# Return of Organization Exempt From Income Tax

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

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Go to www.irs.gov/Form990 for instructions and the latest information.

mterr	iai i ieve	ide Service			opoduo			
<u>A F</u>	or the	e 2023 calendar year, or tax year beginning and e	ending					
	heck if pplicable			D Employer identific	eation number			
	Addre chang	ROCKING THE BOAT, INC.						
	Name chang			13-417783	L4			
	]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final return			(718) 466-5799				
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	5,696,233.			
	Amen return	BRONA, NI 10474		H(a) Is this a group re	turn			
	Application	F Name and address of principal officer: I HOM I HACKER		for subordinates	? Yes X No			
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
<u> 1 1</u>	ax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	r 527	If "No," attach a	list. See instructions			
<u>ا</u> ل	Vebsi	te: WWW.ROCKINGTHEBOAT.ORG		H(c) Group exemption	n number			
		organization: X Corporation Trust Association Other	L Year	of formation: 1996 N	<b>I</b> State of legal domicile: $NY$			
Pa	art I	Summary						
•	1	Briefly describe the organization's mission or most significant activities: ${\color{red}{{\bf TRADI}}}$			TBUILDING,			
Governance		ROWING, SAILING, ENVIRONMENTAL RESEARCH AN	ND RES	TORATION.				
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass				
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	12			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			12			
Activities &	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	80			
Ϋ́È	6	Total number of volunteers (estimate if necessary)		6	18			
ĆĖ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
Φ	8	Contributions and grants (Part VIII, line 1h)		3,011,591.	4,817,727.			
nue	9	Program service revenue (Part VIII, line 2g)		76,487.	83,459.			
Revenue	I	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		43,721.	69,788.			
<u></u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		16,038.	12,886.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,147,837.	4,983,860.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		9,000.	17,000.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $$		2,074,058.	1,852,024.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	30,000.			
ж	b	Total fundraising expenses (Part IX, column (D), line 25) 411,92		1 222 222	1 100 111			
Ш	۱''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,038,283.	1,403,114.			
	l	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,121,341.	3,302,138.			
		Revenue less expenses. Subtract line 18 from line 12		26,496.	1,681,722.			
Net Assets or			Re	ginning of Current Year	End of Year			
sset	20	Total assets (Part X, line 16)		6,380,080.	8,360,307.			
at A	21	Total liabilities (Part X, line 26)		714,083.	677,961.			
Ž.	22	Net assets or fund balances. Subtract line 21 from line 20		5,665,997.	7,682,346.			
	art II	Signature Block			Lorentz de la condita Part Seta			
	•	Ities of perjury, I declare that I have examined this return, including accompanying schedules a		•	knowledge and belief, it is			
true,	correc	rt, and complete. Declaration of preparer (other than officer) is based on all information of which	cn preparer	nas any knowledge.				
٥.		Signature of officer		I Date				
Sigi				Duto				
Her	е	THOM THACKER, PRESIDENT Type or print name and title						
			<b>4</b>	Date Check	PTIN			
Do:-	ı	Print/Type preparer's name  MIKE SCHALL  MIKE SCHALL		9/16/24 of self-employe				
Paid			7 1		1-2950760			
	arer	1010 1010	<u>.</u>	FIRM'S EIN O	1-4330700			
use	Only	Firm's address 1040 AVENUE OF THE AMERICAS-16TH   NEW YORK, NY 10018	г·П	Dhara 21	2-268-2804			
N/-	, +b = "	RS discuss this return with the preparer shown above? See instructions		I Priorie no.∠⊥.				
ıvıa\	ıne II	no discuss this return with the preparer shown above? See instructions			X Yes Mo			

Total program service expenses

	·		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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	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,			37
	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			. v
_	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?			X
40	If "Yes," complete Schedule D, Part IV	9		^
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	Х	
11	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	25	
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	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		Х
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		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	441		x
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		45		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		125
10	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,	···		<del> </del>
''	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		20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes " complete Schedule I, Parts I and II	21		X

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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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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? If			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		х
29	"Yes," complete Schedule L, Part IV	29	Х	
30	Did the organization receive more than \$25,000 in honcash contributions? It "yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance	30	21	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	1

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0.0			
	filed for the calendar year ending with or within the year covered by this return	2a	80	01-	v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	_X_	х
				3a 3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		ty over a	30		
44	At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		x
h	If "Yes," enter the name of the foreign country	ccouri	9:	<del></del> a		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	ccount	s (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a						
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	X	
				7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs requ	iired			l
	to file Form 8282?	I	 I	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		37
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		:?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		20 10	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations contributions maintaining donor advised funds. Did a donor advised fund maintained			7h		
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	Dy tile	5	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the appropriate agreement of the propriation and the propriation of the propriation and the propriatio			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		i			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	I	) 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			10-		
а	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.			13a		
b						
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Form 990 (2023) ROCKING THE BOAT, INC.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			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			
	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 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	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		X
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			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	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, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	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	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
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 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ADAM GREEN - (718) 466-5799			
	812 EDGEWATER ROAD BRONX NY 10474			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List 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.

