(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

Open to Public Inspection

OMB No. 1545-0047

ΑF	or tne	2019 calendar year, or tax year beginning OOL I, 2019 and	enaing U	UN 30, 404	U			
B c	heck if oplicable:	C Name of organization		D Employer ident	fication number			
X	Address change	ROW NEW YORK, INC.						
	Name change	Doing business as		11-3632924				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	per			
	Final return/	163 AMSTERDAM AVENUE	1108	(718) 4	33-3075			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,717,121.			
	Amende return	NEW TORK, NT 10025		H(a) Is this a group	return			
	Applica- tion	F Name and address of principal officer: NACHEL CITAON MILLE	ER	for subordinat	es? Yes X No			
	pending	SAME AS C ABOVE		H(b) Are all subordinates	s included? Yes No			
<u> 1 T</u>	ax-exer	mpt status: X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1) c	or 527	If "No," attach	a list. (see instructions)			
		E ► WWW.ROWNEWYORK.ORG		H(c) Group exempt	ion number 🕨			
		organization: X Corporation Trust Association Other	L Year	of formation: 2001	M State of legal domicile; NY			
Pa		Summary						
a l		Briefly describe the organization's mission or most significant activities: $\underline{ ext{THROU}}$						
Activities & Governance	<u> </u>	AND RIGOROUS ACADEMIC SUPPORT, ROW NEW YO	RK TRA	NSFORMS TH	E LIVES OF			
, L	2 (Check this box 🕨 🔛 if the organization discontinued its operations or dispos	ed of more	1				
8					17			
ত		lumber of independent voting members of the governing body (Part VI, line 1b)			16			
es		otal number of individuals employed in calendar year 2019 (Part V, line 2a)			108			
ζĖ		otal number of volunteers (estimate if necessary)						
Ç		otal unrelated business revenue from Part VIII, column (C), line 12						
\dashv	bΝ	let unrelated business taxable income from Form 990-T, line 39	<u></u>					
				Prior Year	Current Year			
ē		Contributions and grants (Part VIII, line 1h)		10,154,346	- i			
en		Program service revenue (Part VIII, line 2g)		409,382				
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		16,990				
-		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,715				
\dashv		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,594,433				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0				
		Renefits paid to or for members (Part IX, column (A), line 4)		0				
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,306,515	-i			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0	. 0.			
Ϋ́		Total fundraising expenses (Part IX, column (D), line 25) 438,80		1,314,741	1 125 726			
"		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,621,256				
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,973,177				
_ v	19 F	Revenue less expenses. Subtract line 18 from line 12			 			
Net Assets or Fund Balances	00 T	Catalogorate (Doubly Proc 40)	Ве	ginning of Current Yea				
SSE Bala	20 T	otal assets (Part X, line 16)		9,367,592 297,122				
net A	21 T	otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20		9,070,470				
<u>∠</u> ∏ Pa	22 N	Signature Block		9,010,410	• 9,939,104•			
		ies of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ante and to the heet of i	my knowledge and helief it is			
		and complete. Declaration of preparer (other than officer) is based on all information of wh			ily kilowicage and belief, it is			
ii uo,	0011001,	and complete. Declaration of property (enter than enterty to below on an information of with	ion proparor	That arry knowledge:				
Sign	,	Signature of officer		Date				
Here		RACHEL CYTRON MILLER, EXECUTIVE DIRECT	OR					
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid		GARRETT M. HIGGINS GARRETT M. HIGGI	ins 0	4/21/21 if self-emp	P00543209			
Prep		Firm's name PKF O'CONNOR DAVIES, LLP		Firm's EIN				
Use Only Firm's address 500 MAMARONECK AVENUE								
		HARRISON, NY 10528-1633		Phone no. 9	14-381-8900			
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No			

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THROUGH THE DISCIPLINE OF ROWING AND RIGOROUS ACADEMIC SUPPORT, ROW NEW YORK TRANSFORMS THE LIVES OF NEW YORKERS, REGARDLESS OF BACKGROUND
	OR ABILITY.
	ON IDIZITI
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$3,121,925. including grants of \$) (Revenue \$\$
	ROW NEW YORK COMBINES THE DISCIPLINE OF COMPETITIVE ROWING WITH
	RIGOROUS ACADEMIC SUPPORT TO PREPARE STUDENTS FROM UNDER-RESOURCED
	COMMUNITIES FOR SUCCESS IN COLLEGE AND THE WORKPLACE. IN FISCAL YEAR
	2020, ROW NEW YORK'S HIGH-DOSAGE PROGRAM MODEL PROVIDED 190 MIDDLE AND
	HIGH SCHOOL YOUTH WITH YEAR-ROUND ATHLETIC CONDITIONING, ACADEMIC
	SERVICES, AND SOCIAL EMOTIONAL LEARNING PROGRAMMING SIX DAYS PER WEEK.
	SERVICES WERE OFFERED AT THE WORLD'S FAIR BOATHOUSE ON MEADOW LAKE IN
	QUEENS, THE PETER JAY SHARP BOATHOUSE ON THE HARLEM RIVER IN UPPER
	MANHATTAN, AND THE PAERDEGAT BASIN LAUNCH IN CANARSIE, BROOKLYN. ALL
	MEMBERS OF ROW NEW YORK'S CLASS OF 2020 GRADUATED FROM HIGH SCHOOL ON
	TIME AND WERE ACCEPTED TO COLLEGE.
4b	(Code:) (Expenses \$ 454,430 • including grants of \$) (Revenue \$) (Revenue \$)
	ROW NEW YORK SERVES APPROXIMATELY 300 INDIVIDUALS WITH COGNITIVE AND
	PHYSICAL DISABILITIES ANNUALLY THROUGH THE ORGANIZATION'S ADAPTIVE
	ROWING PROGRAMS. PLEASE SEE BELOW FOR AN OVERVIEW OF THE ORGANIZATION'S
	ADAPTIVE PROGRAMMING IN FISCAL YEAR 2020.
	- RECREATIONAL ADAPTIVE PROGRAM: THE RECREATIONAL ADAPTIVE PROGRAM,
	OFFERED FOR THREE HOURS EVERY SATURDAY, IS OPEN TO INDIVIDUALS, AGES 12
	AND UP, WITH COGNITIVE AND PHYSICAL DISABILITIES. IN FISCAL YEAR 2020,
	APPROXIMATELY 25 PARTICIPANTS LEARNED THE FUNDAMENTALS OF ROWING AND PHYSICAL FITNESS AS THEY HONED THEIR ROWING TECHNIQUE ON AND OFF THE
	PHYSICAL FITNESS AS THEY HONED THEIR ROWING TECHNIQUE ON AND OFF THE WATER.
	- COMPETITIVE ADAPTIVE PROGRAM: THE COMPETITIVE ADAPTIVE PROGRAM
	PREPARES INDIVIDUALS WITH COGNITIVE AND PHYSICAL DISABILITIES FOR
4c	(Code:) (Expenses \$
70	(Code) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 3,576,355.

