Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545 0047 2006

Open to Public Inspection

Department of the Treasury

Inte	rnal R	Revenue Service	- Ine (organization may	y nave to use a	copy of this return	to satisfy	state r	eporting r	equiren	ients.	inspection.	
Α	For	the 2006 calen	dar year,	or tax year begii	nning Jun 1	. , 2	006, and	ending	May	31		2007	
В	Chec	ck if applicable		C Name of organi	zation					D Em	oloyer Iden	itification Number	
										14	-1892	2504	
		Name change								E Tole	phone nu	mber	
		Initial return	See specific	4768 Broa	dway			Вох	225			538-5792	
		Final return	instruc- tions.	City, town or co	untry		State ZIF	code +	4	F Acc	ounting	X Cash Ac	crual
	П.	Amended return	İ	New York			NY 1	0034			Other (sp	ecify) >	
	Ħ.	Application pending	Section	on 501(c)(3) ora	anizations and	4947(a)(1) nonexer	npt	H and I	are not appl	icable to s		organizations	
			charit	table trusts mus	it attach a comp	oleted Schedule A		H (a)	Is this a gro	υρ return f	or affiliates	s'. 🗌 Yes 🛚 🗓	No
			(Form	1 990 or 990-EZ)	•			H (b)	If 'Yes,' ente	r number	of affiliates	, *	_
G	Web	b site: ► N/A						H (c)	Are all affilia			. Yes	_] No
J		anization type	_		_				(If 'No,' atta				
			· · · · · · ·	X 501(c)	3 ◀ (insert no		527	H (g)	is this a sep organization				٦
K						rting organization a is not required, bu		ļ					No
	orga	anization choosi	es to file a	return, be sure	to file a comple	ete return	th the		Group Ex			ation is not required	
	Gros	Es receints Add	lines 6h	8b, 9b, and 10b	to line 12 ≥ 2	E2 43E					•	, 990 EZ, or 990-PF)	
D:	art I					Assets or Fur	nd Ralai						
L				ints, and similar			id Dalai	1003	COCC III	2 17 13 (7)	1		
		a Contributions			amounts receiv	eu	1 12	.			2.4		
	1			ot included on li	no 1n)		11	+	Εn	,000.			
	i	-			•	•	10	+		,000.			
	1	•		(not included on	•	, , 10)	10	+					
		e Total (add lines la through 1d) (ca		ns (grants) (not			0.).				1 e	50,00	20
	١,			50,0			 `			• • •	2	202,43	
		2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 Membership dues and assessments								3	202,13	<u></u>	
		4 Interest on savings and temporary cash investments									4		
	l _		•		invesiments	•	• • •	•			5		
	5		interest	from securities		• •	۔ ما	.1 ,	•		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	l .	a Gross rents		•			6 a				13.73		
	i	b Less rental e	•	> C	- Ch (line (•_	61	<u>'</u>			. 55. 3		
	_			ss) Subtract lin	e ob from line o	oa -					6c		
R	7	Other investm	ient incom	ie (describe		(A) Casurities	₁		(B) Othe		5		
REVENU	88			es of assets other	er	(A) Securities		 	(B) Othe		√,		
Ñ	Ι.	than inventory			<u>'</u>		8a	 					
Ĕ				s and sales expo	enses	8b 8c				100			
		C Gain or (loss) (att		=	(4)					(4.5%			
			•	bine line 8c, coli		•	dae abaa	, k boro	⊳ [יי ר	8d	· · · · · · · · · · · · · · · · · · ·	
		Special events Gross revenue		•	ledule) if any a	imount is from gam of contribution		Kilere	- ۲	لـ	36		
	•	reported on lin	-	uuiiig ş		Of Continuation	່ 9a	1					
	H			ther than fundra	, , ISING expenses	•	96						
			•	m special event	- ·	9b from line 9a		L			9c		
				, less returns ar		56 / GIII III 6 54	10 a	İ			1.		
		Less cost of g	_				10 b	+					
		_	-		ch schedule). Subtra	act line 10b from line 19			11/10	1	10 c		
	11			rt VII, line 103)	,	j	·-	UE	IVE) 🥞	11		
- 1	12		=	s 1e, 2, 3, 4, 5, 6	5c. 7. 8d. 9c. 10	c, and 11				S	12	252,43	55.
	13			line 44, column		i c	S JAI	V 1	6 2008	RS:0	13	219,05	
E X P	14	-		al (from line 44,				A T	U 2000	S	14	63,60	
E	15	•	-	4, column (D)) .	*	IS					15	35,35	
ENSES	16	• ,		ittach schedule)			₽ØG	DE	N. U	T	16		
S	17	-	-	es 16 and 44, co	olumn (A)	<u>ت</u>				ـ جفت	17	318,01	7.
	18			e year. Subtract		e 12					18	-65,58	
N S	19			-		line 73, column (A))		•		19	84,08	
N S E T	20			sets or fund bala			•				20		
5	21	-				es 18, 19, and 20					21	18,50	3.
BAA						the separate instru	ictions.		T	EEA0101	01/18/07		



