WEGNER CPAS LLP 230 PARK AVE FL 3 NEW YORK, NY 10169-0005

> ROCKING THE BOAT, INC. 812 EDGEWATER ROAD BRONX, NY 10474

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\*\* PUBLIC DISCLOSURE COPY \*\*
Return of Organization Exempt From Income Tax

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

A F	For the	e 2024 calendar year, or tax year beginning and e	ending					
	Check if applicable	C Name of organization		D Employer identific	cation number			
	Addres	ROCKING THE BOAT, INC.						
	Name change	Doing business as		13-41778	14			
	Initial return Final return/	812 FDCFWATER ROAD	Room/suite	E Telephone number 718-466-5799				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 5,914,841.				
	Ameno			H(a) Is this a group re	eturn			
	Applic tion	F Name and address of principal officer: ADAM GREEN		for subordinates	? Yes X No			
	pendir	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	cluded? Yes No			
<u> 1                                   </u>	Гах-ехе	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) o	r 527	If "No," attach a	list. See instructions			
	Websit			H(c) Group exemption				
	orm of	organization: X Corporation Trust Association Other  Summary	<b>L</b> Year	of formation: 1996  N	1 State of legal domicile; NY			
	1	Briefly describe the organization's mission or most significant activities: SEE S	CHEDU	LE O				
Governance	-			-				
nar	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.			
Ver	3			3	15			
		Number of independent voting members of the governing body (Part VI, line 1b)			15			
Activities &	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)			0			
/itie	6	Total number of volunteers (estimate if necessary)			20			
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			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)		4,817,727.	4,397,016.			
Revenue	9	Program service revenue (Part VIII, line 2g)		83,459.	252,503.			
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		69,788.	249,398.			
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,886.	-137,312.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,983,860.	4,761,605.			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		17,000.	16,000.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,852,024.	2,638,126.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		30,000.	0.			
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 351,67		1 402 114	1 201 760			
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,403,114.	1,301,768.			
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,302,138.	3,955,894.			
	19	Revenue less expenses. Subtract line 18 from line 12	Po	1,681,722.	805,711.			
Net Assets or		- · · · · · · · · · · · · · · · · · · ·	Ве	•	End of Year			
SSE	20	Total assets (Part X, line 16)		8,360,307. 677,961.	9,290,548.			
let A	21	Total liabilities (Part X, line 26)		7,682,346.	8,649,669.			
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		7,002,340.	0,049,009.			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and etateme	nte and to the heet of my	knowledge and helief it is			
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of whi			Kilowieuge allu bellel, it is			
iiuc	, 001100	t, and complete. Declaration of proparci (other than officer) is based on an information of win	στι μι σμαι σι	nas any knowledge.				
Sig	n	Signature of officer		Date				
Her		ADAM GREEN, FOUNDER AND EXECUTIVE DIRECTOR	R					
Hei	-	Type or print name and title						
		Preparer's name Preparer's signature		Date Check	PTIN			
Paid	i	YIGIT UCTUM, CPA YIGIT UCTUM, CPA	. n	7/08/25 if self-employ				
	parer	Firm's name WEGNER CPAS LLP		9-0974031				
	Only	Firm's address 230 PARK AVE FL 3	T.IIII O EIN					
	,	NEW YORK, NY 10169-0005		Phone no. (2	12) 551-1724			
Mav	v the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No			
		harden and a second a second and a second an						

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			7.7
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		37
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	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,	_		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
10	If "Yes," complete Schedule D, Part IV	9		
10		10	х	
11	or in quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10	- 22	
• •	as applicable.			
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	· · ·	11a	х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	I Ia		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			7,7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		٦,	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
••	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	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			Х
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		~

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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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O  **T V   Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pai	T V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 18			
	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			
	(gambling) winnings to prize winners?	1c	000	(2024)
		Гожн	44(1	(000 4)

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Form 990 (2024) ROCKING THE BOAT, INC.

