Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury

Open to Public

2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number X Address change ROW NEW YORK, INC. Name change 11-3632924 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 110 W. 40TH STREET 602 (718) 433-30755,528,146. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return NEW YORK, NY 10018 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: RACHEL CYTRON MILLER for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► WWW.ROWNEWYORK.ORG **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Association Other > Year of formation: 2001 **M** State of legal domicile: **NY** Trust Part I Summary Briefly describe the organization's mission or most significant activities: THROUGH THE DISCIPLINE OF ROWING **Activities & Governance** AND RIGOROUS ACADEMIC SUPPORT, ROW NEW YORK TRANSFORMS THE LIVES OF if the organization discontinued its operations or disposed of more than 25% of its net assets. 16 3 Number of voting members of the governing body (Part VI, line 1a) 16 Number of independent voting members of the governing body (Part VI, line 1b) 4 64 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 50 Total number of volunteers (estimate if necessary) 6 5,710. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 1,000. 7h **Prior Year Current Year** 7,345,433. 4,989,311. Contributions and grants (Part VIII, line 1h) 8 92,417. 195,850. Program service revenue (Part VIII, line 2g) 39,620. 12,941. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 57,518. -13,194. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 7,534,988. 5,184,908. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 14,750. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 2,197,216. 2,398,689. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,049,406. 1,295,231. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) $3,246,\overline{622}$ 3,708,670. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,288,366. 1,476,238. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 5 15,437,205. 16,317,592. 20 Total assets (Part X, line 16) 1,005,971. 278,203. 21 Total liabilities (Part X, line 26) 三年 14,431,234. 16,039,389 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign RACHEL CYTRON MILLER, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 05/05/23 self-employed P00543254 EVA MRUK Paid EVA MRUK Firm's name PKF O'CONNOR DAVIES ADVISORY, Firm's EIN ▶ 87-3231666 Preparer Firm's address > 245 PARK AVENUE, 12TH FLOOR Use Only Phone no. 212-286-2600 NEW YORK, NY 10167 X Yes

May the IRS discuss this return with the preparer shown above? See instructions

No

Par	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: THROUGH THE DISCIPLINE OF ROWING AND RIGOROUS ACADEMIC SUPPORT	
	NEW YORK TRANSFORMS THE LIVES OF NEW YORKERS, REGARDLESS OF BE	
	OR ABILITY.	10110110 0112
	OK IIIIIIII	
_	Did the examination undertake any significant program continue during the year which were not listed on the	
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ?	. Tes A No
	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?	Yes X No
	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	
	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		193,350.)
	ROW NEW YORK COMBINES THE DISCIPLINE OF COMPETITIVE ROWING WIT	<u>rh</u>
	RIGOROUS ACADEMIC AND SOCIAL-EMOTIONAL SUPPORT TO TRANSFORM TI	HE LIVES
	OF YOUTH FROM SOME OF NEW YORK CITY'S MOST UNDER-RESOURCED COI	MUNITIES.
	IN FISCAL YEAR 2022, ROW NEW YORK PROVIDED STUDENT ATHLETES W	TH HT1
	COMPREHENSIVE YEAR-ROUND YOUTH DEVELOPMENT PROGRAMMING ON MEAN	OOW LAKE
	IN QUEENS AND ON THE HARLEM RIVER IN UPPER MANHATTAN. THE VALUE	
	CONFIDENCE, TEAMWORK, TENACITY, AND FOCUS THAT TEENAGERS DEVE	
	ROW NEW YORK PERSIST ONCE THEY LEAVE THE ORGANIZATION, AS	
	SELF-POSSESSED LEADERS WHO KNOW THEIR OWN POWER AND POTENTIAL	TN THE
	BOAT, IN THE CLASSROOM, AND IN LIFE. YEAR AFTER YEAR, 100 PERC	
	THE ORGANIZATION'S STUDENT-ATHLETES GRADUATE FROM HIGH SCHOOL	
4b		2,500.
	ROW NEW YORK SERVES APPROXIMATELY 200 INDIVIDUALS WITH COGNITY	
	PHYSICAL DISABILITIES ANNUALLY THROUGH THE ORGANIZATION'S ADAI	
	ROWING PROGRAMS WHICH INCLUDE RECREATIONAL ADAPTIVE, SCHOOL DA	
	ADAPTIVE, COMMUNITY PARTNERSHIPS AND VETERANS PROGRAMMING. II	-
	ADDITION, ROW NEW YORK SERVES OVER 600 STUDENTS IN THE COMMUNI	
	THROUGH EXPOSURE TO INDOOR ROWING, AND PROVIDES BOATHOUSE USE	TO THE
	HARLEM RIVER COMMUNITY.	
4c	Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	d Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program convice expanses 2 734 642	