Part II (2) Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

	Dò not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising			
22	a Grants paid from donor advised					海滨沙漠沙漠			
	funds (attach sch)	}	ļ.	}	Property of the				
	(cash \$	1							
	non-cash \$)								
	If this amount includes	22-							
22	foreign grants, check here []	. 22 a	 						
24	(cash \$								
	non-cash \$								
	If this amount includes								
	foreign grants, check here	22 b							
			<u> </u>		国际				
23	Specific assistance to individuals (attach schedule)	23							
	•				医表现状分泌和现				
24	Benefits paid to or for members (attach schedule)	24			经在通时的				
	,				a pool of the an exercise of a realist	SEPTEMBER SERVICE SECTIONS			
25	a Compensation of current officers, directors, key employees, etc listed in					!			
	Part V-A (attach sch) See L-25a Stm	25 a	63,706.	50,965.	12,741.	0.			
ı	Compensation of former officers,								
	directors, key employees, etc listed in	05.							
	Part V-B (attach sch)	25 b	<u> </u>						
,	: Compensation and other distributions, not included above, to disqualified persons (as	ļ				ļ			
	defined under section 4958(f)(1)) and persons		:						
	described in section 4958(c)(3)(B) (attach schedule)	25 c				ļ			
	,								
26	Salaries and wages of employees not included on lines 25a, b, and c	26	9,861.	9,861.	0.	0.			
			3,001.	3,001.					
27	Pension plan contributions not included on lines 25a, b, and c	27							
	included on lines 25a, b, and c					 			
28	Employee benefits not included on lines 25a - 27	28							
29	Payroll taxes	29	4,498.	3,373.	1,125.	0.			
30	-	30	1,130.	3,373.	1,123,				
	Professional fundraising fees								
31	Accounting fees	31							
32	Legal fees				74 700				
33	Supplies	33	14,108.	0.	14,108.	0.			
34	Telephone	34	8,922.	4,461.	4,461.	0.			
35	Postage and shipping	35							
36	Occupancy	36	33,851.	33,851.	0.	0.			
37	Equipment rental and maintenance .	37							
38	Printing and publications	38							
39	Travel	39							
40	Conferences, conventions, and meetings	40							
41	Interest	41	23,397.	0.	23,397.	0.			
42	Depreciation, depletion, etc (attach schedule)	42	77,907.	77,907.	0.	0.			
	Other expenses not covered above (itemize)			_	/	_			
	Bank fees	43 a	1,770.	0.	1,770′.	0.			
	Insurance	43b	15,020.	13,520.	1,500.	0.			
	Utilities	43 c	19,678.	19,678.	0.	0.			
	Security	43 d	3,668.	3,668.	0.	0.			
	Management fees	43 e	550.	550.	0,	0.			
	Professional Fees	431	4,500.	0.	4,500.	0.			
9	See Other Expenses Stmt	43 g	36,581.	1,224.	0.	35,357.			
44	Total functional expenses, Add lines 22a	ľ		İ					
	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	318,017.	219,058.	63,602.	35,357.			
Joint	Costs. Check ► ☐ if you are following \$			- -					
	Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes X No								
	f 'Yes,' enter (i) the aggregate amount of these joint costs \$								
\$		cated	to management and ger	neral \$, and (IV) the	amount allocated			
io rur	idraising \$								

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Form 990 (2006)

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

case make suit the return is	complete and accurate and	rany accembes, in rare in, the organization	ns programs and acc	omplishinorits
		Coaching services for wat evernents in a clear and concise manner sents that are not measurable (Section 501 also enter the amount of grants and alloca		Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a The New York Ro dedicated to sh all ages and ab	owing Association naring the benefit pilities.	is an amateur athletic as s of rowing with athletes	sociation of	
	\$	0.) If this amount includes foreign grant		219,058.
	\$) If this amount includes foreign grant	s, check here	
i.	\$) If this amount includes foreign grants		
A	\$) If this amount includes foreign grants		
e Other program services (Grants and allocations	\$) If this amount includes foreign grants	s, check here	
f Total of Program Service	Expenses (should equal lin	e 44, column (B), Program services)	—	219,058.

