CHANGE OF ACCOUNTING PERIOD

2949318817410 OMB No 1545-0047

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

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.

A F	or the	2017 calendar year, or tax year beginning J2	1, 2017 and	ending	JUN 30,	2017	
B c	heck if	C Name of organization			D Employer	identific	cation number
/ a	pplicable	1			1		
Γ	Addres	Tacoma Community Boat B	uilders				
Ē	Name change	D. I.			7	46-1	724422
┌	Initial	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/su			
\vdash	Final return/	1120 East D Street	,			(253	
	termin- ated	City or town, state or province, country, and 2	IP or foreign postal code	_	G Gross receipt		74,469.
	Amend		о. того д ростан от на		H(a) Is this a	aroup re	
F	Applica				_	ordinates	
	pending	- 1	ma, WA 98421		H(b) Are all sub		
<u> </u>	ax-exe		(insert no.) 4947(a)(1)	or 5			list. (see instructions)
		> WWW. Tacomaboatbuilders.		<u>, </u>	H(c) Group e		,
			sociation Other	TI Ye			A State of legal domicile: WA
ΪPa		Summary		<u> </u>	ar of formation. =	<u> </u>	VI Citato di logar dominono: 4122
		Briefly describe the organization's mission or most s	significant activities: TCBB	offe	rs mento	ring	programs
çe		for marginalized youth by					
Jah	_	Check this box if the organization discon					
Veri		Number of voting members of the governing body (•		516 trian 2070 or it	3	7
Ó		Number of independent voting members of the government	•			4	7
8	l	Total number of individuals employed in calendar ve				5	0
Activities & Governance		Total number of volunteers (estimate if necessary)	ear 2017 (Fait V, line Za)			6	30
tivi		Total unrelated business revenue from Part VIII, colu	ima (C) lina 10	*		7a	0.
Ac						7b	0.
_	<u> </u>	Net unrelated business taxable income from Form 9	90-1, line 34	T	Prior Year		Current Year
		Contributions and grants (Part VIII June 1b)		<u> </u>	224,		58,463.
≅g		Contributions and grants (Part VIII, line 1h)		<u> </u>		000.	15,987.
	l	Program service revenue (Part VIII, line 2g)			20,	0.00.	19.
€ ZU Reven		nvestment income (Part VIII, column (A), lines 3, 4,		-) _	<10,8		<2,367.>
⇒	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	11-1		233,		72,102.
<u>=</u>		Fotal revenue - add lines 8 through 11 (must equal F				0.	72,102.
∯U&	بيمدا	Grants and similar amounts paid (Part IX, column (A	N			0.	0.
<u></u>	14 1	Benefits paid to or for members (Part IX, column (A)		r °'	82	025.	58,832.
Expenses (15 3	Salaries, other compensation, employee benefits (P			02,	023.	0.
Se	10a 1	Professional fundraising fees (Part IX, column (A), lin		17			- 0.
ZX.	[Fotal fundraising expenses (Part IX, column (D), line	· ·	- / •	6.1	439.	58,510.
)) -	'' `	Other expenses (Part IX, column (A), lines 11a-11d,	•	-	146,		117,342.
0		Total expenses Add lines 13-17 (must equal Part IX				696.	<45,240.>
	19	Revenue less expenses Subtract line 18 from line 1	2				
Net Assets or	<u> </u>	Fatal access (Dart V. Ivan 40)		}	Beginning of Curre		End of Year 157,608.
SSE	20	Fotal assets (Part X, line 16)		-			
et A	21	Total liabilities (Part X, line 26)	0.0	-	192,	736.	10,276. 147,332.
륁	rt II	Net assets or fund balances Subtract line 21 from I Signature Block	ine 20			3/4.	147,332.
		<u> </u>	naludina aasamaanuna aabadulai	and state	manta and to the b	act of mu	cleaning and balas, it is
		ties of perjury, I declare that I have examined this return,					knowledge and belief, it is
true,	correct	, and complete. Declaration of preparer (other than artice)		uch prepa	rer has any knowled		248
٥.	ĺ	Signature of officer	<u> </u>		Date	~ 11	2010
Sig			Executive Di	BECT			
Her	e	Type or print name and title	CRECILTIVE DI	<u>eec</u>			
_		<u> </u>	Donas and a secondary		Date	Check	T PTIN
De!-	,	Print/Type preparer's name	Preparer's signature		15000	# _	-
Paid	- H	Firstle same			 	self-employ	red
	arer	Firm's name			Firm'	s EIN 🛌	
USE	Only	Firm's address			5.		
		O de la contraction de discontraction de discont			Phon	e no.	<u></u>
мау	tne in	S discuss this return with the preparer shown above	er (see instructions)				Yes No

