Book	value	•
		basis (invest	ment)	basis	(other)	de	preciati	on			
1a	Land			_							
b	Buildings			20	7,317.		80,	203.	127	,11	<u>4.</u>
	Leasehold improvements			_							
d	Equipment				8,104.			087.	357		
	Other	1		1.47	6.984		136.	019.	1.340	. 96	55.

Schedule D (Form 990) 2018

1,825,096.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2018 ROW NEW YORK	, INC.		11	-3632924 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	n Form 990, Part I\ (b) Book value		Part X, line 12. /aluation: Cost or end	of year market value
	(b) Book value	(C) Metriod or v	Valuation. Cost of end	-or-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" or	n Form 990 Part IV	/ line 11c See Form 990	Part X line 13	
(a) Description of investment	(b) Book value		valuation: Cost or end	of-year market value
(1)		,,		•
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.		•		
Complete if the organization answered "Yes" or	n Form 990, Part I\	/, line 11d. See Form 990,	Part X, line 15.	
(a) D	escription			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line : Part X Other Liabilities.	15.)		>	
Complete if the organization answered "Yes" or	n Form 990, Part I\		n 990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) ASSET RETIREMENT OBLIGATION	N	100,000.		
(3)				
(4)				

(5) (6) (7) (8) 100,000. ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

Scho	dule D (Form 990) 2018 ROW NEW YORK, INC.			11_	3632924 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Re		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		•		
1	T. 1			1	11,010,539
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	416,106.		
С	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	416,106.
3	Subtract line 2e from line 1			3	10,594,433.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		<u></u>	5	10,594,433.
Pa	T XII Reconciliation of Expenses per Audited Financial Stater		Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			1	T 440 050
1	Total expenses and losses per audited financial statements			1	5,112,059.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	416 106		
	Donated services and use of facilities		416,106.	-	
b	Prior year adjustments			-	
С	Other losses		74 607	-	
d	,		74,697.	1	400 002
	Add lines 2a through 2d			2e	490,803
	Subtract line 2e from line 1			3	4,021,230
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	45			
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.) Add lines 4a and 4b	•		40	0
5				4c 5	4,621,256
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information.			J	1,021,230
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			; Part	X, line 2; Part XI,
PAF	RT X, LINE 2:				
THE	E ORGANIZATION RECOGNIZES THE EFFECT OF TA	AX POST	LIONS WHEN	THE	Y ARE MORE
LIF	CELY THAN NOT TO BE SUSTAINED. MANAGEMENT	HAS DE	TERMINED TH	АТ	THE
ORC	SANIZATION HAD NO UNCERTAIN TAX POSITIONS	THAT WO	OULD REQUIR	E F	INANCIAL
STA	ATEMENT RECOGNITION OR DISCLOSURE. THE ORG	SANIZAT	ION IS NO L	ONG	ER SUBJECT
TO_	EXAMINATIONS BY APPLICABLE TAXING JURISDI	CTIONS	FOR ANY PE	RIO	DS PRIOR
то	THE ORGANIZATION'S 2016 TAX YEAR.				

PART XII, LINE 2D - OTHER ADJUSTMENTS:

WRITE-OFF OF PLEDGE RECEIVABLE

74,697.

Schedule D (Form 990) 2018	ROW NEW YORK,	INC.	11-3632924 Page 5
Schedule D (Form 990) 2018 Part XIII Supplemental Information	mation (continued)		<u> </u>
то предоставания в поставания в	(continuea)		

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization					Employer identification number			
ROW NEW YORK, INC.					11-3632924			
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a								
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No					
Total			•					
List all states in which the organization or licensing.			utions	or has been notified	it is e	exempt from re	gistration	