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No	te:	Where required, attached schedules and amounts within column should be for end-of-year amounts only.	scription	(A) Beginning of year		(B) End of year	
	45	Cash - non-interest-bearing .			11,366.	45	7,551.
	46	Savings and temporary cash investments		,		46	
	47.	a Accounts receivable	اء جما				
		b Less allowance for doubtful accounts	47 a	 		47 c	
	١ '	b cess allowance for doubtful accounts .		第四次教育的			· ····
	18:	a Pledges receivable	48a	Bergins Commenter of the service			
	1	b Less: allowance for doubtful accounts	48b			48 c	
	1	Grants receivable	400/			49	
	'	Receivables from current and former officers, directors employees (attach schedule)	s, truste	es, and key		50 a	
	t	• Receivables from other disqualified persons (as define and persons described in section 4958(c)(3)(B) (attact	ed under h sched	r section 4958(f)(1)) ule)		50 b	
SSE	51 a	Other notes and loans receivable (attach schedule)	51 a				
5	t	Less, allowance for doubtful accounts	51 b		···	51 c	
	52	Inventories for sale or use .		,	11,828.	52	28,284.
	53	Prepaid expenses and deferred charges		<u></u>		53	<u> </u>
	54 a	Investments - publicly-traded securities		Cost FMV		54 a	
] b	Investments - other securities (attach sch)	. •	Cost FMV		54 b	
	55 a	Investments - land, buildings, & equipment basis	55 a	487,534.		14 TO 18	
	b	Less: accumulated depreciation (attach schedule)	55 b	241,262.	262,347.	55 c	246,272.
	56	Investments - other (attach schedule) .		.]		56	
	57 a	Land, buildings, and equipment basis	57 a			题	
	b	Less [,] accumulated depreciation (attach schedule)	57 b			57 c	
	58	Other assets, including program-related investments				1 1	
		(describe >		58			
	59_	Total assets (must equal line 74) Add lines 45 through	h 58		285,541.	59	282,107.
	60	Accounts payable and accrued expenses .		L	13,956.	60	16,104.
	61	Grants payable			<u></u>	61	
L	62	Deferred revenue		Ļ		62	
AB-L	63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
Į	64 a	Tax-exempt bond liabilities (attach schedule)			·	64 a	
į	b	Mortgages and other notes payable (attach schedule)			187,500.	64 b	247,500.
Š		Other liabilities (describe				65	
_	66	Total liabilities. Add lines 60 through 65			201,456.	66	263,604.
N	Orga		nd comp	olete lines 67			
N E		through 69 and lines 73 and 74		1		1 Box	
- 1		Unrestricted		<u> </u>	84,085.	67	18,503.
ANDER-S		Temporarily restricted		-		68	
š		Permanently restricted		nd complete lines		69	
R E	Ū	nizations that do not follow SFAS 117, check here > 70 through 74					
DZC		Capital stock, trust principal, or current funds .		70			
B		Paid-in or capital surplus, or land, building, and equipm	_		71		
2	72	Retained earnings, endowment, accumulated income, of		72			
AZCES	73	Total net assets or fund balances. Add lines 67 throug 72 (Column (A) must equal line 19 and column (B) mu	h 69 o r ıst equa	lines 70 through al line 21)	84,085.	73	18,503.
	74	Total liabilities and net assets/fund balances. Add line	s 66 an	d 73	285,541.	74	282,107.
ВАА							Form 990 (2006)

Form 990 (2006)

_	instructions.)						7-7	N/A
а	Total revenue, gains, and other supp	port per audited financial	statemer	nts			a	N/A
b	Amounts included on line a but not of	•					125	
-	1 Net unrealized gains on investments	•			b1			
	2Donated services and use of facilitie				b2			
	3Recoveries of prior year grants				b3			
	4Other (specify)							
					b4		200	
	Add lines b1 through b4				<u> </u>		Т"Б	
С	Subtract line b from line a			•		••	c	
d	Amounts included on Part I, line 12,	but not on line a:				, ,	5.5	
_	1 Investment expenses not included or				41		100	
							經	
					d2		135 35	
	Add lines d1 and d2		-				- Tal	
	Total revenue (Part I, line 12) Add I	ines c and d			•	,	e	
Pa	art IV-B Reconciliation of Expe		inanci	al Stateme	nts with	Expenses per		ırn
							\sqcap	N/A
a	Total expenses and losses per audite	ed financial statements .				•	а	
b	Amounts included on line a but not o	·					19 of 1.	
	1 Donated services and use of facilities				b1		- 25%	
	2Prior year adjustments reported on P	Part I, line 20	•		b2		- 36	
	3Losses reported on Part I, line 20		•		ь3		վ ^ո ՞`	
	4Other (specify)						15.	
					b4		- ·∵	
			•	•	•	• • • •	Ь	
C	Subtract line b from line a				• • • •	•	<u>C</u>	
d	Amounts included on Part I, line 17, I				11			
	1 Investment expenses not included on	Part I, line 6b	•		d1		150	
	2Other (specify).						33	
					d2		£3.50	
	Add lines d1 and d2			•			4	
<u>e</u>	Total expenses (Part I, line 17) Add						e	
Pa	current Officers, Director key employee at any time	ctors, Trustees, and	l Key Eı hev were	mployees not compens	(List each	person who was a ee the instructions.)	n offic	er, director, trustee,
_		(B) Title and average	e hours	(C) Compe	nsation	(D) Contributions	to	(E) Expense
	(A) Name and address	per week devol to position		(if not p		employee bene plans and deferr		account and other allowances
		to position		Cinter -	0.7	compensation pla		anowanicos
ΙV	ncenzo Paparo							
		President	*		Ο.		0.	0
00	uglas Sachs							
			ļ				- 1	
		Secretary	*		ο.		0.	0
)r	ew Becher							
			ł					
		Director	*]		Ο.		0.	0
ſω'.	Gavaris							
			İ					
		Director	*		0.		0.	0
'n.	omas_Curry		J]	
		Treaurer/Exec. D	ir.40	63	706.		<u> </u>	0
_ ?	As Needed		1					
			j					
		ľ						