23330421 756359 2060002.000

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	X	
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		х
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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	├		
′		7		х
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	- '-		-25
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?			₹.
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			7,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	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	<u> </u>	
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		X
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		X
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	X	
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	X	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	democre government on Fartix, column (x), into FF II Fes. Complete Scriedule I, Parts Fariu II	<u> </u>		

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Part IV | Checklist of Required Schedules (continued)

	Continued)		Vaa	Na
22	Did the examination report more than \$5,000 of grants or other assistance to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
214	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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			l
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			v
00	"Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization required, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Cabadida N. Davit II	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- JZ		
00	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			
٠.	Part V. line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			口
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	(0.5 : :
932004	\$ 01-20-20	Form	330	(2019)

2019.05091 ROW NEW YORK, INC.

ROW NEW YORK INC 11-3632924 Page 5 Form 990 (2019) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 108 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За Х **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **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 Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders

Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

12a

Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?

Note: See the instructions for additional information the organization must report on Schedule O.

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

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13a

14b

X

Х

X

ROW NEW YORK INC. 11-3632924 Page 6 Form 990 (2019) 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 on 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 17 **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 on Schedule O. 16 **b** Enter the number of voting members included on 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, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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 on 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? Х 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 on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

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State the name, address, and telephone number of the person who possesses the organization's books and records

statements available to the public during the tax year.

RACHEL CYTRON MILLER - (718) 433-3075 163 AMSTERDAM AVENUE, NO. 1108, 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.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(do box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	In stitutio nal trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) AMANDA KRAUS	40.00	.,		.,				105 000	0	0
FOUNDER & CEO	40.00	Х		Х				185,000.	0.	0.
(2) RACHEL CYTRON MILLER	40.00	-		7.7				00 140	0	6 225
(3) KRISTIN TAYLOR	32.00			Х				99,149.	0.	6,235.
COO THRU 6/30/20	32.00	1		х				86,375.	0.	14,578.
(4) RAYMOND HILL	4.00							00,373.	0.	14,370.
CHAIRMAN	4.00	х		х				0.	0.	0.
(5) DAN FISHER	1.00	25		25				•	•	
SECRETARY	1100	х		х				0.	0.	0.
(6) ELISE RUNSDORF NAPACK	1.00	1							•	
SECRETARY THRU DEC. 2019		Х		х				0.	0.	0.
(7) KERRY COFFEE	4.00									
TREASURER THRU JUNE 30, 2020		Х		Х				0.	0.	0.
(8) MORGAN CROOKS	2.00									
TREASURER		Х						0.	0.	0.
(9) HONORABLE SHAHABUDDEN A. ALLY	0.50									
DIRECTOR		Х						0.	0.	0.
(10) MARIA BOURNIAS	0.50]							_	_
DIRECTOR THRU OCT. 2019		Х						0.	0.	0.
(11) BETTY CAO-NG	0.50	ļ								_
DIRECTOR		Х						0.	0.	0.
(12) JACK CARLSON	0.50	ļ							•	•
DIRECTOR	0.50	Х						0.	0.	0.
(13) FRANCINE CHEW	0.50	·							0	•
DIRECTOR (14) SIMONE D'ABREU	0.50	Х						0.	0.	0.
DIRECTOR	0.50	х						0.	0.	0
(15) JONATHAN DENHAM	0.50	Α						0.	0.	0.
DIRECTOR	0.30	х						0.	0.	0.
(16) JONATHAN DURHAM	0.50		\vdash					0.	0.	_
DIRECTOR	3.30	x						0.	0.	0.
(17) IAN JOHN	0.50	† <u></u>								
DIRECTOR		x						0.	0.	0.
932007 01-20-20	•								•	Form 990 (2019)

932007 01-20-20 Form **990** (2019)