(A)	(B)	J	inzu		C)	ірсі	ioati	(D)	(E)	(F)
Name and title	Average	(do		Pos heck		l than d	one	Reportable	Reportable	Estimated
	hours per week					s both		compensation	compensation from related	amount of other
	(list any	tor						from the	organizations	compensation
	hours for	r direc				ted		organization	(W-2/1099-MISC/	from the
	related	stee	truste		a)	pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) ADAM GREEN	35.00	_	_			1 0				-
FOUNDER & E.D.				Х				158,595.	0.	36,076.
(2) JAYE POCKRISS	35.00									
SR DIR-DEV & OPS						Х		127,500.	0.	7,710.
(3) THOM THACKER	1.00									
PRESIDENT		Х		X				0.	0.	0.
(4) DEMETRIS GIANNOULIA	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) ELIZABETH MACK	1.00								_	_
VICE PRESIDENT		Х		Х				0.	0.	0.
(6) SINEAD STRAIN	1.00	1								
SECRETARY	1 00	Х		X				0.	0.	0.
(7) ANTONIO RAMOS	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(8) CARLA MURPHY	1.00	ļ								•
DIRECTOR	1 00	Х						0.	0.	0.
(9) TAJI RILEY	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(10) JOHN RYAN	1.00	.,							0	•
DIRECTOR	1 00	Х						0.	0.	0.
(11) PETER WRIGHT	1.00	<b>.</b> ,							0	0
DIRECTOR (12) TENNITEED CALVIN	1.00	Х						0.	0.	0.
(12) JENNIFER GALVIN DIRECTOR	1.00	Х						0.	0.	0.
(13) STEVE SMITH	1.00	Λ						0.	0.	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0.
(14) PHILLIP GRANT	1.00	72						•	0.	<u></u>
DIRECTOR	1.00	Х						0.	0.	0.
(15) STACIE HOFFMEISTER (THRU 3/23)	1.00							•	•	•
DIRECTOR	100	х						0.	0.	0.
(16) JOHN PETRILLO (THRU 3/23)	1.00	T-								
DIRECTOR		х						0.	0.	0.
(17) FROSTY MONTGOMERY (THRU 3/23)	1.00	<u> </u>								
DIRECTOR		Х						0.	0.	0.
332007 12-21-23	•		•	•	•	•	•	•		Form <b>990</b> (2023)

Form **990** (2023)

Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hiç	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average	(do		Posi		<b>)</b> than c	ne	Reportable	Reportable		Es	stimate	ed
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	n	ar	nount	of
	week		cer an	id a di	recto	r/trus	ee)	from	from related			other	
	(list any	rector						the	organization			pensa	
	hours for related	or di	ee ee			ated		organization	(W-2/1099-MIS			om th	
	organizations	ustee	trust		e e	Suedic		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)			anizat d relat	
	below	dual t	rtio na	_	nploy	st cor	-	10001420)				anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				3-		
-													
								206 005		0.		2 7	06
1b Subtotal								286,095.		0.	- 4	3,78	0.
c Total from continuation sheets to Part VI								286,095.		0.	1	3,7	
d Total (add lines 1b and 1c)								•	000 of reportable		4	5,7	00.
2 Total number of individuals (including but no	ot iimitea to tri	ose	iiste	u ab	ove	e) WII	) le	eceived more than \$100,	ooo or reportable	9			2
compensation from the organization												Yes	No
3 Did the organization list any <b>former</b> officer,	director truste	مم اد	(AV 6	mnl	OVA	e or	hia	thest compensated empl	ovee on				
line 1a? If "Yes," complete Schedule J for si			-	-	-		_	•	•		3		Х
4 For any individual listed on line 1a, is the su								ner compensation from the			j		
and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com											5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co										pensat	tion fro	om	
the organization. Report compensation for t	the calendar ye	ear e	ndir	ng w	ith c	or wi	hin T		ear.				
(A) Name and business	address							( <b>B)</b> Description of s	ervices	С	<b>))</b> eamo	ز) nsatio	n
YOUR PART-TIME CONTROLLER		WA	LN	UT							•		
STREET #1200, PHILADELPHI							į	ACCOUNTING S	ERVICES		18	2,8	88.
2 Total number of independent contractors (in \$100,000 of compensation from the organize	•	ot lin	nited	to t	thos 1		ted	above) who received mo	ore than				