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Form 990 (2006) NEW YORK ROWING ASSOC			14-18925	04 Page 6					
Part V-A Current Officers, Directors, Tru	istees, and Key Er	nployees (continue	ed)	Yes No					
75 a Enter the total number of officers, directors, and trustees p	ermitted to vote on organizati	ion business as board meeting	ps > 5	(1) (2) (2) (3)					
b Are any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest compen A, Part II-A or II-B, related to each other through identifies the individuals and explains the relation.	sated professional and gh family or business re	other independent conti	ractors listed in Schedule.	75b X					
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'									
If 'Yes,' attach a statement that includes the information described in the instructions									
d Does the organization have a written conflict of interest policy?									
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, director during the year, list that person below a the instructions)	stees, and Key Em or, trustee, or key emplo and enter the amount of	oyee received compensa compensation or other	eived Compensation ation or other benefits (de benefits in the appropriate	or Other scribed below) e column See					
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances					
N/A									
				T. T.					
Part VI Other Information (See the instruction) 76 Did the organization make a change in its activities.	ities or methods of cond	ducting activities?		Yes No					
If 'Yes,' attach a detailed statement of each cha 77 Were any changes made in the organizing or go If 'Yes,' attach a conformed copy of the change.	overning documents but	not reported to the IRS	?	76 X 77 X					
78a Did the organization have unrelated business gr b If 'Yes,' has it filed a tax return on Form 990-T i	ross income of \$1,000 c	or more during the year	covered by this return?	. 78a X					
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	, or substantial contrac	tion during the		79 X					
80 a Is the organization related (other than by associ membership, governing bodies, trustees, officer	ation with a statewide of s, etc, to any other exe	or nationwide organizati mpt or nonexempt orga	on) through common nization? .	80 a X					
b If 'Yes,' enter the name of the organization ▶				- 医含质性					
81 a Enter direct and indirect political expenditures.	(See line 81 instructions		tempt or nonexemp 81 a	A CASE OF THE PARTY OF THE PART					
b Did the organization file Form 1120-POL for this	year [?]			81 b X					
ВАД				Form 990 (2006)					

For	m 990 (2006) NEW YORK ROWING ASSOCIATION	14-189250	4	F	Page 7			
P	arttVII Other Information (continued)			Yes	No			
82	a Did the organization receive donated services or the use of materials, equipment, or facilities substantially less than fair rental value?	at no charge or at	82 a		x			
	b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82 b		調整				
83	a Did the organization comply with the public inspection requirements for returns and exemption	applications? .	83 a		x			
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?							
84	a Did the organization solicit any contributions or gifts that were not tax deductible?		84 a		х			
	b If 'Yes,' did the organization include with every solicitation an express statement that such connot tax deductible?	stributions or gifts were	84b	l '				
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		85 a	N/	A			
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	,	85 b	N/	A			
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the waiver for proxy tax owed for the prior year	organization received a	神経なる	100 g 150				
	c Dues, assessments, and similar amounts from members	85 c N/A	7. TO	18.8	200			
	d Section 162(e) lobbying and political expenditures	85 d N/A		10 m	Mar of			
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			1 = 1			
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A		13.2	ign.			
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 g	N/				
	h if section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasor dues allocable to nondeductible lobbying and political expenditures for the following tax year?	able estimate of	影 85h	N/X	\$			
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on		h'' - ""					
	line 12	86a N/A	5		13 1 770 2 18.5			
	b Gross receipts, included on line 12, for public use of club facilities	86b N/A	5 75	46, 5	No.			
87	501(c)(12) organizations Enter a Gross income from members or shareholders .	87a N/A	医原		13.			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b N/A	記録を記述される。		() () () () () () () () () ()			
88	a At any time during the year, did the organization own a 50% or greater interest in a taxable co or an entity disregarded as separate from the organization under Regulations sections 301 770 If 'Yes,' complete Part IX	rporation or partnership, 1-2 and 301.7701-37	88 a		X			
ł	At any time during the year, did the organization, directly or indirectly, own a controlled entity section 512(b)(13)? If 'Yes,' complete Part XI	within the meaning of	88 b		х			
89	a 501(c)(3) organizations. Enter, Amount of tax imposed on the organization during the year und	er.	1.00	遊送				
	section 4911 ► 0. , section 4912 ► 0. , section 4	955 ►0.			*			
ł	• 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yexplaining each transaction	benefit transaction es,' attach a statement	89 b	80) 198	X			
(Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ 0.	7 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1430	7.			
	Enter. Amount of tax on line 89c, above, reimbursed by the organization	•		1, 5	ı			
ε	All organizations. At any time during the tax year, was the organization a party to a prohibited	tax shelter transaction?	89 e		х			
f	All organizations Did the organization acquire a direct or indirect interest in any applicable ins	urance contract?	891		Х			
ç	For supporting organizations and sponsoring organizations maintaining donor advised funds. D organization, or a fund maintained by a sponsoring organization, have excess business holding the year?	id the supporting is at any time during	89 g		्रि जु X			
90 a	List the states with which a copy of this return is filed N/A	•						
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)		 aoe		1			
91 a	(See instructions.) The books are in care of Thomas Curry Telephone num	nber ► <u>(917) 538-5</u>						
- 1 4	Located at > 140 Broadway, 35th Floor, New York, NY	ZIP + 4 > 10005						
b	At any time during the calendar year, did the organization have an interest in or a signature or	other authority over a		Yes	No			
	At any time during the calendar year, did the organization have an interest in or a signature or financial account in a foreign country (such as a bank account, securities account, or other final financial account.)	ncial account)?	91 b		<u> </u>			
	If 'Yes,' enter the name of the foreign country		2 24	選引	(
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Formation Accounts	reign Bank and	9	125	; •, `			