Section A. Officers, Directors, Trus		oloy	ees,			ghe	st C		, ,			(F)	
(A) Name and title	(B) Average hours per week	box	not c , unle cer ar	Pos heck ss pe	rson i	than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	on	l	(F) stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	ıs	fi org an	npensa rom th ganizat d relat anizati	ation le tion ted
(18) LISA KERBER DIRECTOR	0.50	X						0.		0.			0.
(19) CHRISTY LOPER	0.50	25								<u> </u>			<u> </u>
DIRECTOR THRU APRIL 2020		Х						0.		0.			0.
(20) ANDY MERRILL	0.50												
DIRECTOR		Х						0.		0.			0.
(21) SHYAMLI MILAM	0.50	ļ								_			•
DIRECTOR (22) CAMPBELL MYERS	0.50	Х						0.		0.			0.
DIRECTOR	0.50	Х						0.		0.			0.
-		-											
45 0 5 5 5								370,524.		0.	2	0,8	1 2
1b Subtotal c Total from continuation sheets to Part VI								0.		0.		0,0	0.
d Total (add lines 1b and 1c)								370,524.		0.	2	0,8	
Total number of individuals (including but n							no re		,000 of reportable	e		,	
compensation from the organization												•	1
												Yes	No
3 Did the organization list any former officer	•	-	•		•	-	_		•				37
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	•							•	•		4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." con	•				•			•			5		х
Section B. Independent Contractors													
Complete this table for your five highest complete the organization. Report compensation for	•	-								pensa	tion fro	om	
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)													
Name and business	address							Description of s	services	С	Compe		n
STAGEBERG ARCHITECTS 25 CHAPEL ST #600, BROOKI	YN, NY	11	20	1				ARCHITECTURE	SERVICE		553,731.		31.
HR&A ADVISORS, INC.								BOATHOUSE PR					
9 HUDSON ST, NEW YORK, NY 10013 MANAGEMENT 203,						٥,٥	90.						

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Total number of independent contractors (including but not limited to those listed above) who received more than

		Check if Schedule O con	tains a respons	e or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
SS	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
9		Fundraising events		612,076.				
ffs,		Related organizations		012,070.				
ig ig				272,908.				
Sir.		Government grants (contribu		272,300.				
utio	T	All other contributions, gifts, grain		3,962,452.				
		similar amounts not included abo						
out	_	Noncash contributions included in lines		1,458,674.	4 947 426			
O g	n	Total. Add lines 1a-1f			4,847,436.			
		DOWING DROGRAM BEEG		Business Code	263 062	262.062		
<u>ic</u>	2 a			713940	263,962.	263,962.		
er v	b			-				
n S	С			-				
ran 3ev	d			-				
Program Service Revenue	е			-				
		All other program service rev						
\longrightarrow	g	Total. Add lines 2a-2f			263,962.			
	3	Investment income (including						
		other similar amounts)		>	30,081.			30,081.
	4	Income from investment of ta	ax-exempt bond	proceeds				
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6 a	Gross rents 6	a					
	b	Less: rental expenses 68	0					
	С	Rental income or (loss) 60						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory 7a	1,439,843	6,480.				
	b	Less: cost or other basis						
ē		and sales expenses 71	1,455,799	0.				
Revenue	С	Gain or (loss) 70						
Şe.		Net gain or (loss)	•		-9,478.			-9,478.
her		Gross income from fundraising e						
₽ E	-		2,076. of					
		contributions reported on line						
		Part IV, line 18	, I	64,620.				
	h	Less: direct expenses	I .	3b 130,017.				
		Net income or (loss) from fun		_	-65,397.			-65,397.
		Gross income from gaming a			,			,
	. .	Part IV, line 19	I .)a				
	h	Less: direct expenses)b				
		Net income or (loss) from gar	_	<u></u>				
		Gross sales of inventory, less						
	io a	and allowances	II.	0a 9,117.				
	h		II.	0b 0.				
		Less: cost of goods sold Net income or (loss) from sale	_	<u> </u>	9,117.			9,117.
-+	C	rectinound of (1055) Ifoth Sale	oo or inventory	Business Code	5,117.			-,/•
sn	11 ^	BOAT STORAGE FEES		713990	41,918.		41,918.	
e e	11 a		ME	900099	13,666.		11,510.	13,666.
Miscellaneous Revenue	b		-	-	15,000.			15,000.
Sce	C C			-				
Ξ		All other revenue			55,584.			
		Total rayanua Saa instructiona			5,131,305.	263,962.	41,918.	-22,011.
	12	Total revenue . See instructions		🖊	٠,١٥١,٥٥٥.	1 403,304.	l +1,310.	-22,011.