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccoun	ts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).				37	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X	
b				7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_		v
	to file Form 8282?	1	1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	7.		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		t?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual property, did the organization file for		200 oo roquirod?			
g h	If the organization received a contribution of qualified intellectual property, did the organization file Fo If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			711		
Ü		-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b				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:					
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				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	I			
	organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c	•	44		v
14a				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedula the expenient to the explanation on these \$1,000,000 in remune			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			15		х
	excess parachute payment(s) during the year?  If "Ves " see the instructions and file Form 4720. Schedule N.			15		Λ
16	If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	. 11 1001		10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	3			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
	· · · · · · · · · · · · · · · · · · ·				000	

Form 990 (2024) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 **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. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process 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 Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA, NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website \_\_\_ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ADAM GREEN - 718-466-5799

Form **990** (2024)

10474

812 EDGEWATER ROAD, BRONX,

# 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)  Name and title	(B) Average hours per week	(do box		Posi heck i	ition	than o	one n an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ADAM GREEN FOUNDER AND EXECUTIVE DIRECTOR	35.00	_		v				164 071	0.	20 002
	35 00			Х				164,071.	0.	39,983.
(2) JAYE POCKRISS CHIEF OPERATING OFFICER	35.00	-				x		1/5 205	0.	0 120
(3) MATTHEW HATCHER	35.00					^		145,385.	0.	8,139.
CHIEF PROGRAM OFFICER	33.00	1				x		119,570.	0.	9,306.
(4) THOM THACKER	1.00							,	-	
PRESIDENT		Х		х				0.	0.	0.
(5) ELIZABETH MACK	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(6) DEMETRIS GIANNOULIAS	1.00									
TREASURER		Х		Х				0.	0.	0.
(7) SINEAD STRAIN	1.00									
SECRETARY		Х		Х				0.	0.	0.
(8) ANTONIO RAMOS	1.00									
DIRECTOR		Х						0.	0.	0.
(9) CARLA MURPHY	1.00									
DIRECTOR		Х						0.	0.	0.
(10) TAJI RILEY	1.00	_								
DIRECTOR		Х						0.	0.	0.
(11) JOHN RYAN	1.00	_								
DIRECTOR		Х						0.	0.	0.
(12) PETER WRIGHT	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(13) JENNIFER GALVIN	1.00	l								
DIRECTOR		Х						0.	0.	0.
(14) STEVE SMITH	1.00									_
DIRECTOR		Х						0.	0.	0.
(15) PHILLIP GRANT	1.00	١							•	•
DIRECTOR	1 00	Х						0.	0.	0.
(16) NICOLE ACKERINA	1.00	٠,							•	_
DIRECTOR (15) APPLIANT COCCEPTED	1 00	Х	$\vdash$					0.	0.	0.
(17) ADRIANA COSGRIFF	1.00	₩.							0.	^
DIRECTOR		X					<u> </u>	0.	0.	0. Form <b>990</b> (2024)

432007 12-10-24

Form **990** (2024)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (II)											(F)	
Name and title	Average			Posi	ition			Reportable	Reportable		Estimat	ed
Name and the	hours per		not cl , unles					compensation	compensation	,	amount	
	week		cer an					from	from related		other	
	(list any	ector						the	organizations	.	compensa	ation
	hours for	r dire				ted		organization	(W-2/1099-MIS	C/	from th	ie
	related	steec	ruste			ensa		(W-2/1099-MISC/	1099-NEC)		organiza	
	organizations	al trus	onal tı		loyee	comp		1099-NEC)			and rela	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizat	ions
(18) FABIAN MICHELANGELI	1.00	드	드	10	χ	포늄	윤			$\dashv$		
DIRECTOR		х						0.		0.		0.
										$\dashv$		
										$\dashv$		
1b Subtotal							<u> </u>	429,026.		0.	57,4	28.
c Total from continuation sheets to Part VI	I. Section A						•	0.		0.	0 / / -	0.
d Total (add lines 1b and 1c)								429,026.		0.	57,4	28.
2 Total number of individuals (including but r								eceived more than \$100,0	000 of reportable			
compensation from the organization											1 1/	3
										1	Yes	No
3 Did the organization list any <b>former</b> officer	•		•	•	•		_	•	•			37
line 1a? If "Yes," complete Schedule J for s											3	X
4 For any individual listed on line 1a, is the su	•							•	•		4 X	
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>											4 X	
rendered to the organization? If "Yes." con					,			•			5	Х
Section B. Independent Contractors	ipicie conedan	<i>3</i>	<i>51</i> 50	CIT	<i>5</i> 075	011						
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt cc	ontra	acto	rs th	nat received more than \$	100,000 of compe	ensat	tion from	
the organization. Report compensation for	the calendar ye	ear e	ndin	g w	ith c	or wi	thin	the organization's tax ye	ear.			
(A)								(B)		_	(C)	_
Name and business		1 (	^^					Description of s	ervices		ompensation	n
YOUR PART-TIME CONTROLLER MARKET STREET, SUITE 3425				ит:	7		ŀ	ACCOUNTING SI	PUTCEC		220,6	76
MARKET STREET, SOTTE 5425	, IIIIIA	ندر	ш.	1111	α,		Ť	ACCOUNTING DI	RVICED		220,0	70.
							+					
2 Total number of independent contractors (i	ncludina but no	ot lin	nited	to t	thos	e lis	ted	above) who received mo	ore than			