Part VI Other Information (continu	,				Yes No
c'At any time during the calendar year, di		tion maintain an office	outside of the U	nited States?	91 c X
If 'Yes,' enter the name of the foreign co					
92 Section 4947(a)(1) nonexempt charitable				here	, ▶∐
and enter the amount of tax-exempt inte	rest received of	or accrued during the ta	ax year	▶ 92	<u> </u>
Part VII Analysis of Income-Produ					
	Unrelate	d business income	Excluded by s	ection 512, 513, or 514	(E)
Note: Enter gross amounts unless otherwise indicated.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue					
a Program Fees					202,435.
b					
c			ļ		
d					<u> </u>
e			 		ļ
f Medicare/Medicaid payments .					
g Fees & contracts from government agencies ,					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			ļ		
96 Dividends & interest from securities			1		
97 Net rental income or (loss) from real estate:	17. 17.78	Strain Prints	12 July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	~,	11/2012年11月
a debt-financed property			<u> </u>		
b not debt-financed property					
98 Net rental income or (loss) from pers prop			<u> </u>		
99 Other investment income			ļ		
100 Gain or (loss) from sales of assets other than inventory		·			
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			ļ		
103 Other revenue: a	黑。遊話歌台	A CONTRACT OF THE PARTY OF THE	是是自己的	學語學法學學說	13. [2. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18
b			ļ		
С					
d					·
e		<u> </u>			
· · · · · · · · · · · · · · · · · · ·	では、		是認識的學的		202,435.
105 Total (add line 104, columns (B), (D), a				≻	202,435.
Note: Line 105 plus line 1e, Part I, should equa					
Part VIII Relationship of Activities to	<u>o the Accor</u>	nplishment of Exe	empt Purpos	es (See the instruc	ctions.)
Line No. Explain how each activity for which of the organization's exempt purpo	n income is rep ses (other tha	oorted in column (E) of n by providing funds fo	Part VII contrib r such purposes	uted importantly to the a).	accomplishment
93a Fees enable individua	ls to red	ceive instruct	ion in rov	ving and to use	
the boathouse.					
Part IX. Information Regarding Tax	able Subsic	diaries and Disreg	arded Entitie	s (See the instruct	tions.) N/A
(A)	(B)	(C)	(D)	(E)
Name, address, and EIN of corporation,	Percentage	of Nature of a	activities	Total	End-of-year
partnership, or disregarded entity	ownership into	erest		ıncome	assets
	ļ <u>-</u> .,	8			
		8			
	_	%			
B : V II /		%			
Part X\ Information Regarding Tran					
a Did the organization, during the year, receive any fur		** * * *	•		Yes X No
b Did the organization, during the year, pay	-	•	a personal benef	ht contract?	. Yes X No
Note: If 'Yes' to (b), file Form 8870 and For	m 4720 (see ır	nstructions)			