Part IX	Statement of Functional Expenses

	Check if Schedule O contains a respons	7.5.		<u>(C)</u>	
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	450 404	250 600	50 565	E0 E6E
	trustees, and key employees	478,134.	358,600.	59,767.	59,767
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	55 005	50 054	1 000	1 001
	persons described in section 4958(c)(3)(B)	57,037.	53,374. 1,794,176.	1,832.	1,831 274,496
7	Other salaries and wages	2,558,608.	1,794,176.	489,936.	274,496
8	Pension plan accruals and contributions (include	44 000	00 010	- C1 C	4 606
	section 401(k) and 403(b) employer contributions)	41,032.	28,810.	7,616.	4,606 22,182
9	Other employee benefits	203,424.	143,306.	37,936.	
10	Payroll taxes	308,630.	219,878.	55,202.	33,550
11	Fees for services (nonemployees):				
а	Management	68,891.	49,080.	12,322.	7,489
b	Legal	1,601.		1,601.	
С	Accounting	44,200.		44,200.	
d	Lobbying	63,000.	58,569.	2,756.	1,675
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	45,356.	43,655.	453.	1,248 6,609
12	Advertising and promotion	60,797.	43,314.	10,874.	6,609
13	Office expenses	38,922.	28,340.	6,827.	3,755
14	Information technology	16,859.	12,209.	3,067.	1,583
15	Royalties				
16	Occupancy	130,158.	92,729.	23,280.	14,149
17	Travel	12,288.	10,579.	1,063.	646
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,248.	8,013.	2,012.	1,223
20	Interest	292.		292.	
21	Payments to affiliates	. = -			
22	Depreciation, depletion, and amortization	153,606.	153,606.		
23	Insurance	141,144.	138,186.	1,775.	1,183
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) ATHLETIC&EDU. SUPPLIES	209,942.	209,942.		
	STUDENT TRANSPORTATION	72,593.	72,593.		
b	REPAIRS & MAINTENANCE	64,829.	57,396.	4,623.	2,810
C	VELVIUS & WAINIGNANCE	04,043.	31,390.	4,043.	4,010
d	All other cynoness				
	All other expenses Add lines 1 through 24s	4,782,591.	3,576,355.	767,434.	438,802
2 <u>5</u>	Total functional expenses. Add lines 1 through 24e	4,104,331.	3,310,333.	101,434.	±30,002
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Pa	rt X	Balance Sneet					
		Check if Schedule O contains a response or note	to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,308,336.	1	2,297,491
	2	Savings and temporary cash investments			2,749,787.	2	3,279,895
	3	Pledges and grants receivable, net	2,382,765.	3	1,907,912		
	4	Accounts receivable, net			17,342.	4	6,677
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualifi	onssons (as defined				
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				70,041.	9	71,290
	10a	Land buildings and any increase, and any other	l 1				
		basis. Complete Part VI of Schedule D	10a	4,444,109.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	957,414.	1,825,096.	10c	3,486,695
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		14,225.	15	13,392	
	16	Total assets. Add lines 1 through 15 (must equa			9,367,592.	16	11,063,352
	17	Accounts payable and accrued expenses			150,050.	17	249,342
	18	Grants payable		-	18		
	19	Deferred revenue	47,072.	19	53,844		
	20	Tax-exempt bond liabilities		-	20		
	21	Escrow or custodial account liability. Complete P		I		21	
w	22	Loans and other payables to any current or former					
Ë		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these				22	
Ĕ	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D	•		100,000.	25	800,982
	26	Total liabilities. Add lines 17 through 25			297,122.	26	1,104,168
		Organizations that follow FASB ASC 958, check	k here	e 🕨 X			
es		and complete lines 27, 28, 32, and 33.					
ano	27	Net assets without donor restrictions			2,516,377.	27	1,969,437
Ba	28	Net assets with donor restrictions	I	6,554,093.	28	1,969,437 7,989,747	
0		Organizations that do not follow FASB ASC 95					
<u> </u>		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current funds				29	
šets	30	Paid-in or capital surplus, or land, building, or equ				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			9,070,470.	32	9,959,184
2	33	Total liabilities and net assets/fund balances			9,367,592.	33	11,063,352

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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				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,13			
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,78			
3	Revenue less expenses. Subtract line 2 from line 1	3		8,7		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,07	0,4	70.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6	30	0,0	00.	
7	Investment expenses	7				
8	Prior period adjustments	8	24	0,0	00.	
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	9,95	9,1	84.	
Pa	rt 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	Э.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	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?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?		3a		X	
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 on Schedule O and describe any steps taken to undergo such audits					
			Form	990	(2019)	

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.					1-3632924	
Part I	Reason for Public (Charity Status (/	All organizations must co	mplete th	is part.) Se	e instructions			
The orga	anization is not a private found	lation because it is: (F	For lines 1 through 12, cl	neck only	one box.)				
1	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).			
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
з 🗌	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	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:								
5	An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in	
	section 170(b)(1)(A)(iv).	Complete Part II.)							
6	A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7 X	_	_					e general r	oublic described in	
	section 170(b)(1)(A)(vi). (C	complete Part II.)		_					
8	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	t II.)					
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or	
	university:								
10	An organization that norma	Illy receives: (1) more	than 33 1/3% of its supp	ort from c	contributio	ns, membersh	nip fees, an	d gross receipts from	
	activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of it	s support f	rom gross investment	
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	ıfter June 30, 1975.	
	See section 509(a)(2). (Co	mplete Part III.)							
11 🗌	An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50)9(a)(4).			
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functior	ns of, or to ca	rry out the	purposes of one or	
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section \$	509(a)(2).	See section 5	509(a)(3). C	Check the box in	
	lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.		
а	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving	
	the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	ıpporting	
_	organization. You must o	complete Part IV, Se	ections A and B.						
b	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization	n(s), by hav	ring	
	control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	oorted	
_	organization(s). You mus	t complete Part IV,	Sections A and C.						
c	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	y integrate	d with,	
_	its supported organization	.,.	•	•		•			
d L	Type III non-functionally					• •	•	* *	
	that is not functionally int	-	•	-		-	an attentiv	reness	
_	requirement (see instruct	•	-						
e L	Check this box if the orga					Type I, Type I	I, Type III		
	functionally integrated, or		nally integrated supporting	ng organiz	ation.				
	nter the number of supported of	•							
g Pr	ovide the following information (i) Name of supported	(ii) EIN	d organization(s). (iii) Type of organization		nization listed	(v) Amount of	monetary	(vi) Amount of other	
	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see in	•	support (see instructions)	
			above (see instructions))	163	140				

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.)