		Check if Schedule O contains a response or	note to any line	e in this Part VIII			
		Check ii Ochedule o contains a response of	Tioto to arry in t	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
nts ts	1 a	Federated campaigns 1a					
irai our	b	Membership dues 1b					
Ĕ,	С	Fundraising events 1c 6	45,111.				
##	d	Related organizations1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions) 1e 3	82,958.				
Sis	f	All other contributions, gifts, grants, and					
uţi Je	•		89,658.				
를 클			38,263.				
o d	9	<u> </u>		4,817,727.			
OB	n	Total. Add lines 1a-1f		4,01/,/4/.			
		<u></u>	Business Code	00 450	00 450		
e	2 a	FEE FOR SERVICE	900099	83,459.	83,459.		
ē Ž	b						
S	С						
an eye	d						
Be	е						
Program Service Revenue	f	All other program service revenue					
_				83,459.			
-		Total. Add lines 2a-2f		03,433.			
	3	Investment income (including dividends, interest		00 202			00 202
		other similar amounts)		80,283.			80,283.
	4	Income from investment of tax-exempt bond pro	ceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	ı a	E 4 E 0 C 4	(ii) Other				
	_	-					
	b	Less: cost or other basis					
Jue		and sales expenses 76 555,859.					
Revenue	С	Gain or (loss) 7c -10,495.					
Re	d	Net gain or (loss)		-10,495.			-10,495.
ē	8 a	Gross income from fundraising events (not					
₹		including \$ 645,111. of					
_		contributions reported on line 1c). See					
			.56,514.				
	h	· · · · · · · · · · · · · · · · · · ·	56,514.				
			.50,514.	0.			
		Net income or (loss) from fundraising events		0.			
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
$\neg$			Business Code				
ns	11 ~	<b>⊢</b>	900099	12,886.			12,886.
e e	ıı a		200033	12,000.			14,000
Miscellaneous Revenue	b						
Se Se	С						
Mis	d	All other revenue		10.00			
$\perp$	е	Total. Add lines 11a-11d		12,886.			
	12	Total revenue See instructions		4 983 860.	83 459.	0.	82 674.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 17,000. 17,000. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 148,537. 185,672. 9,284. 27,851. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,285,447. 1,173,369. 11,602. 100,476. 7 Pension plan accruals and contributions (include 26,458. 21,550. 64 4,844. section 401(k) and 403(b) employer contributions) 190,696. 234,056. 43,360. Other employee benefits 9 120,391. 97,995. 499. 21,897. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 218,729. 218,729. Accounting Lobbying 30,000. 30,000. Professional fundraising services. See Part IV, line 17 23,077. 23,077. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 255,026. 202,319. 7,385. 45,322. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 41,492. 10,803. 6,616. 24,073. 13 Office expenses 103,779. 82,380. 3,178. 18,221. Information technology 14 Royalties 15 75,735. 75,735. 16 Occupancy 66,727. 60.343. 2,438. 3,946. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 8,623. 8,623. 20 Payments to affiliates 21 133,807. 133,807. Depreciation, depletion, and amortization 22 51,947. 45,598. 6,349. 23 Other expenses. Itemize expenses not covered 24 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 O.) 91,277. 29,497. 434. 61,346. FOOD REPAIRS & MAINTENANCE 90,589. 90,440. 149. 69,114. 71,674. 2,560. EQUIPMENT 35,203. 66,614.16,153. d OTHER EXPENSES 15,258. 104,018. 88.125. 3,276. 12,617. e All other expenses \_ 3,302,138. 2,581,134. 309,084. 411,920. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			378,351.	1	109,879.
	2	Savings and temporary cash investments			714,884.	2	1,592,044.
	3	Pledges and grants receivable, net			341,982.	3	1,379,283.
	4	Accounts receivable, net			40,576.	4	37,600.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit	ied pers				
		under section 4958(f)(1)), and persons described	l in sect	ion 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			8		
¥	9	5			28,060.	9	30,101.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,345,499.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	2,643,514.	10c	2,515,573.		
	11	Investments - publicly traded securities		2,226,026.	11	2,686,832.	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			6,687.	15	8,995.
	16	Total assets. Add lines 1 through 15 (must equa			6,380,080.	16	8,360,307.
	17	Accounts payable and accrued expenses		l l	93,383.	17	145,920.
	18	Grants payable		18	0.710		
	19	Deferred revenue				19	2,718.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
ia Ei		controlled entity or family member of any of thes	-		620,700.	22	529,323.
_	23	Secured mortgages and notes payable to unrela		·	020,700.	23	549,343.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines					
		·	,	· 1		OE.	
	26	of Schedule D  Total liabilities. Add lines 17 through 25			714,083.	25 26	677,961.
	20	Organizations that follow FASB ASC 958, che	ck hore	X	711,003.	20	011,501.
Se		and complete lines 27, 28, 32, and 33.	CK HEIC				
Š	27				3,966,610.	27	4,661,947.
3ala	28			1,699,387.	28	3,020,399.	
Ē		Organizations that do not follow FASB ASC 9					3,020,000
Ξ		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 ed				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32				5,665,997.	32	7,682,346.
	33				6,380,080.	33	8,360,307.
							200

Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,98		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,30		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,68	<u>1,7</u>	<u>22.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,66	5,9	<u>97.</u>
5	Net unrealized gains (losses) on investments	5	33	4,6	27.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	7,68	2,3	46.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	•			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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

332012 12-21-23

#### **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.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

**Employer identification number** Name of the organization ROCKING THE BOAT, INC. 13-4177814 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes 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.)

Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	2911181.	3657239.	3098510.	3011591.	4817727.	17496248.			
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	2911181.	3657239.	3098510.	3011591.	4817727.	17496248.			
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)						2203449.			
6	Public support. Subtract line 5 from line 4.						15292799.			
Sec	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
7	Amounts from line 4	2911181.	3657239.	3098510.	3011591.	4817727.	17496248.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	30,508.	25,907.	22,085.	43,721.	80,283.	202,504.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)			69.	16,038.	12,886.				
11	<b>Total support.</b> Add lines 7 through 10						17727745.			
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	329,269.			
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)				
	organization, check this box and stop									
	tion C. Computation of Publi									
	Public support percentage for 2023 (I					14	86.26 %			
	Public support percentage from 2022					15	92.90 %			
16a	33 1/3% support test - 2023. If the c									
	<b>stop here.</b> The organization qualifies									
b	33 1/3% support test - 2022. If the contract the support test - 2022 is the contract t									
47.	and <b>stop here.</b> The organization qual									
1/a	10% -facts-and-circumstances test	_								
	and if the organization meets the fact			-		_				
L	meets the facts-and-circumstances te	-	•	• • •	-	Zo and line 15 in				
α	10% -facts-and-circumstances test	_					10% Or			
	more, and if the organization meets the				-					
10	organization meets the facts-and-circu				•					
ΙĞ	Private foundation. If the organization	n dia not check a l	oux on line 13, 16a	a, 100, 17a, 0r 17b	, check this box at	iu see instructions	<u> </u>			

# Schedule A (Form 990) 2023 ROCKING THE BOAT, INC. 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	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
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.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	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						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on  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 fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	<b>2022</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	<b>33 1/3% support tests - 2022.</b> If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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		
За		
3b		
SD		
-		
3с		
4a		
4b		
4c		
5a		
- Ou		
Eh		
5b		
5c		
6		
7		
•		
C		
8		
9a		
9b		
9с		
10a		
iva		
46.		
10b		

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
Sect	ction 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 or	fficers,		
	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 supporting organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	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		
Sect	ction C. Type II Supporting Organizations			
			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			
	the supported organization(s).	1		
Sect	ction 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			
800	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		
Seci				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
а				
b				
C	5 The gradual of the state of the stat	tity (see instructior	l ' l	NI.
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	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	2a		
b	that these activities constituted substantially all of its activities.  Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	24		
IJ	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.	20		
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	32		
	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) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualif	ying trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations m		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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-function	nally integrated	d Type III supporting orga	ınization (see

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023 ROCKING THE BOAT, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) 13-4177814 Page 7

Sect	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D,			
line 7: \$			
Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

# Schedule B

# **Schedule of Contributors**

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Employer identification number

R	ROCKING THE BOAT, INC.	13-4177814				
<b>Organization type</b> (check	one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.				
General Rule						
•	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total ny one contributor. Complete Parts I and II. See instructions for determining a contribute	• • • • • • • • • • • • • • • • • • • •				
Special Rules						
sections 509(a)(1 contributor, durir	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on EZ, line 1. Complete Parts I and II.	and that received from any one				
contributor, durir literary, or educa	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the year, total contributions of more than \$1,000 exclusively for religious, charitable, ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (b) instead of the contributor name and address), II, and III.	scientific,				
year, contributior is checked, enter purpose. Don't c	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
answer "No" on Part IV, lir	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-ing requirements of Schedule B (Form 990).	*				

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

Name of organization Employer identification number

# ROCKING THE BOAT, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$300,000.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>155,000.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$147,354.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, audi ess, and ZIF + 4	\$ <u>1,500,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>120,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>127,740.</u>	Person X Payroll

Name of organization Employer identification number

# ROCKING THE BOAT, INC.

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

Name of organization Employer identification number

# ROCKING THE BOAT, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization Employer identification number ROCKING THE BOAT, 13-4177814 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **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

ROCKING THE BOAT, INC.

**Employer identification number** 13-4177814

Pa	rt I	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		0.0000000000000000000000000000000000000	(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2		egate value of contributions to (during year)		
3		egate value of grants from (during year)		
4		egate value at end of year		
5		ne organization inform all donors and donor advisors in v	vriting that the assets held in donor advis	sed funds
	are th	e organization's property, subject to the organization's	exclusive legal control?	Yes No
6		ne organization inform all grantees, donors, and donor ac		
	for ch	aritable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
		missible private benefit?		Yes No
Pa	rt II	Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpo	ose(s) of conservation easements held by the organization	on (check all that apply).	
		Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a historically important land area
		Protection of natural habitat	Preservation of	f a certified historic structure
		Preservation of open space		
2		olete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	
		f the tax year.		Held at the End of the Tax Year
а	Total	number of conservation easements		2a
b	Total	acreage restricted by conservation easements		2b
С	Numb	per of conservation easements on a certified historic stru	cture included on line 2a	2c
d		per of conservation easements included on line 2c acqui		
		nistoric structure listed in the National Register		
3	Numb	per of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year			
4		per of states where property subject to conservation eas	•	
5		the organization have a written policy regarding the peri	• • • • • • • • • • • • • • • • • • • •	
		ions, and enforcement of the conservation easements it		
6	Staff	and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con	servation easements during the year
7		 unt of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserve	ation assembnts during the year
'	AIIIOU	int of expenses incurred in monitoring, inspecting, name	ing or violations, and emorcing conserva	tion easements during the year
8	Does	each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	n)(4)(B)(i)
	and s	ection 170(h)(4)(B)(ii)?		Yes No
9		rt XIII, describe how the organization reports conservation		
	balan	ce sheet, and include, if applicable, the text of the footne	ote to the organization's financial statem	ents that describes the
		ization's accounting for conservation easements.		
Pa	rt III	Organizations Maintaining Collections of		ther Similar Assets.
		Complete if the organization answered "Yes" on Form		
1a	If the	organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sheet works
		, historical treasures, or other similar assets held for pub	, ,	•
		e, provide in Part XIII the text of the footnote to its finan		
b		organization elected, as permitted under FASB ASC 958		
	art, hi	storical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	•	de the following amounts relating to these items.		
		evenue included on Form 990, Part VIII, line 1		
				·
2		organization received or held works of art, historical trea		al gain, provide
		ollowing amounts required to be reported under FASB AS	•	
а		nue included on Form 990, Part VIII, line 1		
b	Asset	s included in Form 990, Part X		\$