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

Schedule G (Form 990 or 990-EZ) 2018

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and groups are the contributions.	•	·	· · · · · ·	•
			(a) Event #1 FALL BENEFIT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
Φ			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	454,729.	58,385.		513,114.
	2	Less: Contributions	396,979.	42,850.		439,829.
	3	Gross income (line 1 minus line 2)	57,750.	15,535.		73,285.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	53,380.	19,792.		73,172.
Jirect E	7	Food and beverages				
	8	Entertainment	16,725. 23,776.	2,500. 1,303.		19,225.
	9	Other direct expenses		1,303.		25,079.
		Direct expense summary. Add lines 4 through				117,476. -44,191.
Pa	ırt I	Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a		990 Part IV line 19 or		-44,191.
		\$15,000 on Form 990-EZ, line 6a.	anovorou roo om om	1000, 1 41117, 1110 10, 01	roportou moro triari	
-		· · · · · · · · · · · · · · · · · · ·	(a) Ringo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
aune			(a) Bingo	bingo/progressive bingo	(c) Other gaining	col. (a) through col. (c)
Revenue						
_	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		ter the state(s) in which the organization condu he organization licensed to conduct gaming ac	_	etatos?		Yes No
		No," explain:				res . No
	_					
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
	_					

Schedule G (Form 990 or 990-EZ) 2018

832082 10-03-18

Sch	edule G (Form 990 or 990-EZ) 2018 ROW NEW YORK, INC.	<u> 11-36</u>	<u> 329</u> 2	4 Page 3
11			Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:	****		
	The organization's facility		13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt		
	of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
Ŀ	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the		
	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part	II, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
	·			

Schedule G	i (Form 990 or 990-EZ)	ROW NEW	YORK,	INC.		11-3632924	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (contin	nued)				
		(
	<u> </u>				 		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.

ROW NEW YORK, INC.

 $Employer\ identification\ number \\ 11-3632924$

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year did any never listed an Form 000 Part VIII Section A line 1s with respect to the filing			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
•		4a		Х
a h	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
Ĭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The second start of the second start product the approach amount of each norm, and m			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u> </u>

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

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990	
(1) AMANDA KRAUS	(i)	158,250.	0.	0.	0.	27.	158,277.	0.
FOUNDER & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ARSHAY COOPER	(i)	82,390.	0.	0.	0.	1,415.	83,805.	0.
FORMER DIRECTOR/CURRENT CPO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						1	<u> </u>

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open To Public Inspection

Name of	the organization F	ROW NEW	YORK, INC	·							identi		on nui	mber
Part I					3), sect	ion 501(c)(4), and 50)1(c)	(29) organization						
	Complete if the	organization an	swered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25b	o, or	Form 990-EZ, Pa	art V, I	ine 40	b.			
1 (a) N	ame of disqualified r	nerson (b)) Relationship be	lified	c) D	escription of tran	eactic	'n		(d)	Corre	cted?		
(a) Name of disqualified person		Derson	person and o	ation	'	-	escription of train	Sactio	,,,,		Y	es	No	
													_	
												-	+	
												+	+	
												+	+	
												+	\dashv	
2 Ente	er the amount of tax	incurred by the	organization mai	nagers	or disc	ualified persons du	rina :	the vear under						
		•	•	•			•	•		▶ \$				
3 Ente	er the amount of tax,									> \$				
		.,												
Part II	│ Loans to and	d/or From Ir	nterested Per	sons	•									
	•	•				, Part V, line 38a or I	Forn	n 990, Part IV, lin	e 26; (or if th	e orga	nizatio	n	
		1	90, Part X, line 5,		2. Dan to or	1,,,,,,	Ι.	<u> </u>			(h) App	nroved	en 14	
	(a) Name of erested person	(b) Relationshi with organization			m the	(e) Original principal amount	(1	(f) Balance due) In ault?	by board or		(i) William	
	J. 55154 ps. 5511	J			From	1 ' '				1	committee? Yes No		Yes	ı —
				To	From				Yes	No	res	NO	res	NO
		+					-							
Total						<u> </u> ▶ \$	<u> </u>							
Part III	☐ Grants or As	sistance Be	enefiting Inte	reste	d Per									
	_		swered "Yes" on											
(a)	Name of interested		(b) Relationship			(c) Amount of		(d) Type	of		(e)) Purp	ose of	
			interested per	son an		assistance		assistan	се			assista	ance	
			the organiz	zation										
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2018