11180505 756359 2060002.000

			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? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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			
	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, VIII, 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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	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
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u>-</u> -
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2021) ROW NEW YORK, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on						
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current						
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete						
	Schedule J	23	Х				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the						
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete						
	Schedule K. If "No," go to line 25a	24a		x			
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240					
C	, , ,	242					
	any tax-exempt bonds?	24c					
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37			
	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			١			
	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 the Schedule L, Part IV,						
	instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>						
_	"Yes," complete Schedule L, Part IV	28a		х			
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х			
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200					
·	,	28c		x			
00	"Yes," complete Schedule L, Part IV		Х	<u> </u>			
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			- V			
	contributions? If "Yes," complete Schedule M	30		X			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete						
	Schedule N, Part II	32		X			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l			
	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			1			
	Part V, line 1	34		X			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1			
	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		Х			
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						
38							
	Note: All Form 990 filers are required to complete Schedule O	38	х	1			
Pai		, 55					
	Check if School do O contains a vacanage or note to any line in this Dout V			X			
	Check it Schedule O contains a response of note to any line in this Part V		Yes	т—			
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140			
_							
b	Enter the number of Fernie W 2d included of line 1d. Enter 6 in 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		<u> </u>			

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 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 **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O Х 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 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 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 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х 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 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 **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 X 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 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

2021.05080 ROW NEW YORK, INC.

Form **990** (2021)

If "Yes," complete Form 6069.

Form		11-36329		Р	age 6
Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b bei	low, and for a	'No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instruction	ions.			
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	16			
	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.				
b	Enter the number of voting members included on line 1a, above, who are independent	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any oth	er			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct super	vision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6		X
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?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	- 1			
а			8a	_X_	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	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		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
		Г		Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliat	tes,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		Х
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the form?	11a		Λ
b				v	
12a	, , , go to	I	12a	X	
b	, , , , , , , , , , , , , , , , , , , ,	Г	12b		
С	, , , , , , , , , , , , , , , , , , , ,	I	40	v	
40	on Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by independ	ient			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		15-	X	
a h	, , , , , , , , , , , , , , , , , , , ,	I	15a	X	
b	, , , , , , , , , , , , , , , , , , , ,		15b	Λ	
160	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		160		Х
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation.		16a		22
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	ation			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure		100		
17	List the states with which a copy of this Form 990 is required to be filed ►NY				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization for a position of the forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires and organization for a position of the forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires and organization for a position of the forms 1024 requires an organization for a position of the forms 1024 requires and 1024 req	tion 501(c)(3)s	only)	availak	nle
.5	for public inspection. Indicate how you made these available. Check all that apply.		O. 11y)	avandi	
	Own website X Another's website X Upon request Other (explain on Schedule	. (1)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest of the conflict of interest of the conflict of the conflic	,	financ	cial	
.5	statements available to the public during the tax year.	or policy, and	and	, ui	
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ds >			
_5	ANGELA ORTIZ - (718) 433-3075				
	110 W. 40TH STREET, 602, NEW YORK, NY 10018				

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

X

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

Check this box if neither the organization		orga T	niza			npen	sate					
(A)	(B)			(C Pos	C)	,		(D)	(E)	(F)		
Name and title	Average		(do not che		(do not check more than one box, unless person is both an			than o		Reportable	Reportable	Estimated
	hours per week					s both or/trus		compensation from	compensation from related	amount of other		
	(list any	tor						the	organizations	compensation		
	hours for	direc				D.		organization	(W-2/1099-MISC/	from the		
	related	tee or	ustee			ensati		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations	al trus	nal tr		loyee	omp		1099-NEC)		and related		
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(4) DEGUEL GUEDOU MILLED	line)	n n	si Si	#0	ş.	iž, E	For					
(1) RACHEL CYTRON MILLER	40.00	1						102 700	_	10 505		
EXECUTIVE DIRECTOR (2) JANICE HOLZMAN	40.00	<u> </u>		Х				182,790.	0.	12,595.		
	40.00	-		х				127 277	0.	21 447		
VP, DEVELOPMENT & COMMUNICATIONS (3) ANGELA ORTIZ	40.00			Δ				137,377.	U •	21,447.		
VP_ADMINISTRATION	40.00	1		х				81,959.	0.	29,079.		
(4) MIOSOTIS PANTOJA	40.00			^				01,939.	0.	49,019.		
VP. STUDENT SUPPORT & SUCCESS	40.00	1				x		108,000.	0.	25.		
(5) RAYMOND HILL	4.00					^		100,000.	0.	۵۶.		
CHAIRMAN	4.00	х		Х				0.	0.	0.		
(6) DAN FISHER	1.00							0.	0.	0.		
SECRETARY	1.00	х		х				0.	0.	0.		
(7) MORGAN CROOKS	2.00							•	•	•		
TREASURER	2.00	х		х				0.	0.	0.		
(8) HONORABLE SHAHABUDDEN A. ALLY	0.50	1							•			
DIRECTOR		Х						0.	0.	0.		
(9) BETTY CAO-NG	0.50											
DIRECTOR		Х						0.	0.	0.		
(10) JACK CARLSON	0.50											
DIRECTOR		Х						0.	0.	0.		
(11) FRANCINE CHEW	2.00											
DIRECTOR		Х						0.	0.	0.		
(12) SIMONE D'ABREU	0.50											
DIRECTOR		Х						0.	0.	0.		
(13) JONATHAN DENHAM	0.50											
DIRECTOR		Х						0.	0.	0.		
(14) JONATHAN DURHAM	0.50											
DIRECTOR (THRU SEP 2021)		Х						0.	0.	0.		
(15) IAN JOHN	4.00]										
DIRECTOR		Х						0.	0.	0.		
(16) LISA KERBER	0.50	1_							_	_		
DIRECTOR	 	Х						0.	0.	0.		
(17) AMANDA KRAUS	0.50	 										
DIRECTOR		Х						0.	0.	0.		