Form 990 (2006) NEW YORK ROWING ASSOCIATION

14-1892504

Page 8

Form	990 (2006) NEW YORK ROWING ASSOCIATIO	N		14-1892504	F	age 9
Par	tXI. Information Regarding Transfers To a	nd From Controlled E	ntities. Complete	only if the		
<u> </u>	organization is a controlling organizati	on as detined in section	PR 512(D)(13).		N/A	
106	Did the reporting organization make any transfers to a 'Yes,' complete the schedule below for each controlled	a controlled entity as defined	d in section 512(b)(13)	of the Code? If	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description transfer	of Amo	(D) unt of tran	sfer
a		-				
b						
С		-				
	Totals					
107	Did the reporting organization receive any transfers fr 'Yes,' complete the schedule below for each controlled	om a controlled entity as de			Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description transfer	of Amou	(D) int of tran	sfer
a						
b					a	
С						
	Totals			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
108	Did the organization have a binding written contract in annuities described in question 107 above?	effect on August 17, 2006, o	covering the interest, i	rents, royalties, and	Yes	No
Pleas	Under penalties of perjury, I declare that I have examined this returne, correct, and complete Declaration of preparer (other than of	urn, including accompanying schedul ficer) is based on all information of w	es and statements, and to the which preparer has any knowledge.	p best of my knowledge a ledge	nd belief, it is	•
Sign Here	Signature of officer Vincento Paparo Type or print name and title	Charmin	Date	12/19/07		
Paid Pre-	Preparer's signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	mul Li	, Chicon		SN or PTIN (ruction W)	See
parer' Use	S Firm's name (or yours if self employed). Ste 213, 8101 Washing	ton Lane	EIN	•		
Only	address, and ZIP + 4 Wyncote	PA 19095	Phone r		7-4425	
BAA				F	orm 990 (2006)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2006

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

NEW YORK ROWING ASSOCIATION			14-1892504	
Part I. Ale Compensation of the Five Hig			, Directors, an	d Trustees
(See instructions List each on				
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
	·			
Table				
Total number of other employees paid over \$50,000		e Estant Autoria		
Part II — A Compensation of the Five High (See Instructions, List each one	hest Paid Independent C e (whether individuals or	firms). If there ar	ofessional Ser e none, enter 'I	vi ces None.')
(a) Name and address of each independent contra	ctor paid more than \$50,000	(b) Type o	f service	(c) Compensation
None		_		
		_	<u> </u>	
		_		
		-		
		-		
Total number of others receiving over \$50,000 for professional services	None	e 25-47-18-18-18-18-18-18-18-18-18-18-18-18-18-		
Part II - B Compensation of the Five High (List each contractor who perfo	nest Paid Independent C	ontractors for Ot	ner Services	
firms. If there are none, enter '	None.' See instructions.)	T Professional serv		
(a) Name and address of each independent contract	ctor paid more than \$50,000	(b) Type o	f service	(c) Compensation
None		-		
		-		
		_		
		1243 1877 W. M. S. S.		The state of the s
Total number of other contractors receiving byer \$50,000 for other services	None			

Sche	edule A·(Form 990 or 990-EZ) 2006 NEW YORK ROWING ASSOCIATION	14-1892504	1	F	age 2
Par	Statements About Activities (See instructions)			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including a to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	ny attempt	1		x
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Ottorganizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description lobbying activities	ner of the			The state of the s
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with substantial contributors, trustees, directors, officers, creators, key employees, or members of their families taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.	, or with any or principal			
а	Sale, exchange, or leasing of property?		2a		х
b	Lending of money or other extension of credit?	}	2Ь		х
c	Furnishing of goods, services, or facilities?	-	2 c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	-	2 d		х
e	Transfer of any part of its income or assets?	-	2 e		<u>x</u>
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments)	-	3 a		x
b	Did the organization have a section 403(b) annuity plan for its employees?		3 b		<u>x</u>
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	.	3с		x
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services	.?	3 d		x
4 a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete and 4g	lete lines	4a		х
b	Did the organization make any taxable distributions under section 4966?		4b		
С	Did the organization make a distribution to a donor, donor advisor, or related person?	[4c		
d	Enter the total number of donor advised funds owned at the end of the tax year	. ►			
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	-			
	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor adv funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	ised ▶			0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax ye	ar ►			_0.