Schedule L (Form 990 or 990-EZ) 2018 ROW NEW YORK, INC. Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.	I	1 () 01:	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz rever	
				Yes	No
TYLER KRAUS	SEE PART V	65,375.	SEE PART V		Х
SABRINA FARRELL	SEE PART V	10,131.	SEE PART V		Х
Part V Supplemental Information.					

	person and the organization		transaction		transaction			revenues?				
MALER ADAMA	CDD	DADE	77	65	275	CDD	DADE	7.7	Yes	No		
TYLER KRAUS SABRINA FARRELL		PART PART					PART PART			X		
DADKINA PAKKEDE	966	IANI	V	10	, 131.	DEE	IANI					
	+											
Part V Supplemental Information. Provide additional information for resp	onses to	auestion	s on Schedule L (see i	nstructions).		•						
		•	,									
SCH L, PART IV, BUSINESS T	RANS	ACTIC	NS INVOLVIN	G INTE	RESTE	D PI	ERSONS	3:				
(A) NAME OF PERSON: TYLER	וזגסע	ď										
(A) NAME OF FERSON: ITHER	KKAU	5										
(B) RELATIONSHIP BETWEEN I	NTER	ESTED	PERSON AND	ORGAN	IZATI	ON:	FAMII	ĽΥ				
MEMBER OF EXECUTIVE DIRECT	OR A	MANDA	KRAUS									
(D) DESCRIPTION OF TRANSAC	יתד∩אי	. E ME	TOVEE OF BO	י זאר דידער	VODV							
(D) DESCRIPTION OF TRANSAC	1101	. EMF	HOTEL OF RO	W 1417W	IOKK							
(A) NAME OF PERSON: SABRIN	- Δ - Δ - Δ	RRELI										
(II) WHILE OF THIS ON BIBITIES			-									
(B) RELATIONSHIP BETWEEN I	NTER	ESTED	PERSON AND	ORGAN	IZATI	ON:	FAMII	ĽΥ				
MEMBER OF DIRECTOR, MARCEL	LA F	'ARREI	ıL									
(D) DESCRIPTION OF TRANSAC	TION	: EMF	LOYEE OF RO	W NEW	YORK							

Schedule L (Form 990 or 990-EZ) 2018

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

	ROW NEW YORK	, INC.				11-3	632	924	
Pai	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	r	(d) Method of de noncash contribu		•	s
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	Х	5	1,631,693.	AVG	. SELLING	3 PI	RIC	E
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								
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								
25	Other								
26	Other								
27	Other								
28	Other (
29	Number of Forms 8283 received by the organization	zation durinç	the tax year for c	ontributions					
	for which the organization completed Form 82	83, Part IV, [Donee Acknowledg	gement 29				0	
								Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28,	that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for	r			
	exempt purposes for the entire holding period?	?					30a		_X_
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any nonstandard contribut	ions?		31		X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash					
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	cked,				
	describe in Part II.								

LHA

832141 10-18-18

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

Schedule M (Form 990) 2018

Schedule M (Form 990) 2018

832142 10-18-18

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2018
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ROW NEW YORK, INC.