	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Similar	Assets	continu	ed)
3	Using the organization's acquisition, accession						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	collection items (check all that apply).	•	•	•				
а	Public exhibition	d	Loan or excl	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	empt purpos	e in Part	XIII.	
5	During the year, did the organization solicit or	receive donations o	f art, historical treas	sures, or other simila	ar assets			
	to be sold to raise funds rather than to be ma					$\square$	Yes	☐ No
Pai	t IV Escrow and Custodial Arrang						ne 9, or	
	reported an amount on Form 990, Par		_					
1a	Is the organization an agent, trustee, custodia	an, or other intermed	iary for contribution	s or other assets no	t included			
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a							
	· · ·	•	-				Amount	
С	Beginning balance				1c			
d	Additions during the year							
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fo						Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation has been i	orovided in Part XIII				
Par	t V Endowment Funds Complete if	the organization ans	wered "Yes" on For	m 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	2,254,285.	2,225,590.	1,665,868.	1,5	21,822.	1,2	41,500.
	Contributions		391,626.	384,333.	4	40,153.	1	.03,632.
	Net investment earnings, gains, and losses	211,387.	-321,003.	236,832.	10	03,893.	1	76,690.
	Grants or scholarships							
	Other expenditures for facilities							
	and programs	1,084,272.	41,928.	61,443.				
f	Administrative expenses							
	End of year balance	1,381,400.	2,254,285.	2,225,590.	1,60	65,868.	1,5	21,822.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)	) held as:	•		•	
а	Board designated or quasi-endowment	.0000	%	,				
b	Permanent endowment 100	%	_					
С	Term endowment	<del></del> %						
	The percentages on lines 2a, 2b, and 2c show	ıld equal 100%.						
За	Are there endowment funds not in the posses	ssion of the organizat	tion that are held an	d administered for	the			
	organization by:							es No
	(i) Unrelated organizations?						3a(i)	X
	*** - · · · · · · · -						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		vment funds.					
Par	t VI Land, Buildings, and Equipm	ent						
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part >	(, line 10.			
	Description of property	(a) Cost or of basis (investm		' '	Accumulate epreciation	d	(d) Book	value
1a	Land		35	8,412.			358	,412.
	Buildings			7,089.	135,81	.5.		,274.
С	Leasehold improvements				270,36		1,436	
	Equipment			6,509.	169,32			,185.
	Other		26	6,645.	254,42		12	,224.
Total	. Add lines 1a through 1e. (Column (d) must ee	gual Form 990. Part )	K. line 10c. column	(B))			2,515	$,\overline{573}$

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 ROCKING THE	BOAT,	INC.	1	3-4177814	Page
Part VII Investments - Other Securities  Complete if the organization answered "Yes" of	on Form 990	) Part IV line	e 11h See Form 990 Part X line 12		
(a) Description of security or category (including name of security)		ok value	(c) Method of valuation: Cost or e	nd-of-year market v	/alue
(1) Financial derivatives	. ,				
(2) Closely held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes" of	on Form 990	, Part IV, line	e 11c. See Form 990, Part X, line 13.		
(a) Description of investment	<b>(b)</b> Boo	ok value	(c) Method of valuation: Cost or e	nd-of-year market v	/alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))					
Part IX Other Assets					
Complete if the organization answered "Yes" of		, Part IV, line	e 11d. See Form 990, Part X, line 15.		
(a)	Description			(b) Book va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, line 15, col.	<u>. (B))</u>				
Part X Other Liabilities  Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and the or	on Form 990	). Part IV. line	e 11e or 11f. See Form 990. Part X. line 2		
1. (a) Description of liability		,,, , , , , , , , , , , , , , , , , , ,		(b) Book va	alue
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					
(6)					

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

(7) (8) (9)