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Form 990 (2021)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hi	ghe	st C	ompensated Employee	s (continued)				
	(A)	(B)		(C)					(D)	(E)			(F)	
	Name and title	Average	(do	Position (do not check more than one				one	Reportable Reportable			Es	stimate	∍d
		hours per	box, unless p		ess person is both an nd a director/trustee)			h an	compensation	compensation		ar	nount	
		week (list any	\vdash	T		T	T	100)	from	from related			other	
		hours for	director						the organization	organizatior (W-2/1099-MI		ı	pensa om th	
		related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)		l	anizat	
		organizations	ruste	al trus		99/	mper		1099-NEC)	10001120)		ı ~	d relat	
		below	Individual trustee or	Institutional trustee	<u></u>	m plo	st co	e.				ı	anizati	
		line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former						
	ANDREW MERRILL	1.00												_
	CTOR		Х	_		_	_	<u> </u>	0.		0.			0.
	SHYAMLI MILAM	0.50	ļ								•			_
	CTOR (THRU APRIL 2022)		Х	_		_	_	<u> </u>	0.		0.			0.
	RHODEN MONROSE	0.50	ļ								•			_
	CTOR		Х	_		_	╄		0.		0.			0.
	CAMPBELL MYERS	0.50									^			^
	CTOR C'GRADY	0.50	Х	┢		<u> </u>	╀	-	0.		0.			0.
	MATTHEW O'GRADY CTOR	0.50	X						0.		0.			0.
DIKE	CTOR		Λ	\vdash		\vdash	+		1		<u> </u>			<u> </u>
							\vdash							
			1											
							T							
			1											
1b	Subtotal							ightharpoons	510,126.		0.	6	3,1	<u>46.</u>
С	Total from continuation sheets to Part VI	I, Section A						ightharpoons	0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	510,126.		0.	6	3,1	<u>46.</u>
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable	е			_
	compensation from the organization													3
													Yes	No
3	Did the organization list any former officer,			кеу е	emp	loye	e, or	hig	hest compensated emp	loyee on				37
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su												Х	
_	and related organizations greater than \$150											4	Λ	
5	Did any person listed on line 1a receive or a	•				•			•			E		Х
Sec	rendered to the organization? If "Yes," comtion B. Independent Contractors	iplete Schedule	e J t	or si	ıch į	pers	son					5		
1	Complete this table for your five highest co	mnensated inc	leno	nde	nt c	ontr	acto	re th	nat received more than [©]	3100 000 of com	nenea	tion fr		
•	the organization. Report compensation for	· ·	-								50113a			
	(A)	Salarida y			· ·		••	7.7.1.1	(B)			((C)	
	Name and business	address							Description of s	ervices	C		nsatio	n

the diganization. Heport compensation for the calculating with of the	mi the erganization e tax year.	
(A) Name and business address	(B) Description of services	(C) Compensation
STAGEBERG ARCHITECTS		
25 CHAPEL ST #600, BROOKLYN, NY 11201	ARCHITECTURE SERVICE	731,691.
ENVOIE PROJECTS, LLC., 200 PARK AVENUE,	BOATHOUSE PROJECT	
SUITE 1700, NEW YORK, NY 10166	MANAGEMENT	225,761.
SKANSKA USA BUILDING, INC., 350 FIFTH	BOATHOUSE	
AVENUE, 32ND FLOOR, NEW YORK, NY 10118	CONSTRUCTION	101,336.
2 Total number of independent contractors (including but not limited to those list	ed above) who received more than	

Form **990** (2021)