Employer identification number 11-3632924

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THROUGH THE DISCIPLINE OF ROWING AND RIGOROUS ACADEMIC SUPPORT, ROW NEW YORK TRANSFORMS THE LIVES OF NEW YORKERS, REGARDLESS OF BACKGROUND OR ABILITY PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990, ROW NEW YORK'S MIDDLE AND HIGH SCHOOL ROWING AND ACADEMICS PROGRAM CONSISTS OF THE FOLLOWING CORE COMPONENTS: ROWING & ATHLETIC CONDITIONING TO PREPARE OUR STUDENT-ATHLETES FOR COMPETITION, IMPROVE THEIR HEALTH AND FITNESS, AND REINFORCE 21ST-CENTURY SKILLS LIKE PERSISTENCE AND TEAMWORK, HIGH SCHOOLERS TRAIN FIVE DAYS PER WEEK AND TRAVEL TO 10-15 REGIONAL REGATTAS THROUGHOUT THE AND MIDDLE SCHOOLERS WORK OUT TWICE A WEEK AND GAIN EXPOSURE TO COMPETITIVE ROWING BY PARTICIPATING IN SEVERAL REGATTAS THROUGHOUT THE YEAR. ACADEMIC SERVICES, INCLUDING ONE-ON-ONE TUTORING, SAT PREP, GUIDANCE THROUGH THE HIGH SCHOOL AND COLLEGE APPLICATION PROCESSES, GROUP WORKSHOPS, COLLEGE VISITS, AND OTHER ACTIVITIES TO ENSURE SUCCESS IN HIGH SCHOOL AND COLLEGE. YEAR AFTER YEAR, 100 PERCENT OF ROW NEW YORK'S SENIORS GRADUATE FROM HIGH SCHOOL ON TIME AND ARE ACCEPTED TO COLLEGE. ROW NEW YORK PARTICIPANTS ALSO EXCEED AVERAGE COLLEGE RETENTION RATES. AS SEEN BY HOW 100 PERCENT OF ROW NEW YORK SENIORS THAT ENROLLED IN COLLEGE IN 2018 SUCCESSFULLY COMPLETED THEIR FRESHMEN YEAR. CAREER-READINESS ACTIVITIES, INCLUDING RESUME-WRITING WORKSHOPS, MOCK INTERVIEWS, CAREER-FOCUSED FIELD TRIPS, CAREER PANELS, JOB AND INTERNSHIP INFORMATION SESSIONS, AND SUMMER EMPLOYMENT OPPORTUNITIES.

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

Schedule O (Form 990 or 990-EZ) (2018)

Employer identification number Name of the organization ROW NEW YORK, INC. 11-3632924 - SOCIAL AND EMOTIONAL LEARNING: ROW NEW YORK'S SOCIAL AND EMOTIONAL LEARNING CURRICULUM IS DESIGNED TO HELP YOUTH IMPROVE EXECUTIVE FUNCTIONING, TIME MANAGEMENT, SELF-EFFICACY, EMOTIONAL INTELLIGENCE, CULTURAL COMPETENCY, AND FINANCIAL LITERACY. IN ADDITION, ROW NEW YORK'S DIRECTOR OF SOCIAL WORK PROVIDES ONE-ON-ONE COUNSELING, GROUP WORKSHOPS, AND REFERRALS TO OTHER SERVICE PROVIDERS. IN FISCAL YEAR 2019, OVER 90 PERCENT OF ROW NEW YORK'S STUDENT-ATHLETES DISPLAYED MEASURABLE IMPROVEMENTS IN TENACITY, CONFIDENCE, AND POSITIVE ENGAGEMENT WITH PEERS AND ADULTS ALIKE. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: COMPETITION. COACHES MEET WITH ATHLETES TO SET PERSONAL GOALS, DEVELOP TRAINING PLANS, AND ULTIMATELY ENSURE A SAFE AND PRODUCTIVE ROWING EXPERIENCE. PARTICIPANTS IN THE PROGRAM MET THREE TIMES PER WEEK TO PRACTICE FOR COMPETITIVE RACES, WHICH THEY PARTICIPATE IN THROUGHOUT THE YEAR. IN FISCAL YEAR 2019, APPROXIMATELY FIVE INDIVIDUALS WERE REGULARLY SERVED BY THE COMPETITIVE ADAPTIVE PROGRAM. ADAPTIVE ATHLETES REPRESENTED ROW NEW YORK AT THE C.R.A.S.H.-B WORLD INDOOR ROWING CHAMPIONSHIPS, MID ATLANTIC ERG SPRINTS, AND THE BAYADA REGATTA. - SCHOOL DAY ADAPTIVE PROGRAM: DELIVERED IN PARTNERSHIP WITH THE NEW YORK CITY DEPARTMENT OF EDUCATION DISTRICT 75, THE SCHOOL DAY ADAPTIVE PROGRAM SERVES STUDENTS WITH COGNITIVE AND PHYSICAL DISABILITIES OVER A 16-WEEK PERIOD. IN FISCAL YEAR 2019, THE PROGRAM HELPED OVER 120 YOUNG WOMEN LEARN BASIC ROWING TECHNIQUE, BUILD PHYSICAL FITNESS, AND ENJOY AN OUTDOOR ROWING EXPERIENCE. SUMMER CAMP PROGRAM: THROUGHOUT SUMMER 2019, ROW NEW YORK PARTNERED WITH A WIDE ARRAY OF ORGANIZATIONS, INCLUDING THE INITIATIVE FOR WOMEN WITH DISABILITIES, MOUNT SINAI, BANK STREET, ADMINISTRATION FOR