Par	t XI Reconciliation of Revenue per Audited Financial Statem	nents With I	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,387,464.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		334,627. 92,054.		
b	Donated services and use of facilities		92,054.	-	
С	Recoveries of prior year grants	2c		-	
d	Other (Describe in Part XIII.)	2d			406 601
	Add lines 2a through 2d			2e	426,681.
3	Subtract line 2e from line 1			3	4,960,783.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	22 077		
a	Investment expenses not included on Form 990, Part VIII, line 7b		23,077.	-	
b	Other (Describe in Part XIII.)			4.	23 077
	Add lines 4a and 4b			4c 5	23,077. 4,983,860.
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  rt XII   Reconciliation of Expenses per Audited Financial State	ments With	Expenses per F		<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		_xpoi.iooo poi .		•
1	T			1	3,371,115.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				0,0,1,110
– a	Donated services and use of facilities	2a	92,054.		
b	Prior year adjustments				
c	Other losses				
d	Other (Describe in Part XIII.)	1 1			
	Add lines 2a through 2d			2e	92.054.
3	Subtract line 2e from line 1			3	92,054. 3,279,061.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				0,2/0,0020
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	23,077.		
	Other (Describe in Part XIII.)		23,077	-	
	Add lines 4a and 4b			4c	23,077.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,302,138.
	rt XIII Supplemental Information				0,00=,=00:
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b	and 2b; Part V, line 4	; Part >	(, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac				
PAR	RT V, LINE 4:				
THE	E BOARD DESIGNATED FUND WAS ESTABLISHED TO	O PROVII	E RESERVES	FOI	R THE
ORG	GANIZATION'S ON-GOING OPERATIONS. DURING	THE YEA	R ENDED DE	CEMI	BER 31,
<u> 202</u>	23, THE BOARD REMOVED THE BOARD DESIGNATION	ON FROM	THE BOARD	DES:	IGNATED
FUN	ID AND RELEASED THE CASH AND INVESTMENTS	INTO THE	OPERATING	FUI	ND.
mit.	PONOR REGERTAMEN ENDOUMENM CONGIGMS OF I		UED DOMARIO	NTC	
THE	E DONOR RESTRICTED ENDOWMENT CONSISTS OF I	RESTRICT	ED DONATIO	NS :	THAT THE
OBC	NANTZAMION IC HOLDING IN DEDDEMILIMY MUE:	TNCOME E	ים או שעדכים	ONTO I	<b>5</b>
ORG	SANIZATION IS HOLDING IN PERPETUITY. THE	INCOME F	ROM THIS D	ONO	X
פים א	STRICTED ENDOWMENT FUND CAN BE USED TO SUI	יד יהמ⊘מפ	S GENERAL	Орші	RATTONS
2رىدىد	SINTELED ENDOWMENT LOND CWN DE OBED 10 201	TIONI II	NATION OF	OF EI	WITTOND.
PAR	RT X, LINE 2:				

ROCKING THE BOAT DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY

Schedule D (Form 990) 2023 ROCKING THE BOAT, INC.	13-4177814 Page 5
Part XIII Supplemental Information (continued)	<u> </u>
MATERIAL, UNCERTAIN TAX POSITIONS. TAX FILINGS FOR PERIODS	ENDING DECEMBER
31, 2020 AND LATER ARE SUBJECT TO EXAMINATION BY APPLICABLE	TAXING
AUTHORITIES.	
	-

#### **SCHEDULE G** (Form 990)

Department of the Treasury

#### **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

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number ROCKING THE BOAT, INC. 13-4177814 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. X Mail solicitations е Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations X Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes 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) MARA TUCKER - 90 LA SALLE Yes No STREET 7F, NY, NY 10027 FUNDRAISING Х 801,625 30,000 771,625. 801,625, 30,000. 771 625. 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.

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	-EZ, ilnes i and 60. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			ROC. MANH.	SPRING GALA		col. (c)
ø.			(event type)	(event type)	(total number)	001. <b>(C</b> ))
Revenue				004 050		004 505
že	1	Gross receipts	569,667.	231,958.		801,625.
_	2	Less: Contributions	471,505.	173,606.		645,111.
	Ī		,	, , , , , ,		,
	3	Gross income (line 1 minus line 2)	98,162.	58,352.		156,514.
	4	Cash prizes				
	5	Noncash prizes				
S	3	Noncasii prizes				
Direct Expenses	6	Rent/facility costs	11,354.	3,904.		15,258.
ăxi				-		
ect I	7	Food and beverages				
۵						
		Entertainment	06.000	F 4 4 4 0		141 056
		Other direct expenses	86,808.	54,448.		141,256.
		Direct expense summary. Add lines 4 through	( )			156,514.
Pa	rt I	Net income summary. Subtract line 10 from li  Gaming. Complete if the organization a				0.
		\$15,000 on Form 990-EZ, line 6a.	anoworda roo orrrom		roportod moro triari	
4			(a) Pingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Seve						
-	1	Gross revenue				
	•	Cook prizes				
ses	2	Cash prizes				
cent	3	Noncash prizes				
Direct Expenses	Ŭ	The floatest prizes				
rect	4	Rent/facility costs				
⊡						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No No	
	_	Disease and a second and a second and a second as a	- F in a share (al)			
	′	Direct expense summary. Add lines 2 through	1 5 in column (a)			
	g	Net gaming income summary. Subtract line 7	from line 1 column (d)			
		Not garning income summary. Subtract line r	mont line 1, column (a)			
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	the organization licensed to conduct gaming ac	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
	_					
	_					
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·		/ear?	Yes No
b	it "	Yes," explain:				

Sch	edule G (Form 990) 2023 ROCKING THE BOAT, INC.	<u>. 1 / /</u>	<u>014</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	O 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:			
а	The organization's facility	13a	<u> </u>	%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	s the organization required under state law to make charitable distributions from the gaming proceeds to			
-	retain the state gaming license?		Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
~	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	t III. lir	nes 9. 1	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	(Form 990)	ROCKING T	HE BOAT,	INC.	13-4177814	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued	()			