		Check if Schedule O contains a response or	note to any lin	e in this Part VIII			
		oricok ii osriedale o coritaino a response or	Tioto to arry iiii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
'0 '0		. Forderest and community and					300010113 0 12 0 14
ants Ints	1 6	Federated campaigns 1a					
Gra	t	Membership dues 1b	00 0E1				
ts, An	•		89,051.				
Contributions, Gifts, Grants and Other Similar Amounts	•	Related organizations 1d	25 000				
ıs, jinj	•	, ,	35,890.				
tio S	f	All other contributions, gifts, grants, and					
ig t			64,370.				
dit	ç	Noncash contributions included in lines 1a-1f 1g \$ 1	56,997.				
<u>င်</u>	ŀ	Total. Add lines 1a-1f		4,989,311.			
		<u> </u>	Business Code				
ø	2 8		713940	193,350.	193,350.		
Ş Š	k	COMMUNITY BOAT STORAGE	531130	2,500.	2,500.		
Ser		;					
am eve							
gr. Be	•						
Program Service Revenue	f	All other program service revenue					
		Total. Add lines 2a-2f		195,850.			
	3	Investment income (including dividends, interest		,			
	Ū	other similar amounts)		14,873.			14,873.
	4	Income from investment of tax-exempt bond pro		22,0700			21,0,00
	5	Royalties	ceeds				
	3	(i) Real	(ii) Personal				
	•	- F 710	(ii) i ersoriai				
		Less: rental expenses 6b 0 .					
		Rental income or (loss) 6c 5,710.		F 710		F 710	
		Net rental income or (loss)		5,710.		5,710.	
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 157, 181.	7,220.				
	k	Less: cost or other basis					
ne		and sales expenses	9,336.				
/en	(Gain or (loss) 7c 184.	-2,116.				
her Revenue	•	Net gain or (loss)	>	-1,932.			-1,932.
ier	8 8	Gross income from fundraising events (not					
₹		including \$ 489,051. of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a 1	56,154.				
	k	Less: direct expenses 8b 1	76,905.				
		Net income or (loss) from fundraising events	<u> </u>	-20,751.			-20,751.
		Gross income from gaming activities. See		,			
		Part IV, line 19					
	ŀ	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
	10 6	and allowances 10a	1,109.				
		Less: cost of goods sold 10b	0.				
		J		1,109.			1,109.
_		Net income or (loss) from sales of inventory	Business Code	1,103.			1,109.
Sn	44 .		900099	738.			738.
ieoi ne	11 6		700033	130.			/30•
llan	k						
Se.	(
Miscellaneous Revenue	(All other revenue		720			
		• Total. Add lines 11a-11d		738.	105 050	F 710	E 0.03
	12	Total revenue. See instructions	🕨	5,184,908.	195,850.	5,710.	-5,963.

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Form **990** (2021)

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respons			(0)	(D)
	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	14,750.	14,750.		
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,				
	trustees, and key employees	421,549.	198,128.	181,266.	42,155
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 506 510	1 015 500	F1 065	200 000
7	Other salaries and wages	1,596,512.	1,217,588.	71,065.	307,859
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	152 614	114 011	10 716	20 607
9	Other employee benefits	153,614. 227,014.	114,211. 159,930.	10,716.	28,687 39,587
10	Payroll taxes	227,014.	159,930.	21,491.	39,367
11	Fees for services (nonemployees):				
a	Management	66,677.		66,677.	
b	Legal	48,000.		48,000.	
	Accounting	40,000.		40,000.	
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees				
f g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	289,978.	215,136.	11,675.	63.167
12	Advertising and promotion	47,300.	33,220.	4,509.	63,167 9,571
13	Office expenses	71,508.	50,577.	8,514.	12,417
14	Information technology	21,976.	13,119.	4,587.	4,270
 15	Royalties	,	- ,	,	,
16	Occupancy	75,221.	62,667.	5,877.	6,677
17	Travel	28,652.	23,225.	1,463.	3,964
18	Payments of travel or entertainment expenses	-			-
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,676.	13,518.	851.	2,307
20	Interest	106.		106.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	160,103.	160,103.		
23	Insurance	139,739.	135,460.	4,279.	
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.)				
а	ATHLETIC & EDUCATIONAL	236,304.	236,304.		
b	REPAIRS & MAINTENANCE	56,310.	50,025.	2,942.	3,343
С	STUDENT TRANSPORTATION	36,681.	36,681.		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,708,670.	2,734,642.	450,024.	524,004
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	advectional compaign and fundraising adjointsion				