14 An organization organized and operated to test for public safety Section 509(a)(4). (See instructions.)

ВАА

Total

Schedule A (Form 990 or 990-EZ) 2006

Par	t IV-A: Support Schedule (Complete only if you	checked a box on line	10, 11, or 12.) Use c	ash method of	accou	inting.
Note	e: You may use the worksheet in th	e instructions for con	verting from the accru	al to the cash method	of accounting		
	ndar year (or fiscal year nning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002		(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	60,000.	17,040.	485.			77,525
16	Membership fees received						
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	206,489.	154,639.	23,450.			384,578
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 51) taxes) from businesses acquired by the organization after June 30, 1975						
19	Net income from unrelated business activities not included in line 18	·					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets		518.				518
23	Total of lines 15 through 22	266,489.	172,197.	23,935.			462,621
	Line 23 minus line 17	60,000.	17,558.	485.		_	78,043
25	Enter 1% of line 23	2,665.	1,722.	239.			264 12 - 4 127
26	Organizations described on lines	10 or 11: a Ente	er 2% of amount in co	lumn (e), line 24	►	26 a	
b	Prepare a list for your records to show the supported organization) whose total gifts for return. Enter the total of all these excess a	or 2002 through 2005 excee	ibuted by each person (othe ded the amount shown in lin	r than a governmental unit ne 26a, Do not file this list	or publicly with your	26 b	Angelia de la company
С	Total support for section 509(a)(1)	test Enter line 24, c	olumn (e)		▶.	26 c	
ď	Add Amounts from column (e) for	lines 18		19		£1.72 . 31	学校 (表現) A M
		22		26 b		26 d	
	Public support (line 26c minus line	*			•	26 e	8
	Public support percentage (line 2		ed by line 26c (denom	inator)) .	·—	26 f	16
а	Organizations described on line 1 For amounts included in lines 15, name of, and total amounts receiv such amounts for each year	16, and 17 that were ed in each year from,	, each 'disqualified per	rson ' Do not file this	list with your re	eturn.	Enter the sum of
	(2005)50,000.	(2004)	0. (2003)		(2002)		<u>0.</u>
	For any amount included in line 17 to show the name of, and amount \$5,000. (Include in the list organiz. After computing the difference between differences (the excess amounts) if	received for each yea ations described in lir ween the amount rece for each year	ir, that was more than nes 5 through 11b, as eived and the larger ar	the larger of (1) the a well as individuals) Emount described in (1)	amount on line o not file this I or (2), enter th	25 for ist with ne sun	the year or (2) th your return. n of these
	(2005) Add Amounts from column (e) for 17 3 Add Line 27a total	(2004)	(2003)		(2002)		
c	Add Amounts from column (e) for	lines 15	77,525.	16			
	173	84,578. 20		21		27 c	462,103.
d	Add [.] Line 27a total	50,000. an	d line 27b total			27 d	50,000.
е	Public support (line 27c total minus Total support for section 509(a)(2)	s line 27d total)				27 e	412,103.
f	lotal support for section 509(a)(2)	test Enter amount fr	om line 23, column (e) <u>[27f]</u>	462,621.	TERE	Thursday in the
	Public support percentage (line 27					27 g 27 h	89.08 %
	Investment income percentage (lin			 _			
	Unusual Grants: For an organization list for your records to show, for ea mature of the grant. Do not file this	ch year, the name of	the contributor, the da	ate and amount of the	grant, and a b	rief di 	escription of the

<u> </u>	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	. 179.	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	11/20	13.00 14.00 14.00	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		1.7.
	If 'Yes,' please describe; if 'No,' please explain (If you need more space, attach a separate statement)	が変え	是是	\$ 15. S
				数で
	Does the organization maintain the following. a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a	ğ./	2
	 Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 	32 b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)	1. 11.45		*.
		- 17 18 18 18 18 18 18 18 18 18 18 18 18 18		NA.
33	Does the organization discriminate by race in any way with respect to.			
;	a Students' rights or privileges?	33 a	. 10 1	
ı	b Admissions policies?	33 b		ļ
(c Employment of faculty or administrative staff?	33 c		
(d Scholarships or other financial assistance?	33 d		
•	e Educational policies?	33 e		
f	Use of facilities?	33 f		_
ç	g Athletic programs?	33 g		
ł	Other extracurricular activities?	33 h	<u> </u>	.3.0
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)	THE PARTY		
				,,-
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
Ь	Has the organization's right to such aid ever been revoked or suspended?	34 b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement	Trible Control	1 0 2 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1, 200
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation	35	a bi	