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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

Open to Public Inspection

**Employer identification number** 

ROCKING T	HE BOAT,	INC.					13-4177814
Part I General Information on Grants a	nd Assistance					_	
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on .
criteria used to award the grants or assis	stance?						No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to					anization answered "Y	'es" on Form 990, Part	IV, line 21, for any
recipient that received more than s	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.			
Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organizations</li> </ul>	-	•	e line 1 table				

(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 assistanc
OLARSHIPS TO INDIVIDUALS	11	17,000.	. 0.	FAIR MARKET VALUE	
		,			
rt IV Supplemental Information. Provide the informati	ion required in Part I, lin	e 2; Part III, column	ı (b); and any other ac	Iditional information.	
RT I, LINE 2:					
CKING THE BOAT MONITORS THE G	RANT FUNDS R	ECEIVED AN	ND DISBURSE	D.	

### **SCHEDULE J** (Form 990)

Part I

**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.

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

OMB No. 1545-0047

Open to Public

Inspection

ROCKING THE BOAT INC. 13-4177814 **Questions Regarding Compensation** 

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	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		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	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:			
	The organization?	<u>5a</u>		X
b	Any related organization?	5b		X
	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:			7.7
	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	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		

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

Schedule J (Form 990) 2023

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.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ADAM GREEN	(i)	158,595.	0.	0.	10,004.	26,072.	194,671.	0.
FOUNDER & E.D.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
_	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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** 

	ROCKING THE	BOAT,	INC.		13-4	1778	14	
Pai	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X		38,263.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (							
29	Number of Forms 8283 received by the organi	ization durinç	the tax year for co	ontributions				
	for which the organization completed Form 82	283, Part V, D	onee Acknowledg	ement <b>29</b>				
						Y	'es	No
30a	During the year, did the organization receive b	-	• • • • •	•				
	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period	?				30a		<u>X</u>
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribut	ions?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

Schedule M	(Form 990) 2023 ROCKING THE BOAT,	INC.	13-4177814 Page 2
Part II	<b>Supplemental Information.</b> Provide the inform is reporting in Part I, column (b), the number of contribution part for any additional information.	mation required by Part I, lines 30b, 32b, an butions, the number of items received, or a	d 33, and whether the organization combination of both. Also complete

### SCHEDULE O (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.

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ROCKING THE BOAT, INC.

Employer identification number 13-4177814

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ROCKING THE BOAT PARTICIPANTS DEVELOP PRIDE, PURPOSE, AND POSSIBILITY BY LEARNING THE UNIQUE AND LIFELONG SKILLS BEHIND BUILDING AND ROWING WOODEN BOATS, SAILING, AND RESTORING THE BRONX RIVER. WE CREATE COMMUNITY, TEACH THROUGH TRANSFORMATIVE EXPERIENCES (CONDITNUED ON SCHEDULE O) MAKE NATURE AVAILABLE TO EVERYONE, INSPIRING YOUNG PEOPLE TO DETERMINE THEIR OWN FUTURE AGAINST A BACKDROP OF SYSTEMIC INEOUITY. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: PROBLEM SOLVE COLLABORATIVELY, WHILE BUILDING PHYSICAL FITNESS AND FOSTERING ENVIRONMENTAL STEWARDSHIP. ON AN EVEN LARGER SCALE, COMMUNITY BIRDING, ROWING, AND SAILING INVITES THE GENERAL PUBLIC TO BIRDWATCH AND GO FOR A FREE ROW OR SAIL, GUIDED BY ROCKING THE BOAT PROGRAM ASSISTANTS, ON SATURDAY AND SUNDAY AFTERNOONS FROM MEMORIAL DAY TO LABOR DAY. FORM 990, PART VI, SECTION B, LINE 11B: DRAFT COPY OF THE FORM 990 WAS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY FOR REVIEW BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS COMPLETE FORMS OF SUBSEQUENT DISCLOSURE ANNUALLY. IF

POTENTIAL CONFLICTS SURFACE, THE AFFECTED BOARD MEMBER IS EXCLUDED FROM THE

IF A BOARD MEMBER SELLS A PRODUCT OR

COMPETITIVE

SERVICE THAT THE ORGANIZATION IS INTERESTED IN,

DISCUSSION AND VOTE ON THE TOPIC.