Form **990** (2021)

educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

11180505 756359 2060002.000

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,553,738.	1	489,114.
	2	Savings and temporary cash investments	7,223,082.	2	9,237,927.
	3	Pledges and grants receivable, net	1,821,186.	3	1,009,361.
	4	Accounts receivable, net	0.	4	2,000.
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	121,704.	9	143,763.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 6,608,836.			
	b	Less: accumulated depreciation 10b 1,176,810.	4,714,134.	10c	5,432,026.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	2 2 2 4	14	2 424
	15	Other assets. See Part IV, line 11	3,361.	15	3,401.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	15,437,205.	16	16,317,592.
	17	Accounts payable and accrued expenses	300,441.	17	142,980.
	18	Grants payable	14 640	18	25 222
	19	Deferred revenue	14,648.	19	35,223.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
≣		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D	690,882.	O.E.	100,000.
	26	of Schedule D Total liabilities. Add lines 17 through 25	1,005,971.	26	278,203.
	26	Organizations that follow FASB ASC 958, check here	1,005,511.	20	270,203
Se		and complete lines 27, 28, 32, and 33.			
Š	27	Net assets without donor restrictions	3,125,604.	27	3,411,344.
3ala	28	Net assets with donor restrictions	11,305,630.	28	12,628,045.
Ē		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	14,431,234.	32	16,039,389.
Z	33	Total liabilities and net assets/fund balances	15,437,205.	33	16,317,592.
	J	וטנמו וומטוווגופט מווט וופג מטטפנט/וטווט טמומווטפט	10, 10, 1000	JJ	Farma 990 //

Pa	rt XI Reconciliation of Net Assets		,					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				08.		
2	Total expenses (must equal Part IX, column (A), line 25)	2				70. 38.		
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 14							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6		131	, 9:	17.		
7	Investment expenses	7						
8	Prior period adjustments	8						
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)) 16 ,							
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 on Schedule O.							
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?		L	2b	Х			
	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							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin							
	Act and OMB Circular A-133?			3а		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	····					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				
			F	orm §	90 ((2021)		

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

2021

Open to Public Inspection

Employer identification number Name of the organization ROW NEW YORK INC. 11-3632924 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4810309.	10154346.	4847436.	7345433.	4989311.	32146835.
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	4810309.	10154346.	4847436.	7345433.	4989311.	32146835.
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)						13286184.
	Public support. Subtract line 5 from line 4.						18860651.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	4810309.	10154346.	4847436.	7345433.	4989311.	32146835.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	46,207.	3,116.	30,081.	13,342.	14,873.	107,619.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					1,000.	1,000.
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.	50,500.	738.	
11	Total support. Add lines 7 through 10						32341002.
12	Gross receipts from related activities,	•	,				,460,290.
13	First 5 years. If the Form 990 is for the						. \square
800	organization, check this box and stor	here Dor					>
	etion C. Computation of Publi			. (0)			58.32 %
14	Public support percentage for 2021 (I					14	- 4 4-
15	Public support percentage from 2020					15	
16a	33 1/3% support test - 2021. If the containing and life is						
L	stop here. The organization qualifies						
D	33 1/3% support test - 2020. If the condition have						
47-	and stop here. The organization qual	•	•				
17 a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact		•	•		· ·	. .
J.	meets the facts-and-circumstances te	ū	•			70 and line 15 in	
O	10% -facts-and-circumstances test	_					1070 UI
	more, and if the organization meets the organization meets the facts-and-circumstance and circumstance and c				-		ightharpoonup
10	· ·						\
10	Private foundation. If the organization	ii did Hot Check a	DOX UIT IIITE TO, TO	a, 100, 178, 01 170	, check this box at	iu see instructions	········ P

Schedule A (Form 990) 2021

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, f	fourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
_			-				>
	ction C. Computation of Publi						
	Public support percentage for 2021 (li			column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2			Para d 4 1 Para		0.1/00/	%
19a	33 1/3% support tests - 2021. If the						/ is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19a	a, or 19b, check th	ns box and see ins	tructions	▶Ш

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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		
•		
2		
3a		
3b		
30		
3с		
- 55		
4a		
4b		
4 -		
4c		
5a		
5b		
5c		
6		
-		
7		
8		
9a		
9b		
90		
9с		
10a		
10b		
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	11 5 5 (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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	r		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			
<u> </u>	the supported organization(s).	1		
sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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 on line 2, above, did the organization's supported organizations have a			
	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			
0	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).	ı		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction		
2	Activities Test. Answer lines 2a and 2b 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 on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No" 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		

Pa	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 qualifyi	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	T
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):			
a	Average monthly value of securities	1a		
	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		
e	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 0.015 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 0.035.	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 0.85 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	ally integrated	Type III supporting orga	anization (see
	instructions)	, ,		•

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

c Excess from 2019 d Excess from 2020 e Excess from 2021

Part VI

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 Inspection

Name of the organization

ROW NEW YORK, INC.