-	- A (1) A		<u> </u>						
Pai	rt VI-A	(To be comple	xpenditures by Eleted ONLY by an eligible	ecting Public Chari organization that filed f	i ties (See 11 Form 5768)	nstructions)		N/A
Che	ck ► a	if the organ	ization belongs to an aff	filiated group. Check	(b)	f you chec	ked 'a' and 'lim	ited cont	rol' provisions apply
	<u> </u>		Limits on Lobbying	g Expenditures	<u></u>		(a) Affiliated total	group	(b) To be completed for all electing organizations
36	Total lob			_ 		36	 		Organizations
37			· ·	(3		37	+		
38			ures (add lines 36 and 3	• •	/iiig/	38			
39			,	<i>5,</i> ,		39			
40									
41			mount, Enter the amoun	•	Α	\ \S\(\frac{\sqrt{\sq}}}}}}}}}}}}}} \sqirat\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}\sq}}}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{	\$ 25 NO 102E	1	188 18 2 4 KG 18 18 19
٠,	, ,	ount on line 4		lobbying nontaxable a					
		\$500,000		6 of the amount on line		7 kšë	1 60° C. T. T. T. T. T. T. T. T. T. T. T. T. T.		
		000 but not over \$		0,000 plus 15% of the excess		1577			经验证
		0,000 but not over		,000 plus 10% of the excess of		1 1		,,	
		0,000 but not over		,000 plus 5% of the excess o			4- 57-25	F (1) (1) (1) (1)	
		7,000,000		000,000					1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
42			amount (enter 25% of li	·	,	42			
43			ne 36 Enter -0- if line 4	•		43			
44	Subtract	line 41 from lir	ne 38. Enter -0- if line 4	1 is more than line 38		44			
	Caution:	If there is an a	amount on either line 43	or line 44, you must fil	e Form 4720) PECS	4 F. W. M. B. S. E.	1,250	[3] A. M. M. M. M. M. M. M. M. M. M. M. M. M.
		(Some orga	inizations that made a s	ee the instructions for li	o not have to nes 45 throu	o complete gh 50)	all of the five		below.
				Lobbying Expen	ditures Duri	ng 4 •Year	Averaging Per	riod	·
	Calendar (or fiscal beginnin	year	(a) 2006	(b) 2005	(c 200		(d) 2003	B	(e) Total
45	Lobbying amount	nontaxable							
46	Lobbying co	eiling amount ine 45(e))		The said of the said					
47 - 	Total lob								
48	Grassroo taxable a							- .	
49	Grassroots (150% of I	ceiling amount ne 48(e))				では、から			
_	expenditu								
Part	· VI-Β [_obbying A e For reporting o	ctivity by Nonelect only by organizations tha	ing Public Charitie at did not complete Part	s VI-A) (See ı	nstructions	s.)		
Durin	ng the year	r, did the organ	nization attempt to influe inion on a legislative ma	ence national, state or lo	ocal legislation	on, includir	ng any Y	es No	Amount
a	Volunteer	'S					-	x	
		-	nt (Include compensation	n in expenses reported	on lines c th	nrough h.)		- x	
		vertisements	(morade compensatio	iii expenses reporteu	on anos e ti	oug., 11./		x	
			gislators, or the public				 	- x	
	_		ed or broadcast stateme	nts			 	X	
		•	itions for lobbying purpo				. -	x	
		-	ators, their staffs, gover		uslative body	v	·	X	
_		-	-	speeches, lectures, or				X	

15 613 62 B

i Total lobbying expenditures (add lines c through h.)

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did th of the	e reporting organization Code (other than section	directly or in 501(c)(3)	ndirectly engage	e in any of the	following 27. relatir	y with any other organi	ınızatıon describe zatıons?	d in section	501(c)
	fers from the reporting or		-						Yes	No
(i) C		34						51a (i)		x
• • •	ther assets		•			•		a (ii)		Х
b Other	transactions									
(i)Sa	ales or exchanges of ass	ets with a n	oncharitable ex	empt organiza	tion		• •	b (t)		х
(II)PI	urchases of assets from	a noncharita	able exempt org	anization .				b (ii)		х
	ental of facilities, equipm			•		•		b (iii)		X
(iv)Re	eimbursement arrangeme	ents .						b (iv)		X
(v)Lo	oans or loan guarantees							b (v)		х
(vi)Pe	erformance of services or	r membersh	ip or fundraisin	g solicitations				b (vi)		X
c Sharin	ig of facilities, equipment	t, mailing lis	sts, other assets	s, or paid emp	loyees			С		Х
d If the a the go any tra	answer to any of the abo ods, other assets, or ser ansaction or sharing arra	ve is 'Yes,' vices given ingement, s	complete the fo by the reporting how in column	illowing sched g organization (d) the value o	ule. Colur If the ore of the goo	mn (b) should alway ganization received ids, other assets, or	s show the fair m less than fair ma services received	arket value rket value ir I	of 1	-
(a) Line no	(b) Amount involved	i	(c) noncharitable				(d) ifers, transactions, an			s
										
										
							<u></u>			····
		<u> </u>								
describ	organization directly or in sed in section 501(c) of the complete the following	he Code (ot	liated with, or re her than section	elated to, one n 501(c)(3)) oi	or more t	tax-exempt organiza on 527? .	tions	► ☐ Ye	s X	No
<u> </u>	(a)		 	(b)	T		(c)			
	Name of organization		Type o	of organization		Des	scription of relation	nship		
										
			-							
		· · · · · · · · · · · · · · · · · · ·								
200				···			Sabadula A (Far	000 00	- F-7:	0000
400										

2006

	1
Name as Shown on Return	Employer Identification No
NEW YORK ROWING ASSOCIATION	14-1892504

Compensation

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Thomas Curry	63,706.	50,965.	12,741.	0.
Total Compensation Received	63,706.	50,965.	12,741.	0.

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans				

Expense Account and Other Allowances

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Total Expense Account and Other Allowances				
Total to Part II, Line 25a	63,706.	50,965.	12,741.	0.

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
Web Site	1,224.	1,224.	0.	0.	
Fundraising Expense	35,357.	0.	0.	35,357.	
Total	36,581.	1,224.	0.	35,357	

Supporting Statement of:

Form 990 p 4/Line 64b, column (B)

Description	Amount
Line of credit	247,500.
Total	247,500.