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2908004.	728,713.	4810309.	10154346.	4847436.	23448808.
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	2908004.	728,713.	4810309.	10154346.	4847436.	23448808.
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)						9833481.
	Public support. Subtract line 5 from line 4.						13615327.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	2908004.	728,713.	4810309.	10154346.	4847436.	23448808.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	982.	486.	46,207.	3,116.	30,081.	80,872.
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.	17,659.	13,666.	
11	Total support. Add lines 7 through 10						23578819.
	Gross receipts from related activities,	•	,				,871,788.
13	First five years. If the Form 990 is for	-			•		
800	organization, check this box and stop	here					>
	tion C. Computation of Publi			. (4)			F7 74
	Public support percentage for 2019 (li					14	57.74 %
	Public support percentage from 2018					15	54.67 %
ıba	33 1/3% support test - 2019. If the contact have the support test - 2019.						
L	stop here. The organization qualifies						
b	b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17^	10% -facts-and-circumstances test						
ı ı d		_					
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
h	10% -facts-and-circumstances test						
b		_					
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization		-				
10	Titale loundation. If the organization	ii did fiot di lock a l	JON OIT III TO TO, TOO	, 100, 11a, 01 11L	, oricon trilo box at	ia see iristructioni	·

Schedule A (Form 990 or 990-EZ) 2019

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					+	
6 Total. Add lines 1 through 5					1	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	_	T -	T -	Τ.	T -	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						<u> </u>
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	n 501(c)(3) organiz	zation,
check this box and stop here			······			>
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2019 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	2018 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	17 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, chec						▶∐
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hay and sea inc	tructions	▶

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
1		
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2		
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3b		
3с		
4a		
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9a		
9b		
9с		
30		
10-		
10a		
10b		
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Pai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations		1 1	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. 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			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization. stion C. Type II Supporting Organizations	2		
Sec	non C. Type if Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N1 -
	Want a majority of the approximation to discontinuous design the day, one also a majority of the discontinuous		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
Sec	the supported organization(s). stion D. All Type III Supporting Organizations	1		
000	alon b. All Type in capporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	 3).		
а		•		
b				
С		structions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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 organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V 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 qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions				
	other Type III non-functionally integrated supporting organizations must continue to the continue of the conti	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-functional	Illy integrated	d Type III supporting orga	anization (see	
	instructions).	-			

Schedule A (Form 990 or 990-EZ) 2019

Pai	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	
Sect	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	8		
4	Amounts paid to acquire exempt-use assets			
5	Qualified 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	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
_				

Schedule A (Form 990 or 990-EZ) 2019

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.
2019 AMOUNT: \$ 13,666.
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 **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

2019

Name of the organization	Employer identification number	
ROW NEW YORK, INC.	11-3632924	

Organization type (check one):						
Filers of	:	Section:				
Form 990 or 990-EZ		X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	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, II, and III.					
	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 \ \bigsim \frac{\pi}{2} \]					
but it mu	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to				

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

ROW NEW YORK,	INC.	11-3632924

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5	Talling) wash sooy unto fall 1 1	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)

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	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 250,000.	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
8		\$185,000 . _	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$120,000.	Person X Payroll
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4	Total contributions \$ 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
11_		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

11-3632924

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	Humo, dudioss, and ZIF T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Haine, audiess, and Lif + 4	\$	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						
		\$\$	06/10/20				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
2	PUBLICLY TRADED SECURITIES						
		\$502,004.	12/09/19				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
4	PUBLICLY TRADED SECURITIES						
		\$324,718.	_12/17/19_				
(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				
		6					
		\$					

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

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	tione: 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) o	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)				
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 section	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	janization is exempt under	section 501(c), e	except section 501(c	e)(3).		
3							
	(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) 2019

LHA

932041 11-26-19

Schedule C (Form 990 or 990-EZ) 2019

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2019 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)).

		(a	,	(k	.
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(6	'		ויכ
of th	e lobbying activity.	Yes	No	Amo	ount
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:				
а	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	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		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	v	Х	6.3	0.00
	Other activities?	X			3,000. 3,000.
	Total. Add lines 1c through 1i		Х	0.3	,,,,,,,,,
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		^		
	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				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	or sec	tion	
	501(c)(6).	00 . (0)(0	.,, 0. 000		
				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?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section			tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OR	(b) Part I	II-A, line	3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal		İ	
	expenses for which the section 527(f) tax was paid).			İ	
а	Current year		2a		
b	Carryover from last year		2b		
	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc			İ	
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical		i	
	expenditure next year?				
	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
	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, lines 1 ar	nd 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAI	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
ואיז	ORGANIZATION HIRED AN OUTSIDE LOBBYIST TO LOBBY OF	I WARTO	אוופ פייו	ΔΨΕ	
	ONOMITEM TO HINDE MY COTOTOL LODDITOT TO HODDE OF	VARCE	700 011	7111	
ANI	CITY GOVERNMENT AGENCIES ON ITS BEHALF FOR PERMITS	S AND A	PPROV	ALS	
REC	SARDING REAL PROPERTY AND ASSISTING IN SECURING COU	CIL DI	SCRET	IONARY	<u> </u>
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