Form 990 (2024) ROCKING
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts				1b					
ij g			Membership dues	1c	907,114.				
fts, Ar			Fundraising events		307,114.				
ig ig			Related organizations	1d	382,607.				
ns, Sim			Government grants (contributions)	1e	302,007.				
utio er (		t	All other contributions, gifts, grants, and		2 107 205				
현된			similar amounts not included above	1f	3,107,295.				
ont od (		_	Noncash contributions included in lines 1a-1f	1g  \$	57,650.	4 225 246			
<u>0 g</u>		h	Total. Add lines 1a-1f			4,397,016.			
					Business Code				
e S	2	-	SAIL CENTRAL PARK FEES		900099	134,637.	134,637.		
e Ķ		b	FEE FOR SERVICE		900099	117,866.	117,866.		
S		С							
am		d							
Program Service Revenue		е							
P		f	All other program service revenue						
		g	Total. Add lines 2a-2f			252,503.			
	3		Investment income (including divider						
						167,378.			167,378.
	4		Income from investment of tax-exem						
	5		Royalties	-					
			(i	) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
			` '	ecurities	(ii) Other				
	'	а		046,887.	()				
		h	Less: cost or other basis	,					
Φ		D		964,867.					
ğ		_	12	82,020.					
eve			. ,			82,020.			82,020.
her Revenue			Net gain or (loss)			02,020.			02,020.
	8	а	Gross income from fundraising events (r						
Ò			including \$ 907,114.	.					
			contributions reported on line 1c). So	I .	12 040				
			Part IV, line 18		13,840.				
			Less: direct expenses		182,670.	160.000			160.000
			Net income or (loss) from fundraising			-168,830.			-168,830.
	9	а	Gross income from gaming activities						
			Part IV, line 19						
			Less: direct expenses						
		С	Net income or (loss) from gaming ac	tivities					
	10	а	Gross sales of inventory, less returns	3					
			and allowances	10a	11,159.				
		b	Less: cost of goods sold	10b	5,699.				
		С	Net income or (loss) from sales of inv	entory		5,460.	5,460.		
<sub>ω</sub>					Business Code				
on a	11	а							
Miscellaneous Revenue		b							
eve		С							
Aisc B		d	All other revenue		900099	26,058.			26,058.
			Total. Add lines 11a-11d			26,058.			
	12		Total revenue. See instructions			4,761,605.	257,963.	0.	106,626.

# Form 990 (2024) ROCKING THE BOAT, INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			(0)	
	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
	rants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
	trants and other assistance to domestic				
		16,000.	16,000.		
	idividuals. See Part IV, line 22	10,000.	10,000.		
	rganizations, foreign governments, and foreign				
	idividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	compensation of current officers, directors,				
	ustees, and key employees	204,054.	102,027.	20,405.	81,622
	ompensation not included above to disqualified				0_,0
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)				
-	other salaries and wages	1,960,275.	1,633,470.	143,093.	183,712
	ension plan accruals and contributions (include	.,,			
	ection 401(k) and 403(b) employer contributions)	14,220.	11,822.	715.	1,683
	other employee benefits	300,207.	262,828.	13,104.	1,683 24,275
	ayroll taxes	159,370.	132,493.	8,012.	18,865
	ees for services (nonemployees):	,	,	-,	==,,
	lanagement				
	egal				
	ccounting	245,419.		245,419.	
	obbying				
	rofessional fundraising services. See Part IV, line 17				
	vestment management fees				
	other. (If line 11g amount exceeds 10% of line 25,				
-	blumn (A), amount, list line 11g expenses on Sch O.)	129,745.	76,445.	45,804.	7,496
	dvertising and promotion		,	20,0020	., ===
	Iffice expenses	232,079.	195,936.	34,039.	2.104
	offormation technology	113,651.	92,782.	2,887.	2,104 17,982
	oyalties		J=7.0=0		
	ccupancy	72,934.	70,278.	1,328.	1,328
	ravel	75,181.	66,865.	8,316.	
	ayments of travel or entertainment expenses	70,2021	00,0001	0,0200	
	or any federal, state, or local public officials				
	conferences, conventions, and meetings	65,764.	57,976.	1,558.	6,230
	nterest	7,272.	6,544.	364.	364
	ayments to affiliates	.,	-,	24-1	
	epreciation, depletion, and amortization	131,310.	119,320.	6,802.	5,188
	surance	54,509.	47,014.	7,495.	- , - 50
	ther expenses. Itemize expenses not covered		=:, , == = -	, , , , ,	
at Iir	Dove. (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A), mount, list line 24e expenses on Schedule O.)				
	ROGRAM MATERIALS	56,811.	52,824.	3,159.	828
_	OOD	55,983.	54,687.	1,296.	
_	BAD DEBT	12,050.	,,,,,,,	12,050.	
d =		,		,	
_	Il other expenses	49,060.	45,932.	3,128.	
	otal functional expenses. Add lines 1 through 24e	3,955,894.	3,045,243.	558,974.	351,677
	pint costs. Complete this line only if the organization	.,,	.,,	,	
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
Ü	heck here if following SOP 98-2 (ASC 958-720)				