Employer identification number 11-3632924

Par	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Accounts. Complete if the
	organization answered Tes Off Officiality, inte	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a, z swe danież sama	(2)
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	I writing that the assets held in donor advised	funds
Ū	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ac		
Ū	for charitable purposes and not for the benefit of the donor or		•
		denot davices, or let any enter purpose eet	
Par			
1	Purpose(s) of conservation easements held by the organization	,	,
	Preservation of land for public use (for example, recreat	`	historically important land area
	Protection of natural habitat	,	certified historic structure
	Preservation of open space	 -	
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	octure included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conserv	vation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conservation	n easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial statement	s that describes the
Dai	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of	Art Historical Transuras or Othe	or Similar Assats
Fai			a Sillilai Assets.
	Complete if the organization answered "Yes" on Form		
па	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for pub	, ,	erance of public
	service, provide in Part XIII the text of the footnote to its finan-		are a chart worder of
D	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	ance of public service,
	provide the following amounts relating to these items:		• •
	(i) Revenue included on Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea	pource, or other similar assets for financial a	
2	-	· · · · · · · · · · · · · · · · · · ·	airi, provide
9	the following amounts required to be reported under FASB AS	_	> \$
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

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

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a Land						
b Buildings		415,205.	250,851.	164,354.		
c Leasehold improvements						
d Equipment		894,993.	694,363.	200,630.		
e Other		5,298,638.	231,596.	5,067,042.		
Fotal. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)						

Schedule D (Form 990) 2021

chedule D (Form 990) 2021 ROW NEW YOR	KK, INC.	1_	L-3632924 Page
Part VII Investments - Other Securities. Complete if the organization answered "Yes'	on Form 990 Part IV line	11h See Form 900 Part Y line 12	
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
1) Financial derivatives	(b) Book value	(e) Wether of Valuation. Cost of Gri	d or your market value
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)	>	
Part X Other Liabilities.			_
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	D.
(a) Description of liability			(b) Book value

·	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CONDITIONAL ASSET RETIREMENT	
(3) OBLIGATION	100,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	100,000.

2. 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 ... X

Schedule D (Form 990) 2021

Pai	Reconciliation of Revenue per Audited Financial Stat	ements with r	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,386,113.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	196,869.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	4,336.		
е	Add lines 2a through 2d			2e	201,205.
3	Subtract line 2e from line 1			3	5,184,908.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.))		5	5,184,908.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	itements With	Expenses per F	leturi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total expenses and losses per audited financial statements			1	3,777,958.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	64,952.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	4,336.		
е	Add lines 2a through 2d			2e	69,288.
3	Subtract line 2e from line 1			3	3,708,670.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
_	Add lines 4e and 4h			1 40	l n

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION RECOGNIZES THE EFFECT OF TAX POSITIONS WHEN THEY ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATIONS BY APPLICABLE TAXING JURISDICTIONS FOR ANY PERIODS PRIOR TO THE ORGANIZATION'S 2019 TAX YEAR.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON SALE OF ASSET INCLUDED IN EXPENSES ON FINANCIAL

STATEMENTS 4,336.

3,708,670.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number ROW NEW YORK, 11-3632924 INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2021

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5.000

		of fundraising event contributions and gro	oss income on Form 990		vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			L	L		(add col. (a) through
			FALL BENEFIT		2	col. (c))
<u>s</u>			(event type)	(event type)	(total number)	
Revenue			EE2 002	75 202	16 010	645 205
Re	1	Gross receipts	553,093.	75,293.	16,819.	645,205.
	•	Loop Contributions	421,621.	50,611.	16,819.	489,051.
	2	Less: Contributions	421,021.	30,011.	10,015.	400,001.
	3	Gross income (line 1 minus line 2)	131,472.	24,682.		156,154.
	Ŭ	Cross moonie (mie i miese mie 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses						
ens	6	Rent/facility costs	31,855.	3,100.		34,955.
Direct Expenses			00.600	45 554		100 154
rect	7	Food and beverages	82,600.	17,574.		100,174.
Ö	_		17 100	4 120		21 220
	8 9	Entertainment Other direct expanses	17,100. 16,395.	4,130. 1,658.	2,493.	21,230. 20,546.
	10	Other direct expenses				176,905.
	11	•			_	-20,751.
Pa	rt I	Gaming. Complete if the organization				
		\$15,000 on Form 990-EZ, line 6a.				
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(4, 29	bingo/progressive bingo	(5, 5 a.i.s. gag	col. (a) through col. (c))
Rev						
	1	Gross revenue				
	2	Cash prizes				
ses	_	Oash phizes				
pen	3	Noncash prizes				
Direct Expenses						
irec.	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	L No	No No	No	
	7	Direct expense cumment. Add lines 2 through	E in column (d)			
	7	Direct expense summary. Add lines 2 through	1 5 in column (a)		P	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
		Thet garring moome summary. Subtract into t	nom mio i, column (d)			<u> </u>
9	En	ter the state(s) in which the organization condu	icts gaming activities:			
a Is the organization licensed to conduct gaming activities in each of these states?						Yes No
b	If "	No," explain:				
	_					
		ere any of the organization's gaming licenses re			ear?	Yes No
b	If "	Yes," explain:				
	_					