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Accounts	S. Complete if th	e
	Organization answered Tes Off Offi 990, Fartiv, line	(a) Donor advis	sed funds	(b) Funds	and other accou	nts
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 w		eld in donor advise	ed funds		
	are the organization's property, subject to the organization's e	~			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	☐ No
Pai						
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)				
	Preservation of land for public use (for example, recreating		_	a historically in	nportant land area	l
	Protection of natural habitat	,	Preservation of		· -	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contri	bution in the form o	of a conservation	n easement on th	e last
	day of the tax year.				leld at the End of th	
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru-					
d	Number of conservation easements included in (c) acquired at					
	listed in the National Register	,		2d		
3	Number of conservation easements modified, transferred, rele				uring the tax	
	year >		•		· ·	
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h					ear
	>					
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and e	nforcing conservat	ion easements	during the year	
	> \$					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremen	nts of section 170(h	n)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservatio	n easements in its reve	enue and expense	statement and		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	's financial stateme	ents that descril	oes the	
	organization's accounting for conservation easements.					
Pa	t III Organizations Maintaining Collections of	Art, Historical Tr	easures, or Ot	her Similar <i>i</i>	Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its re	venue statement a	nd balance she	et works	
	of art, historical treasures, or other similar assets held for publ	lic exhibition, educatio	n, or research in fu	rtherance of pu	blic	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that de	scribes these item	S.		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	ue statement and b	alance sheet w	orks of	
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furth	erance of publi	c service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
2	If the organization received or held works of art, historical trea	sures, or other similar	assets for financial	gain, provide		
	the following amounts required to be reported under FASB AS	SC 958 relating to thes	e items:			
а	Revenue included on Form 990, Part VIII, line 1			> \$		
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions				chedule D (Form	990) 2019

932051 10-02-19

	t III Organizations Maintaining Coll	ections of Art, Hist	orical Treasures, o	or Other S	imilar Ass	ets (continu	ued)	
3	Using the organization's acquisition, accession,						,	
	collection items (check all that apply):							
а	Public exhibition	d \square	Loan or exchange prog	ram				
b	b Scholarly research e Other							
С	Preservation for future generations							
4	Provide a description of the organization's collection	ctions and explain how th	ney further the organizat	ion's exempt	purpose in P	art XIII.		
5	During the year, did the organization solicit or re							
	to be sold to raise funds rather than to be maint	ained as part of the organ	nization's collection? .			Yes	☐ No	
Par	t IV Escrow and Custodial Arrange	ments. Complete if the	e organization answered	l "Yes" on Fo	rm 990, Part	IV, line 9, or		
	reported an amount on Form 990, Part X	, line 21.						
1a	Is the organization an agent, trustee, custodian	or other intermediary for	contributions or other a	ssets not inc	luded			
	on Form 990, Part X?					Yes	☐ No	
b	If "Yes," explain the arrangement in Part XIII and							
	Amount							
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form				?	Yes	☐ No	
b	If "Yes," explain the arrangement in Part XIII. Ch							
Par	t V Endowment Funds. Complete if the	e organization answered	"Yes" on Form 990, Pa	rt IV, line 10.				
	(a) Current year (b) F	Prior year (c) Two ye	ars back (d)	Three years ba	ack (e) Four	years back	
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 current	year end balance (line 1	g, column (a)) held as:					
а	Board designated or quasi-endowment	%						
b	Permanent endowment	%						
С	Term endowment							
	The percentages on lines 2a, 2b, and 2c should	equal 100%.						
За	Are there endowment funds not in the possession	on of the organization tha	t are held and administ	ered for the o	organization	_		
	by:						Yes No	
	(i) Unrelated organizations					3a(i)		
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organization	ns listed as required on S	ala a de la DO			0.		
4	Describe in Part XIII the intended uses of the organization		unds.					
Par	t VI Land, Buildings, and Equipmen	ıt.						
	Complete if the organization answered "	Yes" on Form 990, Part I\	/, line 11a. See Form 99	0, Part X, line	e 10.			
	Description of property	(a) Cost or other	(b) Cost or other	1 ' '	umulated	(d) Book	value	
		basis (investment)	basis (other)	depre	ciation			
1a	Land							
b	Buildings		233,455.	12	0,901.	112	2,554.	
С	Leasehold improvements							
d	Equipment		973,164.		3,981.		<u>,183.</u>	
<u>e</u>	Other		3,237,490.	17	2,532.		.,958.	
	. Add lines 1a through 1e. (Column (d) must equa	al Form 990. Part X. colun	nn (B), line 10c.)			3,486	,695.	

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 ROW NEW YORK	I, INC.	11	-3632924 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	n Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	t of year market value
	(b) Book value	(c) Method of Valuation. Cost of end	i-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(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" o	n Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-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" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	Description		(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" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CONDITIONAL ASSET RETIREME	NT		
(3) OBLIGATION			100,000
(4) PAYCHECK PROTECTION PROGRA	M LOAN		700,982.

800,982. 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

(4) (5) (6) (7) (8)

PAYCHECK PROTECTION PROGRAM LOAN

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

TO THE ORGANIZATION'S 2017 TAX YEAR.