Form **990** (2024)

<u>ar</u>	t X	Balance Sneet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			109,879.	1	0
	2	Savings and temporary cash investments			1,592,044.	2	2,263,981
	3	Pledges and grants receivable, net			1,379,283.	3	925,127
	4	Accounts receivable, net			37,600.	4	60,561
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described		6			
2	7	Notes and loans receivable, net		7			
433613	8	Inventories for sale or use			0.	8	7,383
ž	9	B			30,101.	9	33,067
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		4,476,014.			
	b	Less: accumulated depreciation	10b	1,961,236.	2,515,573.	10c	2,514,778
	11	Investments - publicly traded securities	2,686,832.	11	3,412,144		
	12	Investments - other securities. See Part IV, line 1	0.	12	73,50		
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			8,995.	15	
_	16	Total assets. Add lines 1 through 15 (must equa	8,360,307.	16	9,290,54		
	17	Accounts payable and accrued expenses		145,920.	17	193,63	
	18	Grants payable	0.710	18	10.61		
	19	Deferred revenue	2,718.	19	10,64		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these			F00 202	22	426 50
	23	Secured mortgages and notes payable to unrelate			529,323.	23	436,59
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D		·····	677,961.	25	640,87
+	26	<u> </u>			0//,901.	26	040,07
,		Organizations that follow FASB ASC 958, chec	ck nere				
	07	and complete lines 27, 28, 32, and 33.			4,661,947.	27	6,150,87
	27 28	Net assets without donor restrictions  Net assets with donor restrictions	3,020,399.	28	2,498,793		
	20	Organizations that do not follow FASB ASC 95			3,020,333.	20	2,400,10.
		and complete lines 29 through 33.	o, che	CK liefe			
	29	Capital stock or trust principal, or current funds			29		
3	30	Paid-in or capital surplus, or land, building, or eq				30	
	31	Retained earnings, endowment, accumulated inc				31	
	32	Total net assets or fund balances			7,682,346.	32	8,649,669
ו עי							

Pa	rt 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	4,76		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,95		
3	Revenue less expenses. Subtract line 2 from line 1	3	80	5,7	<u>11.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,68	2,3	46.
5	Net unrealized gains (losses) on investments	5	16	1,6	12.
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	8,64	9,6	69.
Pa	rt 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 Scho	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?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2024)

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#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

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.)

Sec	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	3657239.	3098510.	3011591.	4817727.	4397016.	18982083.			
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	3657239.	3098510.	3011591.	4817727.	4397016.	18982083.			
	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,									
							1775204.			
6	Public support. Subtract line 5 from line 4.						17206879.			
	etion B. Total Support						<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	<b>(e)</b> 2024	(f) Total			
	Amounts from line 4	3657239.	3098510.	3011591.	4817727.		18982083.			
	Gross income from interest.	303,233	30303201	3011371	1017717	100,0101	203020000			
Ü	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	25,907.	22,085.	32,213.	80 283	167 378	327,866.			
0	Net income from unrelated business	23,307	22,005	32,213.	00,203.	107,370.	327,000.			
9										
	activities, whether or not the									
40	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)						19309949.			
	<b>Total support.</b> Add lines 7 through 10	-1- /	>				751,323.			
	Gross receipts from related activities,					12	731,323.			
13	First 5 years. If the Form 990 is for the	-		•						
<u>Sac</u>	organization, check this box and stop tion C. Computation of Publi									
	Public support percentage for 2024 (li			nolumn (fl)		14	89.11 %			
						15	0.6.06			
	Public support percentage from 2023 <b>33 1/3% support test - 2024.</b> If the company test - 2024 is the c									
10a		-								
<b>L</b>	stop here. The organization qualifies	. ,	•		line 15 in 22 1/20/					
D	33 1/3% support test - 2023. If the condition have									
47-	and <b>stop here.</b> The organization qual									
1/a	7a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,									
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
b	b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
40										
<u> 18</u>	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 160, 17a, or 17b	, cneck this box ar	ia see instructions	š			