Schedule G (Form 990) 2021

132082 10-21-21

Schedule G (Form 990) 2021 ROW NEW YORK, INC.	11-3632924 Page 3
11 Does the organization conduct gaming activities with nonmembers?	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:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	
Enter the hame and address of the person who propares the organization organization of garming, special events books and room	
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the am	nount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name	
Address ►	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation \$	
Description of control woulded N	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	
organization's own exempt activities during the tax year > \$	iii die
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v	v): and Part III. lines 9, 9b, 10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,,,,,,
,,,,	

Schedule G	(Form 990) ROV	NEW YORK,	INC.	11-3632924	Page 4
Part IV	(Form 990) ROV Supplemental Information	n (continued)			
		(continuou)			
					-
		·			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public

Inspection

Employer identification number Name of the organization 11-3632924 ROW NEW YORK, INC. Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2021

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STUDENT STIPENDS	59	14,750.	0.		
Part IV Supplemental Information. Provide the information r	equired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
THE ORGANIZATION PROVIDED SMALL S	TIPENDS TO) PARTICIPA	ANTS IN THE	IR ALUMNI /	
COLLEGE SUCCESS PROGRAM, AS THEY	MET CERTAI	N MILESTON	NES IN THE	PROGRAM.	
THE STUDENTS WERE REQUIRED TO SUB	MIT THEIR	GRADES EAC	CH SEMESTER	, REGISTER	
FOR CLASSES, AND MEET WITH AND RE				-	

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990.

Open to Public

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

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

ROW NEW YORK, INC.

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

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	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		<u> </u>
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		<u> </u>
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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	0.1 11 504/ V0) 504/ V4) 1504/ V00) 1 11 11 15 5 0			
_	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:	_		v
a	The organization?	<u>5a</u>		X
b	Any related organization?	5b		\vdash
_	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:			v
	The organization?	6a		X
b	Any related organization?	6b		
_	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	_		v
_	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			v
_	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		i

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

Schedule J (Form 990) 2021

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-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) RACHEL CYTRON MILLER	(i)	182,790.	0.	0.	0.	12,595.	195,385.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) JANICE HOLZMAN	(i)	137,377.	0.	0.	0.	21,447.	158,824.	0.	
VP, DEVELOPMENT & COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
_	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	[(II)						I		

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 Inspection

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.

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

Pai	rt I Types of Property	•			•			
		(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 10	(d) Method of de noncash contribu	etermin		s
1	Art - Works of art		itemo contributed	Tomi ooo, rare viii, iirio rg	'			
2	A							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7								
8	Boats and planes							
	Intellectual property	X	3	156 997	AVG. SELLIN	C DI	O T C I	
9	Securities - Publicly traded			130,337	AAG. DEHLIN	GII	XICI	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
40	trust interests							
12	Securities - Miscellaneous Qualified conservation contribution -							
13								
44	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 organia						0	
	for which the organization completed Form 82	83, Part V, L	onee Acknowleag	ement 29			Ť	
00-	During the constant of the constant of the constant of			and a fire David I. Proper Addition			Yes	No
30a	During the year, did the organization receive by	-			- ·			
	must hold for at least three years from the date	_	ŕ	·		00-		х
	exempt purposes for the entire holding period	<i>'</i>				30a		_^
	If "Yes," describe the arrangement in Part II.	aaliau that	auiroo tha ravia	of any populardard contains	utions?			v
31	Does the organization have a gift acceptance					31	-+	X
32a	Does the organization hire or use third parties							v
	contributions?					32a		Х
	If "Yes," describe in Part II.	-1		. fam. database 1	- Lord			
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	tor which column (a) is che	ecked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

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.

Inspection

OMB No. 1545-0047

► Attach to Form 990 or Form 990-EZ.