SCHEDULE G

Department of the Treasury

(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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service	► Go	to www.irs.go	v/Form990 for instr	uction	s and	the latest informati	on.		Inspection
Name of the organization	Name of the organization ROW NEW YORK, INC. Employer identification number 11-3632924								
Part I Fundrais			e organization answe	rod "V	oo" or	. Form 000 Dort IV I	ina 17		
required to	complete this par	t.	e organization answe	rea r	es or	i Form 990, Part IV, I	ine i	7. FOIIII 990-E	Z filers are not
1 Indicate whether th	e organization rais	ed funds throu	gh any of the followin	g activ	ities.	Check all that apply.			
a Mail solicitat						overnment grants			
	email solicitations	1				nment grants			
c Phone solici			g Special	tundra	using	events			
2 a Did the organization		or oral agreemer	nt with any individual	(includ	lina of	ficers. directors. trus	tees.	or	
-		-	in connection with p	-	-		,	Ye	s No
b If "Yes," list the 10	highest paid indiv	viduals or entitie	es (fundraisers) pursu	ant to	agreei	ments under which th	ne fur	draiser is to b	e
compensated at le	east \$5,000 by the	organization.							
				(iii)	Did		(v)	Amount paid	(.:) A a t a - i -l
(i) Name and addres		(ii)	Activity	(iii) fundr have c	aiser ustody	(iv) Gross receipts from activity	to (c	or retained by) fundraiser	(vi) Amount paid to (or retained by)
or entity (fund	iraiser)			have custody or control of contributions?		nom activity		ted in col. (i)	organization
				Yes	No				
					<u> </u>				
List all states in white or licensing.	ich the organizatio	n is registered (or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from r	egistration
		<u> </u>							

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

Schedule G (Form 990 or 990-EZ) 2019

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and gr				
		<u> </u>	(a) Event #1 FALL BENEFIT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue						
Revenue	1	Gross receipts	676,696.			676,696.
	2	Less: Contributions	612,076.			612,076.
	3	Gross income (line 1 minus line 2)	64,620.			64,620.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	63,250.			63,250.
rect E	7	Food and beverages				
Ö	8	Entertainment	18.930.			18,930.
	9	Other direct expenses	18,930. 47,837.			47,837.
	10				•	130,017.
		Net income summary. Subtract line 10 from I				-65,397.
Pa	rt I					
		\$15,000 on Form 990-EZ, line 6a.				
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	6	
	6	Volunteer labor	No No	☐ No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
		Not according to the second of	Z forman Para di malanana (al)		_	
	8	Net gaming income summary. Subtract line 7	r from line 1, column (a)		<u>P</u>	
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming a	-	states?		Yes No
		No," explain:				. <u> </u>
		· · -				
		ere any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or te	rminated during the tax	c year?	Yes No
	_					

Schedule G (Form 990 or 990-EZ) 2019

932082 09-11-19

Sch	edule G (Form 990 or 990-EZ) 2019 ROW NEW YORK, INC.	<u>11-</u> 36	532924	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				
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	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			
٠	water the state coming license		Yes	No
r	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	 the	100	
•	organization's own exempt activities during the tax year > \$	Tuic		
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part	III. 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)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

► 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.

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

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 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.			
	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:			
2	Receive a severance payment or change-of-control payment?	4a		х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	10		
	The second of miles as of the persons and provide the approach amounts for each from the arctim			
	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			
	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			
	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) 2019

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	(E) Total of columns	(F) Compensation	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) AMANDA KRAUS (i)	185,000.	0.	0.	0.	0.	185,000.	0.	
FOUNDER & CEO (ii		0.	0.	0.	0.	0.	0.	
(i)								
(ii								
(1)								
(ii								
(0)								
(ii								
(i)								
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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 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	1	(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	X	8	1,458,674.	AVO	S. SELLIN	G PI	RIC	Ξ
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	g 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 throu	gh 28,	that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	which isn't required to be u	sed fo	or			
	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	of any nonstandard contribu	tions?		31		X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	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 che	cked,				
	describe in Part II.								

LHA

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

Schedule M (Form 990) 2019

932142 09-27-19

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ROW NEW YORK, INC. **Employer identification number** 11-3632924

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
NEW YORKERS, REGARDLESS OF BACKGROUND OR ABILITY
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
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 8 REGIONAL REGATTAS/RACES IN THE FALL
AND WINTER, 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 97 PERCENT OF ROW NEW YORK ALUMNI FROM THE CLASS OF 2019
COMPLETED THEIR FRESHMAN YEAR OF COLLEGE IN 2020.
- CAREER-READINESS ACTIVITIES, INCLUDING RESUME-WRITING WORKSHOPS, MOCK
INTERVIEWS, CAREER-FOCUSED FIELD TRIPS, CAREER PANELS, JOB AND
INTERNSHIP INFORMATION SESSIONS, AND SUMMER EMPLOYMENT OPPORTUNITIES.
- SOCIAL AND EMOTIONAL LEARNING: ROW NEW YORK'S SOCIAL AND EMOTIONAL
LEARNING CURRICULUM IS DESIGNED TO HELP YOUTH IMPROVE EXECUTIVE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

ROW NEW YORK, INC.

Name of the organization

Employer identification number

11-3632924

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 2020, 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 2020, 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, HEAD OF THE CHARLES, HEAD OF THE SCHUYLKILL AND THE BAYADA REGATTA. WE WERE PLANNING ON ATTENDING THE SAN DIEGO CREW CLASSIC BEFORE IT WAS CANCELLED DUE TO COVID. - 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 2020, 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

ROW NEW YORK, INC.

Employer identification number 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 35 VETERANS WITH DISABILITIES,

INCLUDING A THREE-WEEK INTRODUCTORY CAMP, 13-WEEK INDOOR AND VIRTUAL

ROWING PROGRAM, PARTICIPATION IN REGATTAS, AND YEAR-ROUND COMPETITIVE

FORM 990, PART VI, SECTION A, LINE 3:

AND RECREATIONAL ROWING.