## 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.)

Sed	etion A. Public Support	siow, picase comp	note r art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	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) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
		(a) 2020	(6) 2021	(0) 2022	(4) 2020	(6) 2024	(i) rotal
	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 regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	J		,	•	( )( )	· —
	check this box and stop here						
	tion C. Computation of Publi					T 1	
	Public support percentage for 2024 (li	, , , , , , , , , , , , , , , , , , , ,	•	column (f))		15	<u>%</u>
	Public support percentage from 2023		-			16	%
	ction D. Computation of Inves					T 1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	<u>%</u>
19a	<b>33 1/3% support tests - 2024.</b> 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 - 2023.</b> If the	•			•	•	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	1 1

# 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 Зс 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9с 10a 10b

432024 01-14-25 Schedule A (Form 990) 2024

Par	t 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		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
•	provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
-	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	, · · · ·		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
-	or trustees of each of the organization's supported organization(s)? If "No." describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	-		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
	entity (see instructions).			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		<u> </u>
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

13-	417	7814	Page 6

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		·	
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-functional	ally integrated	d Type III supporting orga	nization (see
	instructions).	. •		,

Schedule A (Form 990) 2024

Schedule A (Form 990) 2024

a Applied to underdistributions of prior years **b** Applied to 2024 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2025. Add lines 3j

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2020 **b** Excess from 2021 c Excess from 2022 d Excess from 2023 e Excess from 2024

Part VI	Cumplemental Information
Pait VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

# Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization

**Employer identification number** 

Schedule B (Form 990) (Rev. 12-2024)

R	OCKING THE BOAT, INC.	13-4177814
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <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	
	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 Ru	le. See instructions.
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
sections 509(a)(1 contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support on the section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support on the section of	d that received from any one
contributor, durin	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any the year, total contributions of more than \$1,000 exclusively for religious, charitable, so tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e) instead of the contributor name and address), II, and III.	sientific,
year, contributior is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the exclusively for religious, charitable, etc., purposes, but no such contributions totaled mether the total contributions that were received during the year for an exclusively religious complete any of the parts unless the <b>General Rule</b> applies to this organization because it pole, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, lir	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF; or 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.

13-4177814

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		\$120,000.	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>125,000.</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		\$\$	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
4		\$1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>105,667.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ROCKING THE BOAT, INC.

13-4177814

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

13-4177814

Part II	Noncash Property (see instructions). Use duplicate copies of Part	t II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(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, INC. 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ROCKING THE BOAT, INC.

Employer identification number 13-4177814

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		r Si	milar Funds	or Ac	cour	ts. Complete if the
		(a) Donor adv	vised	funds	(	<b>b)</b> Fun	ds and other accounts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v		held	d in donor advise	ed func	ds	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes	' on Form 990, F	Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of	a histo	rically	important land area
	Protection of natural habitat			Preservation of	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribu	tion in the form o	of a co	nserva	
	day of 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	Number of conservation easements on a certified historic stru	ucture included on line	e 2a			2c	
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the	organi	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	, and	l enforcing cons	ervatio	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	orcing conservat	ion eas	sement	ts during the year
_					(A) (T) (II)		
8	Does each conservation easement reported on line 2d above						
•	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation						
	balance sheet, and include, if applicable, the text of the footn	lote to the organization	nsı	manciai stateme	ins ma	at desc	indes the
Par	organization's accounting for conservation easements.  t III   Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Otl	her S	imila	r Assets.
	Complete if the organization answered "Yes" on Form			,			
	If the organization elected, as permitted under FASB ASC 95		ever	nue statement ar	nd bala	nce sh	neet works
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan	*	-				
b	If the organization elected, as permitted under FASB ASC 95					sheet	works of
	art, historical treasures, or other similar assets held for public	· ·					
	provide the following amounts relating to these items.	,	,				,
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$ 
2	If the organization received or held works of art, historical trea						
_	the following amounts required to be reported under FASB A				J ', F		
а	Revenue included on Form 990, Part VIII, line 1						\$
	Assets included in Form 990, Part X						\$

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

Complete if the organization answered Tes on Tollin 300, Fart 10, interface occiton 300, Fart 17, interface							
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a Land		358,412.		358,412.			
<b>b</b> Buildings		3,465,333.	1,481,794.	1,983,539.			
c Leasehold improvements		101,060.	40,222.	60,838.			
<b>d</b> Equipment		272,095.	260,298.	11,797.			
e Other		279,114.	178,922.	100,192.			
Total. Add lines 1a through 1e. (Column (d) must equa	2,514,778.						

Schedule D (Form 990) (Rev. 12-2024)

a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end-	of-vear market value
Eta a a del de de de de de de	(a) Book value	(c) meaned or valuation: each or one	or your marker value
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
F)			
(G)			
(H)			
il. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
	(-, -, -, -, -, -, -, -, -, -, -, -, -, -	(-,	,a
(1) (2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets			
	a Form 900 Part IV line	11d Son Form 000 Part V line 15	
Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	(b) Pook value
Complete if the organization answered "Yes" or (a) D	n Form 990, Part IV, line escription	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" or (a) D		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" or  (a) D  (1)  (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" or (a) D (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" or  (a) D  (1)  (2)  (3)  (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" or  (a) D  (1)  (2)  (3)  (4)  (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" or  (a) D  (1)  (2)  (3)  (4)  (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" or  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)	escription		(b) Book value
Complete if the organization answered "Yes" or  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, line 15, col.	escription		(b) Book value
Complete if the organization answered "Yes" or  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, line 15, col. or art X Other Liabilities	escription  (B))		(b) Book value
Complete if the organization answered "Yes" or  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities  Complete if the organization answered "Yes" or	escription  (B))		
Complete if the organization answered "Yes" or  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, line 15, col. art X  Other Liabilities  Complete if the organization answered "Yes" or  (a) Description of liability	escription  (B))		(b) Book value
Complete if the organization answered "Yes" or  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, line 15, col. (art X)  Other Liabilities  Complete if the organization answered "Yes" or  (a) Description of liability  (1) Federal income taxes	escription  (B))		
Complete if the organization answered "Yes" or  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, line 15, col. (art X)  Other Liabilities  Complete if the organization answered "Yes" or  (a) Description of liability  (1) Federal income taxes	escription  (B))		
Complete if the organization answered "Yes" or  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities  Complete if the organization answered "Yes" or  (a) Description of liability  (1) Federal income taxes  (2)	escription  (B))		
Complete if the organization answered "Yes" or  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, line 15, col. or art X Other Liabilities  Complete if the organization answered "Yes" or  (a) Description of liability  (1) Federal income taxes  (2)  (3)	escription  (B))		
Complete if the organization answered "Yes" or  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities  Complete if the organization answered "Yes" or  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)	escription  (B))		
Complete if the organization answered "Yes" or  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities  Complete if the organization answered "Yes" or  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)	escription  (B))		
Complete if the organization answered "Yes" or  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, line 15, col. organization answered "Yes" or (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)	escription  (B))		
Complete if the organization answered "Yes" or  (a) D  (1)  (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. or art X  Other Liabilities  Complete if the organization answered "Yes" or  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6)	escription  (B))		

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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

Schedule D (Form 990) (Rev. 12-2024)

Pa	rt XI Reconciliation of Revenue per Audited Financial State		Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,089,762.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments		161,612.		
b	Donated services and use of facilities		160,846.		
С	Recoveries of prior year grants				
d	7	2d			222 452
е	Add lines 2a through 2d			2e	322,458.
3	Subtract line 2e from line 1			3	4,767,304.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		F 600		
b	Other (Describe in Part XIII.)	4b	-5,699.		F 600
С				4c	<u>-5,699.</u>
5	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	monto With	Evnonces per F	5	4,761,605.
Pa			Expenses per F	teturi	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		1 1	4 100 400
1				1	4,122,439.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1	160 046		
а	Donated services and use of facilities		160,846.		
b	Prior year adjustments				
С	Other losses		Г (00		
d	, , , , , , , , , , , , , , , , , , , ,	2d	5,699.		166 545
е				2e	166,545.
3	Subtract line 2e from line 1			3	3,955,894.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	7	4b			0
C				4c	0. 3,955,894.
5 <b>D</b> a	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18,) rt XIII Supplemental Information			5	3,955,894.
	• • • • • • • • • • • • • • • • • • • •	2 1 1 1 1 1 1	101 5 11/1: 4	- · · ·	/ I'
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F			; Part X	I, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inforn	nation.		
	RT V, LINE 4: E DONOR RESTRICTED ENDOWMENT CONSISTS OF	D F C M D T C I		NTC D	TUAM MUR
			ROM THIS D		
	STRICTED ENDOWMENT FUND CAN BE USED TO SU				
KE	SIRICIED ENDOWMENT FOND CAN BE USED TO SC	PPORT II	19 GENERAL	OPEI	WIIONS.
D 7 I	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
	ST OF GOODS SOLD REPORTED ON FORM 990 PAR	<u>т 77ТТ</u>	T.TNF 10B		-5,699.
<u>CO.</u>	OF GOODS SOLD REPORTED ON FORM 990 FAM	ti viii,	DIME TOD		-3,099.
D 7 I	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
	ST OF GOODS SOLD REPORTED ON FORM 990 PAR	ут <b>V</b> ТТТ	TINE 10B		5,699.
<u> </u>	OF GOODS SOLD REFORTED ON FORM 990 TAIN	CI VIII,	DINE TOD		3,055.

Schedule D (Form 990) (Rev. 12-2024) ROCKING THE BOAT, INC.  Part XIII   Supplemental Information (continued)	13-4177814 Page 5
Part XIII Supplemental Information (continued)	<u> </u>
(continued)	

# SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  ROCKING	THE BOAT, INC.					Employer ide 13-4177	ntification number 814
Part I Fundraising Activities.	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I			
required to complete this part							
<ul> <li>Indicate whether the organization rais</li> <li>Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> </ul>	e Solicita	tion of	nonge gover	overnment grants nment grants			
<ul> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, Paragraph b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the</li> </ul>	art VII) or entity in connection with priduals or entities (fundraisers) pursu	rofessio	onal f	undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or con contribu	trol of	(iv) Gross receipts from activity	to (o	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
otal							
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	contribu	utions	or has been notified	it is e	xempt from re	gistration
or Paperwork Reduction Act Notice, se	e the Instructions for Form 000 or	990-E	7		Scho	dule G (Form	990) (Rev. 12-202 <sup>4</sup>

LHA 432081 01-14-25

	rt I	Fundraising Events. Complete if the of fundraising event contributions and gr	ne organization answered	l "Yes" on Form 990, Part	IV, line 18, or reported	
		or iditarialsing event contributions and gr	(a) Event #1 ROCKING MANHATTAN	(b) Event #2 ROCKING THE BOATHOUSE	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	33 <b>(3)</b> /
Revenue	1	Gross receipts	615,710.	305,244.		920,954.
	2	Less: Contributions	615,710.	291,404.		907,114.
	3	Gross income (line 1 minus line 2)		13,840.		13,840.
	4	Cash prizes				
Se	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages	12,336.	40,024.		52,360.
		Entertainment Other direct expenses		48,611.		130,310.
		Direct expense summary. Add lines 4 through				182,670.
Da	11 rt I	Net income summary. Subtract line 10 from I				-168,830.
Га	11 [ ]	<b>II Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
Revenue		¥,	(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
rect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %  No	Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)			
	Ent	er the state(s) in which the organization condu	ucts gaming activities: _			Yes No
		No," explain:				
		re any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or te	rminated during the tax y	ear?	Yes No

Schedule G (Form 990) (Rev. 12-2024)

432082 01-14-25

Sch	ledule G (Form 990) (Rev. 12-2024) ROCKING THE BOAT, INC.	-4177	814	Page 3
11	Does the organization conduct gaming activities with nonmembers?	🔲	Yes	☐ No
12				
	to administer charitable gaming?		Yes	No
12	Indicate the percentage of gaming activity conducted in:	—		
		120	1	0/
	a The organization's facility			<u>%</u>
	o An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
45.	December against in the second supplies the string part from when the against in version against any applies		Yes	No
158	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ш	163	NO
k	o If "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 the name and address of the third party:			
	Name			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Coming manager companies.			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	,			
17	Mandatory distributions:			
	·			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Ш	Yes	∟ No
k	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	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lir	nes 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	,	, ,
	100, 100, 10, and 110, and approache. The provide any additional information.			
_				
_				

Schedule G	(Form 990) R Supplemental Inform	OCKING THE	BOAT,	INC.	13-4177814	Page 4
Part IV	Supplemental Inform	nation (continued)				
		,				
-						
-						
-						

#### SCHEDULE I (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
	THE BOAT,	INC.					13-4177814
Part I General Information on Grants							
1 Does the organization maintain records							
criteria used to award the grants or ass	istance?						X Yes  No
2 Describe in Part IV the organization's p							
Part II Grants and Other Assistance to recipient that received more than					anization answered "Y	es" on Form 990, Part	t IV, line 21, for any
1 (a) Name and address of organization or government	(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)</li><li>3 Enter total number of other organizatio</li></ul>			e line 1 table		<u> </u>		

Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed	<b>ils.</b> Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS TO INDIVIDUALS	7	16,000.	0.		
		·			
Part IV Supplemental Information. Provide the information re	equired in Part I, lir	ne 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2: ROCKING THE BOAT MONITORS THE GRAI	NITH TRITATOR I	DECETTED AN	ID DICDIDCE		
OCKING THE BOAT MONITORS THE GRAI	NT FUNDS F	KECEIVED AF	N DISBURSE	. ע	

# SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Name of the organization

# **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.

OMB No. 1545-0047

Open to Public Inspection

ROCKING THE BOAT, INC.

Part I Questions Regarding Compensation

 $Employer\ identification\ number \\ 13-4177814$ 

			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  X 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		
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:			
а	The organization?	5a		<u>X</u>
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:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> X</u>
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		<u>X</u>
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) (Rev. 12-2024)

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

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

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

		(B) Breakdown of W	I-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)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ADAM GREEN	(i)	164,071.	0.	0.	10,500.	29,483.	204,054.	0.
FOUNDER AND EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAYE POCKRISS	(i)	145,385.	0.	0.	7,338.	801.	153,524.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Noncash Contributions**

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30. Open to Public Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection **Employer identification number** 

13-4177814 ROCKING THE BOAT, INC. Types of Property Part I (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 57,650.QUOTED MARKET Х 10 Securities - Closely held stock ..... Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies ..... 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other Other 26 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part V, Donee Acknowledgement \_\_\_\_\_29 Yes No 30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) 2024

describe in Part II.

432142 01-18-25 Schedule M (Form 990) 2024

### SCHEDULE O (Form 990)

(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ROCKING THE BOAT, INC.

Employer identification number 13-4177814

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TRADITIONAL WOODEN BOATBUILDING, ROWING, SAILING, ENVIRONMENTAL RESEARCH AND RESTORATION, MODEL BOATING.

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, AND MAKE NATURE
AVAILABLE TO EVERYONE, INSPIRING YOUNG PEOPLE TO DETERMINE THEIR OWN
FUTURE AGAINST A BACKDROP OF SYSTEMIC INEQUITY.

FORM 990, III, LINE 2, **NEW PROGRAM SERVICES:** PARTSAIL CENTRAL PARK -FOR THE FIRST TIME IN CENTRAL PARK BOAT POND'S INC. HISTORY, ROCKING THE BOAT, IS USING THE SITE FOR MISSION-ALIGNED EDUCATIONAL PROGRAMS. RUNNING THE MODEL SAILBOAT CONCESSION, A STORIED INSTITUTION RECOGNIZED AROUND THE WORLD IS AN INCREDIBLE OPPORTUNITY FOR BOAT LOVERS TO HAVE SAILING EXPERIENCE IN THE HEART OF NEW YORK CITY. UNDERSERVED AND TITLE 1 SCHOOLS IN MANHATTAN NOW WILL BE ABLE BOAT PROGRAMMING IN THE CITY MORE ACCESS ROCKING THE EASILY THEY HAD TO TRAVEL TO THE BRONX.

FORM 990, PART V, LINE 2A:

ROCKING THE BOAT, INC. LEASES EMPLOYEES FROM A PROFESSIONAL EMPLOYMENT ORGANIZATION, INSPERITY. THE EMPLOYEES ARE CONSIDERED COMMON LAW EMPLOYEES OF ROCKING THE BOAT, INC., HOWEVER, INSPERITY IS THE EMPLOYER OF RECORD AND EMPLOYEES GET THEIR W2S FROM INSPERITY.

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

A 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
DISCUSSION AND VOTE ON THE TOPIC. IF A BOARD MEMBER SELLS A PRODUCT OR
SERVICE THAT THE ORGANIZATION IS INTERESTED IN, COMPETITIVE, WRITTEN BIDS
ARE OBTAINED FOR PURPOSE OF COMPARISON.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE MET IN THE SPRING OF 2024 AND DETERMINED THE SALARY BASED ON REVIEW OF A COMPENSATION SURVEY GIVEN THE ORGANIZATION'S BUDGET AND ACTIVITIES.

FOR OTHER EMPLOYEES: THE EXECUTIVE DIRECTOR REVIEWED A COMPENSATION SURVEY DURING 2024 AND DETERMINED SALARIES OF THE HIGHEST COMPENSATED EMPLOYEES BASED ON COMPARABLE DATA.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Schedule O (Form 990) 2024	Page 2
Name of the organization ROCKING THE BOAT, INC. POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	Employer identification number
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST.

432212 01-29-25