Employer identification number Name of the organization ROW NEW YORK, INC. 11-3632924 CHILDREN'S SERVICES, HELEN KELLER SCHOOL FOR THE BLIND, ED THOMPSON VETERANS PROGRAM, AND ADAPT TO DELIVER DAY-LONG ROWING EXPERIENCES FOR 55 ADAPTIVE ATHLETES. FREEDOM ROWS: AS A USROWING FREEDOM ROWS PARTNER, ROW NEW YORK DELIVERED ADAPTIVE ROWING PROGRAMS FOR 40+ VETERANS WITH DISABILITIES, INCLUDING A THREE-WEEK INTRODUCTORY CAMP, 13-WEEK INDOOR ROWING PROGRAM, PARTICIPATION IN REGATTAS, AND YEAR-ROUND COMPETITIVE AND RECREATIONAL ROWING. FORM 990, PART VI, SECTION A, LINE 3: THE ORGANIZATION USES AN OUTSIDE MANAGEMENT COMPANY, TRINET, A PROFESSIONAL EMPLOYER ORGANIZATION ("PEO") AS A CO-EMPLOYER. THE ORGANIZATION PAID \$78,337 TO TRINET FOR THEIR SERVICES DURING FISCAL YEAR 2019. THE TWO EMPLOYEES LISTED IN PART VII, AMANDA KRAUS, KRISTIN TAYLOR, AND ARSHAY COOPER ARE PAID BY THE PEO. THEIR CALENDAR YEAR 2018 COMPENSATION IS REPORTED IN PART VII, SECTION A. FORM 990, PART VI, SECTION A, LINE 4: ROW NEW YORK AMENDED ITS BYLAWS DURING FY19 TO REFLECT THE FOLLOWING CHANGES: 1. INCREASED THE MAXIMUM NUMBER OF BOARD OF DIRECTORS FROM 15 TO 25. 2. REVISED THE LANGUAGE ON THE ACTION REQUIRED TO BE AUTHORIZED BY THE BOARD TO INCLUDE PURCHASE OR SALE, MORTGAGE, LEASE, EXCHANGE, OR OTHER DISPOSAL OF REAL PROPERTY THAT CONSTITUTES ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS 3. CHANGED THE COMPOSITION AND QUALIFICATIONS OF THE ORGANIZATION'S OFFICERS: THE OFFICERS OF THE CORPORATION SHALL BE A CHAIR, A CHIEF EXECUTIVE OFFICER, A SECRETARY, AND A TREASURER. ANY PERSON, INCLUDING AN