THE ORGANIZATION USES AN OUTSIDE MANAGEMENT COMPANY, TRINET, A PROFESSIONAL EMPLOYER ORGANIZATION ("PEO") AS A CO-EMPLOYER. THE ORGANIZATION PAID \$68,891 TO TRINET FOR THEIR SERVICES DURING FISCAL YEAR 2020. THE THREE EMPLOYEES LISTED IN PART VII, AMANDA KRAUS, RACHEL CYTRON, AND KRISTIN TAYLOR ARE PAID BY THE PEO. THEIR CALENDAR YEAR 2019 COMPENSATION IS REPORTED IN PART VII, SECTION A.

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. A COMPLETE COPY OF FORM 990

IS ALSO SHARED WITH ALL MEMBERS OF THE BOARD VIA EMAIL BEFORE FILING THE

FORM. ONCE THE FINANCE COMMITTEE HAS APPROVED THE RETURN, IT IS FILED WITH

THE INTERNAL REVENUE SERVICE.

Employer identification number Name of the organization ROW NEW YORK, INC.

11-3632924

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

ROW NEW YORK 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 INFORMS THE BOARD MEMBER LIAISON, WHO WILL IN-TURN DISCLOSE SUCH CONFLICT TO THE BOARD FINANCE COMMITTEE OR TO THE BOARD INCLUDING DISCLOSURE OF ANY MATERIAL FACTS. THE BOARD FINANCE AND AUDIT COMMITTEE EVALUATES THE CONFLICT OF INTEREST AND TAKE NECESSARY ACTIONS TO SOLVE THE MATTER WHILE PREVENTING OR MINIMIZING ANY RISKS TO RNY. THE INDIVIDUAL REMOVES HIM OR HERSELF FROM THE SITUATION BY DISCONTINUING PARTICIPATION IN THE ACTIONS GENERATING THE CONFLICT OF INTEREST. THE INDIVIDUAL WITH THE ACTUAL OR 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 CHIEF EXECUTIVE OFFICER, EXECUTIVE DIRECTOR AND CHIEF OPERATING OFFICER'S 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 FY2019 FOR FY2020.

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,

Name of the organization ROW NEW YORK, INC.	Employer identification number 11-3632924					
THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF						
INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST AT 163						
AMSTERDAM AVENUE, SUITE 1108, NEW YORK, NY 10023 OR BY CAL	LING THE					
ORGANIZATION DIRECTLY AT (718) 433-3075.						
FORM 990, PART XI, LINE 8:						
IN 2020, THE ORGANIZATION BECAME AWARE OF PREVIOUSLY UNREC	ORDED DONATED					
ARCHITECTURAL SERVICES FROM PRIOR PERIODS. THE ORGANIZATIO	N RESTATED					
ITS 2019 FINANCIAL STATEMENTS IN ORDER TO PROPERLY REFLECT	THE ASSETS					
AND CHANGE IN NET ASSETS IN THE AMOUNT OF \$150,000 AND \$90	,000 AS OF					
AND FOR THE YEAR ENDED JUNE 30, 2019 AND 2018 RESPECTIVELY	•					
FORM 990, PART XII, LINE 2C:						
THE ORGANIZATION HAS A COMMITTEE THAT IS RESPONSIBLE FOR T	HE OVERSIGHT					
OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF	AN					
INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM T	HE PRIOR					
YEAR.						

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

filing of t	nis form, visit www.irs.gov/e-file-providers/e-file-for-chari	ties-and-n	on-profits.				
Autom	atic 6-Month Extension of Time. Only subm	nit origina	al (no copies needed).				
All corpo	rations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts		
must use	Form 7004 to request an extension of time to file income	e tax retur	ns.				
Tuno or	Name of exempt examination or other files are instru	otions		Taypayar	identification num	hor (TINI)	
print	Type or Name of exempt organization or other filer, see instructions. Taxpayer identification nur						
print	ROW NEW YORK, INC.	11-3632924					
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, so 163 AMSTERDAM AVENUE, NO. 1		tions.				
return. See instructions			ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	a separa	te application for each return)			0 1	
Applicat	ion	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	D-BL	02	Form 1041-A			08	
	20 (individual)	03	Form 4720 (other than individual)			10	
Form 990		04 05	Form 5227				
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069				
Form 990	O-T (trust other than above) RACHEL CYTRON M	06	Form 8870			12	
Telep	cooks are in the care of \blacktriangleright $\frac{163}{33-3075}$ AMSTERDAM A anone No. \blacktriangleright $\frac{(718)}{433-3075}$ organization does not have an office or place of business is for a Group Return, enter the organization's four digit $\frac{1}{333}$. If it is for part of the group, check this box \blacktriangleright	in the Uni	Fax No. ▶ited States, check this box	f this is fo	r the whole group,		
the	equest an automatic 6-month extension of time until e organization named above. The extension is for the orgation calendar year or X tax year beginning	anization's	return for:	e the exem	npt organization ret ·	urn for	
3a If t	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less				
_	y nonrefundable credits. See instructions.			3a	\$	0.	
	his application is for Forms 990-PF, 990-T, 4720, or 6069					^	
	imated tax payments made. Include any prior year overpo			3b	\$	0.	
	lance due. Subtract line 3b from line 3a. Include your pa	,	, , ,			Λ	
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.	
Caution: instruction	If you are going to make an electronic funds withdrawal ons.	(direct del	oit) with this Form 8868, see Form 84	153-EO an	a Form 88/9-EO fo	or payment	

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

Form 8868 (Rev. 1-2020)