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

Name of the organization

INC. ROW NEW YORK,

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:
RECOMMENDATION. FURTHER 95 PERCENT OF ROW NEW YORK'S STUDENT-ATHLETES
HAVE MATRICULATED TO COLLEGE AFTER THEY HAVE GRADUATED FROM THE PROGRAM
AND OVER 80 PERCENT OF YOUTH HAVE GRADUATED COLLEGE.
ROW NEW YORK'S YOUTH 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 REGIONAL REGATTAS/RACES IN THE FALL
AND SPRING.
- ACADEMIC SERVICES, INCLUDING ONE-ON-ONE TUTORING, GUIDANCE THROUGH
THE HIGH SCHOOL AND COLLEGE APPLICATION PROCESSES, GROUP WORKSHOPS,
COLLEGE VISITS, AND OTHER ACTIVITIES TO ENSURE SUCCESS IN HIGH SCHOOL
AND COLLEGE.
- COLLEGE SUCCESS SERVICES, INCLUDING SUPPORT FROM PEER MENTORS IN
TRANSITIONING TO COLLEGE AND ONGOING SUPPORT TO NAVIGATE ACADEMIC AND
SOCIAL ISSUES AND STRESSORS. ASSISTANCE IS PROVIDED ON TOPICS SUCH AS
CHOOSING CLASSES AND MAJORS, AND NAVIGATING FINANCIAL AID AND COLLEGE
FINANCES
- CAREER-READINESS ACTIVITIES, INCLUDING RESUME-WRITING WORKSHOPS, MOCK
INTERVIEWS, CAREER-FOCUSED FIELD TRIPS, CAREER PANELS, JOB AND
INTERNSHIP INFORMATION SESSIONS, AND SUMMER EMPLOYMENT OPPORTUNITIES.
_ CHILDENIA CIIDDODA VAD CIICCECC CATIIC. DOM NEM AODA,C COCIVI VAD

11180505 756359 2060002.000

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2**

Name of the organization ROW NEW YORK, INC.

Employer identification number 11-3632924

EMOTIONAL LEARNING CURRICULUM IS DESIGNED TO HELP YOUTH IMPROVE

ACADEMIC SUCCESS SKILLS SUCH AS TIME MANAGEMENT, IMPROVE COMMUNICATION

SKILLS, AND GAIN AWARENESS OF HEALTH AND WELLNESS AND SOCIAL JUSTICE

ISSUES. IN ADDITION, ROW NEW YORK'S SOCIAL WORKER PROVIDES ONE-ON-ONE

COUNSELING, GROUP WORKSHOPS, AND REFERRALS TO OTHER SERVICE PROVIDERS.

IN FISCAL YEAR 2022, 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 VI, SECTION B, LINE 11B:

THE ORGANIZATION HAS ITS FORM 990 PREPARED BY AN INDEPENDENT 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. THE PUBLIC DISCLOSURE COPY

OF THE RETURN IS PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR

THEIR REVIEW PRIOR TO FILING.

FORM 990, PART I, QUESTION 5, AND PART V, QUESTION 2A:

THE ORGANIZATION CONTRACTED WITH A PROFESSIONAL EMPLOYER ORGANIZATION

(PEO) FOR SERVICES, INCLUDING BUT NOT LIMITED TO, PAYROLL, TIMEKEEPING,

EMPLOYEE BENEFITS, HR ADMINISTRATION AND WORKFORCE REGULATORY

COMPLIANCE NEEDS. AS THE EMPLOYER OF RECORD FOR TAX PURPOSES, FORMS

W-2 AND W-3 ARE ISSUED BY THE PEO AND FILED UNDER THE PEO'S FEDERAL

EIN. IN THIS CO-EMPLOYMENT ARRANGEMENT, THE ORGANIZATION IS THE COMMON

LAW EMPLOYER AND, ACCORDINGLY, COMPENSATION IS REPORTED ON FORM 990,

Schedule O (Form 990) 2021 Page 2

Name of the organization ${\bf ROW\ \ NEW\ \ YORK\ ,\ \ INC\ .}$

Employer identification number 11-3632924

PART VII, SECTION A AND PART IX, LINES 5-10.

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 AND AUDIT 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 15:

THE EXECUTIVE DIRECTOR'S COMPENSATION AND THE VP OF ADMINISTRATION'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 CONDUCTED IN FISCAL YEAR 2022.

FORM 990, PART VI, SECTION C, LINE 19:

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Name of the organization ROW NEW YORK, INC.	Employer identification number 11-3632924
THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC I	NSPECTION AS
REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE.	THE RETURN IS
POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITE	S. IN ADDITION,
THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ART	'ICLES OF
INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN	REQUEST OR BY
CALLING THE ORGANIZATION DIRECTLY.	
FORM 990, PART VII, SECTION A:	
REPORTABLE COMPENSATION FOR THE EXECUTIVE DIRECTOR, THE VP	, DEVELOPMENT
& COMMUNICATIONS, THE VP, STUDENT SUPPORT & SUCCESS, AND T	HE VP,
ADMINISTRATION INCLUDE 2021 BASE COMPENSATION INCREASES SU	BSEQUENT TO
2020 BASE COMPENSATION DECREASES DUE TO THE COVID-19 PANDE	MIC.
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.	