WRITTEN BIDS

Schedule O (Form 990) 2023 Page **2** 

Name of the organization ROCKING THE BOAT, INC.	Employer identification number 13-4177814
ARE OBTAINED FOR PURPOSE OF COMPARISON.	
FORM 990, PART VI, SECTION B, LINE 15:	
ON TUESDAY, DECEMBER 13, ROCKING THE BOAT'S EXECUTIVE COMM	ITTEE MET AND
DECIDED TO SET ADAM GREEN'S SALARY FOR FISCAL YEAR 2023 AT	\$170,000. THIS
DECISION WAS IN LARGE PART INFORMED BY COMPARABILITY DATA	FROM THE "2022
NONPROFIT COMPENSATION REPORT" PUBLISHED BY NONPROFIT NEW	YORK, WHICH
INDICATED THAT THE MEDIAN SALARY FOR AN EXECUTIVE DIRECTOR	IN A NONPROFIT
ORGANIZATION WITH A BUDGET SIMILAR TO THAT OF ROCKING THE	BOAT WAS
\$154,798, THE AVERAGE SALARY \$159.961, AND THE 75TH PERCEN	TILE \$184,089.
ADAM'S SALARY IN 2022 OF \$159,132.22 WAS SIMILAR TO THE AV	ERAGE, AND THE
EXECUTIVE BOARD DECIDED THAT BASED ON HIS PERFORMANCE AND	HIS LONG TENURE,
HE DESERVED MORE THAN THE TYPICAL 3% YEARLY INCREASE GIVEN	AS A MATTER OF
COURSE TO ALL ROCKING THE BOAT STAFF.	
FOR THE OFFICERS AND OTHERS: THE EXECUTIVE DIRECTOR RESEAR	CHED SALARIES OF
COMPARABLE POSITIONS USING THE NONPROFIT NYC 2022 COMPENSA	TION REPORT
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAIALBLE T	O THE PUBLIC UPON
REQUEST.	

# Form **8868**

(Rev. January 2024)

## Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

Electro	nic filing (e-file). You can electronically file Form 8868 to	request up	to a 6-month extension of time to f	ile any of	the forms		
listed b	elow except for Form 8870, Information Return for Transfe	rs Associa	ted With Certain Personal Benefit C	ontracts.	An extension		
request	for Form 8870 must be sent to the IRS in a paper format (	(see instru	ctions). For more details on the elect	tronic filin	g of Form		
8868, v	isit www.irs.gov/e-file-providers/e-file-for-charities-and-non-p	profits.					
Caution	: If you are going to make an electronic funds withdrawal (	(direct deb	it) with this Form 8868, see Form 84	53-TE an	d Form 8879-	TE for payment	
instruct	ions.						
All corp	orations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMIC	s, and trusts		
must us	se Form 7004 to request an extension of time to file income	e tax retur	ns.				
Part I -	Identification			r			
Type or	Name of exempt organization, employer, or other filer	, see instru	tructions. Taxpayer identification number (TIN)				
Print							
File by the	ROCKING THE BOAT, INC. 13-4177814						
due date f	Number, street, and room or suite no. If a P.O. box, see instructions.						
filing your return. See	812 EDGEWATER ROAD						
instruction	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
	BRONX, NY 10474						
Enter th	e Return Code for the return that this application is for (file	e a separat	e application for each return)			01	
Applica	tion Is For	Return	Application Is For			Return	
		Code			Code		
Form 99	90 or Form 990-EZ	n 990-EZ 01 Form 4720 (other than individual)				09	
Form 4	Form 4720 (individual) 03 Form 5227					10	
Form 99	90-PF	04	Form 6069	11			
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12	
Form 99	90-T (trust other than above)	06	Form 5330 (individual)			13	
Form 990-T (corporation) 07 Form 5330 (other than individual)				14			
Form 10	041-A	08	8				
<ul><li>After</li></ul>	you enter your Return Code, complete either Part II or Part	t III. Part II	l, including signature, is applicable o	only for ar	extension of		
time to	file Form 5330.						
<ul><li>If this</li></ul>	application is for an extension of time to file Form 5330, y	ou must e	nter the following information.				
Р	lan Name						
Р	lan Number						
P	lan Year Ending (MM/DD/YYYY)						
	Automatic Extension of Time To File for Exempt Organ	izations (s	ee instructions)				
The	books are in the care of ADAM GREEN						
	812 EDGEWATER ROA	AD - E	BRONX, NY 10474				
	phone No. <u>(718) 466-5799</u>		Fax No.				
	e organization does not have an office or place of business						
<ul><li>If thi</li></ul>	s is for a Group Return, enter the organization's four-digit (	Group Exe	mption Number (GEN)	If this is fo	or the whole g	roup, check this	
box	. If it is for part of the group, check this box		ch a list with the names and TINs of				
<b>1</b>	request an automatic 6-month extension of time until $$	OVEMBI	$\overline{ ext{ER} \; 15}$ , 20 $\overline{ ext{24}}$ , to file	e the exe	mpt organizat	ion return for	
th	ne organization named above. The extension is for the orga	anization's	return for:				
<u>X</u>	<u> </u>						
L	tax year beginning	, 20 _	, and ending			, 20	
2 If	the tax year entered in line 1 is for less than 12 months, cl	heck reasc	on: Initial return	Final retu	rn		
	Change in accounting period						
<b>3a</b> If	this application is for Forms 990-PF, 990-T, 4720, or 6069 $$	, enter the	tentative tax, less			-	
<u>a</u>	ny nonrefundable credits. See instructions.			3a	\$	0.	
<b>b</b> If	this application is for Forms 990-PF, 990-T, 4720, or 6069 $$	, enter any	refundable credits and			_	
<u>e</u>	stimated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.	
с В	alance due. Subtract line 3b from line 3a. Include your pa	yment with	n this form, if required, by			-	
- 11	sing FETPS (Flectronic Federal Tax Payment System), See	instructio	ns	30	\$	0.	