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization $\label{eq:ROWNEWYORK,INC.} \textbf{ROW NEW YORK, INC.}$

Employer identification number 11-3632924

EMPLOYEE OF THE CORPORATION WHO IS NOT A DIRECTOR OF THE BOARD, MAY SERVE

AS AN OFFICER OF THIS CORPORATION; PROVIDED, THAT SUCH EMPLOYEE MAY NOT

SERVE AS THE CHAIR OF THE CORPORATION UNLESS APPROVED BY TWO-THIRDS VOTE OF

THE ENTIRE BOARD AND THE BASIS FOR SUCH APPROVAL IS CONTEMPORANEOUSLY

DOCUMENTED.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM

AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE

INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN

PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL

REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO THE FINANCE COMMITTEE FOR

REVIEW AND APPROVAL AS AUTHORIZED BY THE BOARD. ONCE THE FINANCE COMMITTEE

HAS APPROVED THE RETURN, IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

RNY HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT IS ANNUALLY MONITORED. A
CONFLICT OF INTEREST ARISES WHEN THE INTERESTS OF RNY AND THE INTEREST OF
ONE OF ITS DIRECTORS, OFFICERS, OR KEY EMPLOYEES ARE IN DIRECT OR INDIRECT
COMPETITION AND/OR IN VIOLATION OF APPLICABLE LEGAL REQUIREMENTS. THE
DIRECTOR, OFFICERS OR KEY EMPLOYEE MUST INFORM THE BOARD MEMBER LIAISON,
WHO WILL IN-TURN DISCLOSE SUCH CONFLICT TO THE BOARD FINANCE COMMITTEE, OR
IF THERE IS NO SUCH COMMITTEE, TO THE BOARD INCLUDING DISCLOSURE OF ANY
MATERIAL FACTS. THE BOARD FINANCE COMMITTEE OR THE BOARD WILL EVALUATE THE
CONFLICT OF INTEREST AND TAKE NECESSARY ACTIONS TO SOLVE THE MATTER WHILE
PREVENTING OR MINIMIZING ANY RISKS TO RNY. THE INDIVIDUAL MUST REMOVE HIM
OR HERSELF FROM THE SITUATION BY DISCONTINUING PARTICIPATION IN THE ACTIONS
GENERATING THE CONFLICT OF INTEREST. THE INDIVIDUAL WITH THE ACTUAL OR

Schedule O (Form 990 or 990-EZ) (2018)

Employer identification number Name of the organization ROW NEW YORK, INC. 11-3632924 SUSPECTED CONFLICT OF INTEREST MAY NOT BE PRESENT AT OR PARTICIPATE IN THE BOARD OR COMMITTEE DELIBERATION OR VOTE ON THE MATTER GIVING RISE TO SUCH CONFLICT. FORM 990, PART VI, SECTION B, LINE 15A: THE MOST SENIOR EXECUTIVES' COMPENSATION ARE DETERMINED AND APPROVED BY THE BOARD'S EXECUTIVE COMMITTEE. THE COMMITTEE REVIEWS 990S AND COMPENSATION SURVEYS TO COMPARE THE SALARY OF SENIOR EXECUTIVES RUNNING SIMILARLY SIZED ORGANIZATIONS IN AND AROUND NEW YORK CITY. APPROVAL OF THE SALARY IS DOCUMENTED IN A MEMORANDUM. THE PROCESS WAS LAST UNDERTAKEN IN 2019. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST AT 252 WEST 37TH STREET, NEW YORK, NY 10018 OR BY CALLING THE ORGANIZATION DIRECTLY AT (718) 433-3075. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: WRITE-OFF OF PLEDGE RECEIVABLE -74,697. ASSET RETIREMENT OBLIGATION -100,000. TOTAL TO FORM 990, PART XI, LINE 9 -174,697. FORM 990, PART XII, LINE 2C: THE ORGANIZATION HAS A COMMITTEE THAT IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN