Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the 2	2023 calend	lar year, or tax year beginning	10/01/2023	and ending		09/30/2	024				
В	Check if a	applicable:	C Name of organization DRAGON BOA	AT CHARLESTON				D Employer identification number				
	Address o	change	Doing business as						32-0253953			
$\overline{\Box}$	Name cha		Number and street (or P.O. box if mail is	s not delivered to street addr	ess)	Room/	suite	E Teleph	none number			
$\overline{\Box}$	Initial retu	· ·	1643 Savannah Highway Box 261		·			859-582-0386				
$\overline{\Box}$		n/terminated	City or town, state or province, country,	and ZIP or foreign postal co	de							
П	Amended return Charleston, SC 29407								receipts \$ 260,44			
\exists		on pending	F Name and address of principal officer:	aura Francis			I(a) Is this a gro					
ш	rippilodilo	n ponding	1643 Savannah Highway Box 261,			t		subordinates included? Yes No				
ī	Tax-exem	not status:	✓ 501(c)(3)) (insert no.) 4947(a)(1) or 527			ach a list. See instructions.				
			gonboatcharleston.org	7(3 3 7 🗀 3 (3)(<i>,</i>		H(c) Group ex					
			Corporation Trust Association	Other	L Year of form		2008	-	of legal domicile: SC			
	art I	Summai			<u> </u>		2000	Otato	- 10ga: acimono: 50			
	_		cribe the organization's mission o	r most significant activ	ities: Our r	missin	n is to nrom	note the	nhysical and mental			
ø			cancer survivors and their commu					iote tric	priysical and mental			
Activities & Governance	-	Welliness O	cancer survivors and their commu	inity of supporters till of	gri uragori	Doatiii	9:					
ž	2 (Chack this	box if the organization discon	tinued its operations o	r diennead	of mo	 re than 25	% of it	 e nat accate			
ŏ			voting members of the governing	•	-			3	1			
ত			independent voting members of t	,				4				
es			er of individuals employed in cale			υ, .		5	1			
ξ					-			6	11			
Ć			er of volunteers (estimate if neces	• /				7a	11			
4			ated business revenue from Part \ ed business taxable income from					7a 7b				
	d	Net unrelat	ed business taxable income from	FOITH 990-1, Part 1, IIII	.		Prior Year		Current Year			
ne		Contributions and grants (Part VIII, line 1h)										
									217,59			
Revenue		•	,				;	30,077	34,57			
Be			income (Part VIII, column (A), line		775	2,21						
			nue (Part VIII, column (A), lines 5,		•	-		-4,247	89.			
	+		ue—add lines 8 through 11 (must e	· · · · · · · · · · · · · · · · · · ·			20	05,718 0	255,27			
		-	•				0					
es			ner compensation, employee benef				,	50,264	115,18			
Expenses			al fundraising fees (Part IX, colum					0				
꼾			aising expenses (Part IX, column		3,766							
			nses (Part IX, column (A), lines 11					07,236	168,82			
		•	nses. Add lines 13–17 (must equa		•			57,500	284,01			
		Revenue le	ss expenses. Subtract line 18 froi	m line 12			-!	51,782	-28,74			
sor						Begir	ning of Curre	ent Year	End of Year			
sset	20		s (Part X, line 16)				3	15,175	284,60			
Net Assets or Fund Balances	21		ies (Part X, line 26)			-		6,506	3,62			
			or fund balances. Subtract line 2	1 from line 20			3	08,669	280,97			
12	art II	Signatu	re Block									
			I declare that I have examined this return, b. Declaration of preparer (other than officer						my knowledge and belief, it			
	,	and complete	. Decidiane. C. proparer (enter than enter	i, io bacca oir an imerination	oo p. op.	u. ouo		90.				
o:												
Si	_	Signature	of officer				Date	€				
He	ere		ncis, Chair									
			nt name and title						T			
Pa	iid	Print/Type	preparer's name Preparer	arer's signature		Date		Check [if PTIN			
	eparer							self-emp	оюуеа			
	se Only	• Liumia nama					Firm's	EIN				
		Firm's add					Phone	no.				
Ma	v the IRS	S discuss t	his return with the preparer show	n above? See instructi	ons				. Yes No			

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	To encourage healing and healthy lifestyles through goal-oriented exercise, good nutrition, education and fellowship; to support
	the beneficial effects of physical activity in cancer survivorship; to provide a model for our community demonstrating courage,
	determination, and team cooperation; and to advance the sport of dragon boating as a method of wellness and healing for cancer
	survivors.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$228,511 including grants of \$) (Revenue \$34,574)
Ta	For 16 years, Dragon Boat Charleston (DBC) has conducted its annual Dragon Boat Festival in May to support programs
	throughout the year for cancer patients, survivors, and supporters. The programs and services of DBC all serve to promote the
	healing and healthy lifestyle of cancer survivors and their communities while redefining cancer survivorship. The organization is
	careful to provide programs of varying degrees so that every patient/survivor has a place "in the boat" regardless of ability, age,
	stage of disease or rehabilitation, or demographic. DBC offers practice paddling 4-5 times per week from March to November and
	offers off-water fitness programs during the winter months for cancer survivors, community paddlers who choose to support the
	organization and/or who have been touched by cancer, and for novice paddlers who are just learning about how our programs can
	help provide healing and prevent recurrence. From October 2023 to March 2024, DBC held a 20/20 campaign fundraiser. The
	fundraiser was based on individuals requesting \$20 from 20 individuals to support DBC.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
A -1	Other pregram convices (Describe on Schedule C.)
4d	Other program services (Describe on Schedule O.)
10	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses 228,511

Form 99	00 (2023)		ı	Page
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
•	•	1	V	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	<i>'</i>	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		,
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete 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? <i>If "Yes," complete Schedule D, Part IV </i>	9		,
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	,	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		,
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		-
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			

		Forn	n 990	(2023)
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~
20a b	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	~	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		~
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		~
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		~
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		~
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		V
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		V
12a b	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		~
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e		<i>v</i>
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		V
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		~
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X, as applicable.			
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		~
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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		~

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
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		,
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		~
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		~
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		,
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? <i>If "Yes," complete Schedule L, Part II</i>	26		~
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		_
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		~
	A family member of any individual described in line 28a? <i>If</i> "Yes," complete Schedule L, Part IV	28b 28c		v v
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		v v
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		v v
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		,
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		,
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		'
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		_
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
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	38	~	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country			
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		~
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5 C		
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		•
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b Section 501(c)(12) organizations. Enter:			
ii a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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		
	Note: 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 organization is licensed to issue qualified health plans			
С	the organization is licensed to issue qualified health plans			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		_
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		~
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		١
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Part VI

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 10 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 10 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 ~ Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 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 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 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 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed SC 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain on Schedule O) Own website Another's website ✓ Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. Sarah Evans, (859)582-0386

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.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any relate	d org	aniz			ompe	nsa	ted any current	otticer, director,	or trustee.
					C)					
(A)	(B)	(do n	ot of		ition		ano	(D)	(E)	(F)
Name and title	Average	box,	(do not check mo box, unless perso			is both	n an	Reportable	Reportable	Estimated amount
	hours per week			_		or/trust		compensation from the	compensation from related	of other compensation
	list any	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	organization (W-2/	organizations (W-2/	from the
	hours for related	vidu lirec	Ē	cer	em	nest	ner	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	organizations	tor tr	onal		ploy	e con		1033-1420)	1033-1420)	Telated Organizations
	below dotted line)	uste.	tru		ee	per				
	dotted line)	&	stee			Highest compensated employee				
Court France	40.00					ă.				
Sarah Evans	40.00	1		1				(41/7		
Executive Director	30.00							64,167	0	0
Lucy Spears	30.00	1		~				9,250	0	
Director of Community Engagement	1.00							9,250	U	0
Laura Francis Chair	1.00	/		~				0	0	0
Lois Reinheimer	1.00	_		Ť				0	0	0
Vice Chair	1.00	/		1				0	0	0
Andrea Hughes	1.00			Ť				0	0	0
Treasurer	1.00	~		1				0	0	0
Rosa Fullerton	1.00	_		Ť						
Secretary	1	~		~				0	0	0
Donna Rizer	1.00									
Board member		1						0	0	0
Rita Jones	1.00									
Board member		~						0	0	0
Tanya Berg	1.00									
Board member		~						0	0	0
Deb Phillips	1.00									
Board member		'						0	0	0
Deb Yakunich	1.00									
Board member		1						0	0	0
Jane Tyler	1.00									
Board member		~						0	0	0
	_									
		1								
	1	1	1	1	1	1	1	1	1	I .

Part	Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated E	mplo	yees (continued)
	(A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	erson	e than o	n an	(D) Reportable compensation	(E) Reporta compens	ation	(F) Estimated amount of other
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from rela organizatior 1099-MI 1099-N	s (W-2/ SC/	compensation from the organization and related organizations
	Subtotal								73,417		0	0
c C	Total (add lines 1b and 1c)	•		•				•	70.447			
d	Total (add lines 1b and 1c) Total number of individuals (including	 . but not	limite	ed t	to t	thos	 se lis	ted	73,417	ceived n	ore t	0 han \$100,000 of
	reportable compensation from the organi	•							0			Yes No
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete of the line of the line of the list and the list and</i>								loyee, or highes	st compe	nsated	
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	portal	ble	con	npe	nsatic	n a	nd other compe			
5	individual											4 /
04	for services rendered to the organization	? If "Yes," c	compi	ete	Scr	nea	ule J 1	or s	sucn person .			5 /
1	on B. Independent Contractors Complete this table for your five high compensation from the organization. Rep											
	(A) Name and business add			1101	1 1110	- 00	icrida	l ye	(B) Description of serv			(C) Compensation
None	Name and business add								Description of serv	71003		Соттропованот
2	Total number of independent contractor received more than \$100,000 of compens						ted to	th	nose listed abov	e) who		

Page 8

Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	ise or note to ar	y line in this Pa	urt VIII		🗌
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
is, s	1a	Federated campaig	ns .		1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	3,379				
ည် ဋ	С	Fundraising events			1c	17,428				
fts,	d	Related organization	ns .		1d	0				
Ē Bi	е	Government grants	(cont	ributions)	1e	0				
ns, Sir	f	All other contribution	ns, git	fts, grants,						
tio er (and similar amounts no	ot incl	uded above	1f	196,787				
혈美	g	Noncash contribution	ons in	cluded in						
d d		lines 1a-1f			1g	\$ 0				
a Co	h	Total. Add lines 1a-	-1f .				217,594			
						Business Code				
Se	2a	Registration				900099	34,574	34,574	0	0
ه چ	b						,			
gram Ser Revenue	С									
a S	d									
g &	е									
Program Service Revenue	f	All other program se					0	0	0	0
_	g	Total. Add lines 2a-					34,574			
	3	Investment income								
		other similar amoun	nts) .				2,213	0	0	2,213
	4	Income from investment of tax-exempt bor				and proceeds	0	0	0	0
	5	Royalties		-	0	0	0	0		
		•		(i) Rea		(ii) Personal				
	6a	Gross rents	6a		0	0				
	b	Less: rental expenses	6b		0	0				
	С	Rental income or (loss)	6c		0	0				
	d	Net rental income o		s)			0	0	0	0
	7a	Gross amount from	_	(i) Securit		(ii) Other				
		sales of assets								
		other than inventory	7a		0	0				
ō	b	Less: cost or other basis								
Revenue		and sales expenses .	7b		0	0				
e K	С	Gain or (loss)	7c		0	0				
	d	Net gain or (loss)	·				0	0	0	0
Other	1	Gross income fro								
δ		events (not including		17,428						
		of contributions re		d on line						
		1c). See Part IV, line	e 18		8a	0				
	b	Less: direct expens	es .		8b	585				
	С	Net income or (loss)) from	n fundraisin	g eve	ents	-585		0	-585
	9a	Gross income	from	gaming						
		activities. See Part	IV, lin	e 19 .	9a	0				
	b	Less: direct expens	es .		9b	0				
	С	Net income or (loss)) from	n gaming ac	ctivitie	es	0	0	0	0
	10a	Gross sales of in		ory, less						
		returns and allowan	ices		10a	6,067				
	b	Less: cost of goods	sold		10b	· · · · · · · · · · · · · · · · · · ·				
	С	Net income or (loss)			vento	· · · · · · · · · · · · · · · · · · ·	1,477	1,477	0	0
<u>o</u>		· · ·				Business Code				
e go	11a									
scellaneo Revenue	b									
eli ye	С									
Miscellaneous Revenue	d	All other revenue								
Σ	e	Total. Add lines 11a	a–11c	1			0			
	12	Total revenue. See					255,273	36,051	0	1,628

Page **10** Form 990 (2023)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (4).	
Check if Schedule O contains a response or note to any line in this Part IX		 7

Check if Schedule O contains a response or note to any line in this Part IX								
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)			
	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses			
1	Grants and other assistance to domestic organizations				·			
	and domestic governments. See Part IV, line 21 .							
2	Grants and other assistance to domestic individuals. See Part IV, line 22							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	107,000	75,500	28,000	3,500			
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)							
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes	8,186	5,778	2,142	266			
11	Fees for services (nonemployees):							
а	Management							
b	Legal	1,090		1,090				
С	Accounting	3,611		3,611				
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	Other. (If line 11g amount exceeds 10% of line 25, column							
	(A), amount, list line 11g expenses on Schedule O.) .	44,071	43,200	871				
12	Advertising and promotion							
13	Office expenses	5,787	1,608	4,179				
14	Information technology	4,489	979	3,510				
15	Royalties							
16	Occupancy	9,638	2,581	7,057				
17	Travel	1,787	1,787					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	123		123				
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization .							
23	Insurance	7,582	6,428	1,154				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If							
	line 24e amount exceeds 10% of line 25, column							
	(A), amount, list line 24e expenses on Schedule O.)							
_	•	2.042	2.245					
a	Staff Training	3,018	3,018	0	0			
b	Program Direct Expanses	2,004	2,004	0	0			
Q C	Program Direct Expenses	8,534	8,534	0	0			
d	Festival Direct Expenses	77,094	77,094	0	0			
е 25	All other expenses Total functional expenses. Add lines 1 through 24e		220 E44	E4 707	27//			
26	Joint costs. Complete this line only if the	284,014	228,511	51,737	3,766			
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)							
					E 000 (0000)			

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this	s Part X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	136,894	1	99,972
	2	Savings and temporary cash investments	178,281	2	184,604
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, direct	or,		
		trustee, key employee, creator or founder, substantial contributor, or 35	5%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defin			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B))	6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ğ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 104,	297		
	b	Less: accumulated depreciation 10b 104,	269	10c	28
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	315,175	16	284,604
	17	Accounts payable and accrued expenses	6,506	17	3,627
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to any current or former officer, direct			
≣		trustee, key employee, creator or founder, substantial contributor, or 35	0%		
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	in al	24	
	25	Other liabilities (including federal income tax, payables to related th parties, and other liabilities not included on lines 17–24). Complete Part			
		of Schedule D			_
	00			25	0
	26	Total liabilities. Add lines 17 through 25	6,506	26	3,627
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	151,098	27	270,945
Ba	28	Net assets with donor restrictions	157,571		10,032
pu	20	Organizations that do not follow FASB ASC 958, check here	137,371	20	10,032
Ξ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
τ̈́Α	32	Total net assets or fund balances	308,669	32	280,977
Š	33	Total liabilities and net assets/fund balances			284,604

Part	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)		25	5,273
2	Total expenses (must equal Part IX, column (A), line 25)		28	4,014
3	Revenue less expenses. Subtract line 2 from line 1		-2	8,741
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		30	8,669
5	Net unrealized gains (losses) on investments			7,149
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments		-	6,100
9	Other changes in net assets or fund balances (explain on Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		28	0,977
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			\sqcup
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other Modified Cash If the organization changed its method of accounting from a prior year or checked "Other," explain of	on		
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	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		'
	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.			
	☐ 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			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .			
	If the organization changed either its oversight process or selection process during the tax year, explain of Schedule O.	on		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	ne		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	ne 3b		
	, , , , , , , , , , , , , , , , , , ,	100		

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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

Employer identification number

		SOAT CHARLESTON					32-02		
Pai		Reason for Public Cha						ons.	
The o	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).) 								
2						-	I\/A\/:::\		
3 4		hospital or a cooperative ho medical research organization						(iii) Enter the	
4	_	ospital's name, city, and state	•	orijuniction with a nosp	Jilai uesc	indea iii s	section 170(b)(1)(A)	(iii). Enter the	
5		organization operated for		college or university	owned o	r operate	ed by a government	al unit described in	
•		ection 170(b)(1)(A)(iv). (Com		conogo or aniversity	ooa o	. ороган	ou by a government	ar arm doornood in	
6	□ A ·	federal, state, or local gover	nment or govern	mental unit described	l in sectio	on 170(b)	(1)(A)(v).		
7		n organization that normally			port from	a gover	nmental unit or fron	n the general public	
		escribed in section 170(b)(1)		•					
8	_	community trust described i			-				
9	or	n agricultural research organ university or a non-land-gra niversity:							
10	su	n organization that normally i ceipts from activities related ipport from gross investmen equired by the organization a	t income and uni	related business taxal	ble incom	ie (less se	ection 511 tax) from	fees, and gross 33 ¹ / ₃ % of its businesses	
11		n organization organized and		•		•	•		
12	☐ Ar	n organization organized and	operated exclusi	vely for the benefit of,	to perfor	m the fun	ctions of, or to carry	out the purposes of	
		e or more publicly supported							
	the	e box on lines 12a through 12		• • • • • • • • • • • • • • • • • • • •			•	. •	
а		Type I. A supporting organ							
		the supported organization supporting organization.					the directors or trust	ees of the	
b		Type II. A supporting organ							
		control or management of				persons	that control or man	age the supported	
		organization(s). You must	-						
С	Ш	Type III functionally integ its supported organization(ally integrated with,	
d		Type III non-functionally	• • •	•		-		orted organization(s)	
u		that is not functionally integ							
		requirement (see instruction						a an attentiveness	
е		Check this box if the organ	•	•		-		all Type III	
		functionally integrated, or						5 II, 1 ypo III	
f	Ente	er the number of supported of	organizations .						
g	Pro۱	vide the following information	n about the supp	orted organization(s).					
	(i) Nan	ne of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1–10 above (see instructions))		ır governing ment?	support (see instructions)	other support (see instructions)	
								,	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									

Schedule A (Form 990) 2023 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 118,964 208,828 198,626 179,113 217,594 923,125 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 4 118,964 208,828 179,113 217,594 198,626 923,125 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 923,125 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 118,964 208,828 198,626 179,113 217,594 923,125 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1,682 767 775 1,139 2,213 6,576 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 7,000 7,000 **Total support.** Add lines 7 through 10 11 936,701 Gross receipts from related activities, etc. (see instructions) 12 53,467 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 98.55 % 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this ~ 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. 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 10%-facts-and-circumstances test - 2022. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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.)

Secti	on A. Public Support			, , -		,	
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
3	organization's tax-exempt purpose						
3	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	•						
с 8	Add lines 7a and 7b						
U	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(0,7 = 0.10	(0) = 0 = 0	(0, 2021	(0, 2022	(0, =0=0	(-)
10a							
	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
10	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	L s first second	L L third fourth	or fifth tax ve	l Par as a sectio	n 501(c)(3)
• •	organization, check this box and stop he	•			-		. , . ,
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8	3, column (f), c	livided by line	13, column (f))		15	%
16	Public support percentage from 2022 Sch	nedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In	come Perce	ntage				· · · · · · · · · · · · · · · · · · ·
17	Investment income percentage for 2023 (-			%
18	Investment income percentage from 2022						%
19a	331/3% support tests-2023. If the organ						
	17 is not more than 331/3%, check this box		_	-		=	_
b	33 ¹ / ₃ % support tests—2022. If the organiz						
	line 18 is not more than 331/3%, check this l	_	=		-		_
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions . \square

Schedule A (Form 990) 2023 Page 4

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.)

Se

Secti	on A. All Supporting Organizations			
			Yes	No
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.	1		
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).	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.	3a		
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.			
С	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.	3b 3c		
4a	/as 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.	4b		
С	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.	4c		
5а	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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
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).	8		
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 .	9a		
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 .	9b		
С	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 .	9c		
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)? <i>If "Yes," answer line 10b below.</i>	10a		
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.)

Schedule A (Form 990) 2023 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a 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 c 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 Section 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 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 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section 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 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 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 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. 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 Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a 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

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

Schedule A (Form 990) 2023 Page **6**

				. ago -
Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	
Sect	tion 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	tion 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	tion 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 i	integrated Type III suppor	ting organization
	(see instructions).			

Schedule A (Form 990) 2023 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 a From 2018 From 2019 **c** From 2020 **d** From 2021 **e** From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . .

Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Schedule A, Part II, Line 10 - Other Income \$7000 (2021)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

DRAG	ON BOAT CHARLESTON		32-0253953
Par			ds or Accounts
	Complete if the organization answered "		
		(a) Donor advised funds	(b) Funds 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		
	funds are the organization's property, subject to the	= =	
6	Did the organization inform all grantees, donors, ar		
	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		· · · · · · · ∐ Yes ∐ No
Par			
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the c		
	Preservation of land for public use (for example, recre	ation or education) $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	of a historically important land area
	☐ Protection of natural habitat	☐ Preservation of	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			- 1
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified hi		
d	Number of conservation easements included on line		
_	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, trans	ferred, released, extinguished, or terr	minated by the organization during the
_	tax year		
4 5	Number of states where property subject to consend Does the organization have a written policy reg		postion handling of
5	violations, and enforcement of the conservation eas		
_			
6	Staff and volunteer hours devoted to monitoring, inspec	ting, nandling of violations, and enforcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	a handling of violations and enforcing	concernation accoments during the year
'	Amount of expenses incurred in monitoring, inspecting	g, nandling of violations, and emorcing	conservation easements during the year
8	Does each conservation easement reported on line	2d above satisfy the requirements of	section 170(h)(/)(R)(i)
Ū			
9	In Part XIII, describe how the organization reports of		
	sheet, and include, if applicable, the text of the foot		
	organization's accounting for conservation easemen	nts.	
Part	III Organizations Maintaining Collections	of Art. Historical Treasures. or	Other Similar Assets
	Complete if the organization answered "		
1a	If the organization elected, as permitted under FAS		ue statement and balance sheet works
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t		
b	If the organization elected, as permitted under FAS	B ASC 958, to report in its revenue s	statement and balance sheet works of
	art, historical treasures, or other similar assets held	•	
	provide the following amounts relating to these item	The state of the s	•
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art,	historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under FA		. J
9	Revenue included on Form 990 Part VIII line 1	-	\$

b Assets included in Form 990, Part X . .

Schedu	le D (Form 990) 2023									Page 2
Part										
3	Using the organization's acquisition, collection items (check all that apply).		ecor	rds, check	any of the	e follov	ving that make	signific	cant u	se of its
а	☐ Public exhibition		d	☐ Loan o	r exchange	e progi	ram			
b	☐ Scholarly research									
С	☐ Preservation for future generations	3		•						
4	Provide a description of the organiza XIII.	tion's collections and e	xpla	ain how the	ey further	the org	ganization's exe	mpt p	urpose	in Par
5	During the year, did the organization assets to be sold to raise funds rather								Yes	☐ No
Part	ESCROW and Custodial Arra	angements								
	Complete if the organization 990, Part X, line 21.	answered "Yes" on	For	m 990, Pa	art IV, line	9, or	reported an ar	noun	t on F	orm
1a	Is the organization an agent, trustee included on Form 990, Part X?							ot	Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIII and complete th	e fo	llowing tak	ole.					
							. A	moun	ıt	
С	Beginning balance					10	;			
d	Additions during the year					10	I			
е	Distributions during the year					16	•			
f	Ending balance					11				
2a	Did the organization include an amou							•		☐ No
	If "Yes," explain the arrangement in P	art XIII. Check here if th	e ex	xplanation	has been	provid	ed in Part XIII .			
Par	t V Endowment Funds									
	Complete if the organization									
		(a) Current year (b) Pri	or year	(c) Two years	s back	(d) Three years bac	k (e)	Four year	ars back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of	•	anc	e (line 1g,	column (a)) held	as:			
а	Board designated or quasi-endowme	nt%								
b	Permanent endowment	%								
С	Term endowment%									
_	The percentages on lines 2a, 2b, and									
3a	Are there endowment funds not in thorganization by:	e possession of the org	janı	zation that	are held a	and ad	ministered for t	ne	V.	- N-
									Ye	s No
									a(i)	
	(ii) Related organizations?								a(ii)	
D 4	If "Yes" on line 3a(ii), are the related of	•	•						3b	
4 Part	Describe in Part XIII the intended use:		ndc	wrnent fur	ius.					
ran	VI Land, Buildings, and Equip Complete if the organization		Eor	m 000 D	art IV lina	110	Saa Farm 000	Dart	Y lin	o 10
	Description of property	(a) Cost or other ba		(b) Cost or			Accumulated		Book v	
	Description of property	(investment)	313	(b) Cost or (oth			epreciation	(a)	DOOK V	aiue
1a	Land		0		0					0
b	Buildings		0		0		0			0
С	Leasehold improvements		0		0		0			0
d	Fauipment		0	1	104 297		104 269			28

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

0

e Other

0

0

Part VII	Investments – Other Securities	V 5 445 O E	000 Dark V line 10
	Complete if the organization answered "Yes" on Form 990, Part I (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial			
` '	neld equity interests		
. ,			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	mn (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII	Investments—Program Related		
T dit VIII	Complete if the organization answered "Yes" on Form 990, Part I	V. line 11c. See Fo	orm 990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(-)	(0) = 0000 10000	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	mn (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX	mn (b) must equal Form 990, Part X, line 13, col. (B)) Other Assets		
raitix	Complete if the organization answered "Yes" on Form 990, Part I	V line 11d See F	orm 990 Part X line 15
	(a) Description	.,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	mn (b) must equal Form 990, Part X, line 15, col. (B))		
Part X	Other Liabilities	· · · · · · ·	•
I alt X	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11e or 11f.	See Form 990, Part X,
	line 25.		
1.	(a) Description of liability		(b) Book value
(1) Federal in	ncome taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)	mn (b) must equal Form 990, Part X, line 25, col. (B))		
	r uncertain tax positions. In Part XIII, provide the text of the footnote to the organ		tements that reports the
	s liability for uncertain tax positions under FASB ASC 740. Check here if the text		

Schedule D (Form 990) 2023 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements . . . 2 Amounts included on line 1 but not on Form 990. Part VIII. line 12: Net unrealized gains (losses) on investments Donated services and use of facilities h Recoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d 2e 3 3 Subtract line **2e** from line **1** Amounts included on Form 990. Part VIII. line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b Add lines 4a and 4b . . . 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a 2b Prior year adjustments Other losses 2c Other (Describe in Part XIII.) Add lines 2a through 2d . . . 2e 3 Subtract line **2e** from line **1** 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b Add lines **4a** and **4b** 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). 5 **Supplemental Information** Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Schedule D, Part VI, Line 1d - Office Equipment Cost Basis \$267. Depreciation \$267 Schedule D, Part VI, Line 1e - Other - Paddling Equipment Cost Basis 104,030; Accumulated Depreciation 104,002

SCHEDULE G (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

DRAG	ON BOAT CHARLESTON					32-	0253953		
Part	Fundraising Activities. Form 990-EZ filers are n				vered "Yes" on	Form 990, Part IV,	line 17.		
1	Indicate whether the organizatio	n raised funds t	hrough any	of the follo	owing activities. C	heck all that apply.			
а									
b	☐ Internet and email solicitation	าร	f	Solicitati	ion of governmen	t grants			
С	Phone solicitations		g		fundraising events	=			
d	☐ In-person solicitations		3 –	p					
	·								
Za	2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No								
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by	individuals or e	entities (fund			•			
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No					
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total									
3	List all states in which the orga	nization is regis	tered or lic	ensed to s	colicit contribution	s or has been notifi	ed it is exempt from		
J	registration or licensing.	mzadon lo rogio	itoroa or no	onood to o		is of the boot notific	od it is oxompt irom		

Schedule G (Form 990) 2023 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) 20/20 Fundraiser (event type) (event type) (total number) Revenue Gross receipts 1 17,428 17,428 2 Less: Contributions . 17,428 17,428 3 Gross income (line 1 minus line 2) 0 4 Cash prizes . . 0 0 5 Noncash prizes 0 0 Direct Expenses 6 Rent/facility costs . . . 0 7 Food and beverages . . 0 0 0 8 Entertainment 0 0 Other direct expenses 585 585 10 585 Net income summary. Subtract line 10 from line 3, column (d) 11 -585 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c) 1 Gross revenue . Direct Expenses 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs . . . 5 Other direct expenses Volunteer labor . . No 6 Direct expense summary. Add lines 2 through 5 in column (d) 7 Net gaming income summary. Subtract line 7 from line 1, column (d) 8 Enter the state(s) in which the organization conducts gaming activities: 9 а If "No," explain:

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? .

If "Yes," explain:

Schedu	ule G (Form 990) 2023		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	□ No
13	Indicate the percentage of gaming activity conducted in:		0/
a b	The organization's facility		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		☐ No
b	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		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns of Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

DRAGON BOAT CHARLESTON	32-0253953
Form 990, Part VI, Section A, Line 6 - The members vote for the board of directors.	
Form 990, Part VI, Section A, Line 7a - The members vote for the board of directors, unless a seat is vacate	ed at which point the board can
elect a new member.	
Form 990, Part VI, Section B, Line 11b - Form 990 is prepared by the Treasurer and reviewed by the Finance	
Form 990 is then provided to the board of directors for a comment period. Once all questions have been a	ddressed, the Form 990 is
approved and e-filed. A final copy is posted to the organization's public website.	
F 200 Park VI Carllan P. Lin 400 The bound of the state of the st	
Form 990, Part VI, Section B, Line 12c - The board of directors reviews the conflict of interest policy on an	annual basis and the directors
sign a statement that they will disclose any conflicts of interest as they arise.	
Form 990, Part VI, Section B, Line 15 - The current Executive Director was hired February 2023. Prior to him	ring in 2022 the organization
formed a search committee and hired a consultant to evaluate the organizations needs and the appropriat	
size, resources, as compared to similar organizations.	ocially busses on our bunger,
Form 990, Part VI, Section C, Line 19 - The form 990 is available to the public through the DBC website. Go	overning and financial documents
are available through the membership platform.	
Form 990, Part IX, Line 11g - Program Services: 43,200 for consulting Mgmt & General: 871 for payroll program Services.	cessing fees
	·

Schedule O, Statement 1 DRAGON BOAT CHARLESTON

Form: Form 990 (2023) EIN: 32-0253953

Page: 1 Header Section

Reasonable Cause Explanations

We applied for and received an extension (August 15, 2025) from the IRS for our 2023 990.

Explanation