Form 990 (2017) Tacoma Community Boat Builders
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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			**
	as applicable		1	27
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete] ,		
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	ĺ		
	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	ĺ		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>x</u>
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> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	}		7.5
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			7.5
	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	<u> 19</u>		X

- Schedule K. If "No", go to line 25a
 - b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
 - c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
 - d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
- 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
 - 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
- 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L. Part II
- Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part III
- 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):
 - a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
 - b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV
 - c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV
- Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
- 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes." complete Schedule M
- 31 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 32 Schedule N. Part II
- 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
- 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
- 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
 - b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
- 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
- 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
- Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

20b 21 22 23	<u>x</u> <u>x</u>
22	
	<u>x</u>
23	
	X
24a 24b	X
24c	
24d	
25a	<u>x</u>
25b	<u>x</u> _
26	<u>x</u>
27	x
28a 28b	X
28c	<u></u>
29	X
30	<u>x</u>
31	<u>x</u>
32	<u>x</u>
33	<u>x</u>
34 35a	X X
35b	
36	<u>x</u> _
3 -	
37	<u>x</u> _

Page 5

	Check if Schedule O contains a response or note to any line in this Part V				
			$\neg \neg$	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 if not applicable	0			
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0	. 1	ı	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning				i _ l
	(gambling) winnings to prize winners?	Ī	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	ľ			
	filed for the calendar year ending with or within the year covered by this return	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	j	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	ļ	_3a_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b		<u> </u>
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		X
b	If "Yes," enter the name of the foreign country:	— l	. [
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				لپ
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	}	5a		X
b		ŀ	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	. }	<u>5c</u>		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicities any contributions that were not tax deductible as charitable contributions?	۱ ا	6a	.	х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ŀ	-0a	$\neg \neg$	_
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	Ì			\Box
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the p	ayor?	7a		X
þ	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	Ì	İ		i
	to file Form 8282?	ļ	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е		-	7e		X
f			7f	-	X
g			7g		
h		3-C?	7h		$\overline{}$
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	D. 11	ľ	9a		
b			9b		
10	Section 501(c)(7) organizations. Enter	·			
а					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		. 1		1
11	Section 501(c)(12) organizations. Enter:		.		
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	Í	.		i i
	amounts due or received from them.)			——	اـــــا
_	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	}	12a		
b	• • • • • • • • • • • • • • • • • • • •	——·	,		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	}	125		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	. }	13a	-	
ь					
-	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		
			Form	990	(2017)

Tacoma Community Boat Builders 46-1724422 Form 990 (2017) 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 in 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 No Yes 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 in Schedule O. 7 b Enter the number of voting members included in 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 $\overline{\mathbf{x}}$ 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 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? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X a The governing body? X **8**b b Each committee with authority to act on behalf of the governing body? 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 in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 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 in 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 X 12a X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe X in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 14 X 14 Did the organization have a written document retention and destruction policy? 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? X 15a a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶WA Section 6104 requires an organization to make its Forms 1023 (or 1024 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 Own website X Another's website X Upon request Other (explain in Schedule O) Describe in 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.

98421

The Organization - (253) 720-8227

1120 East D Street, Tacoma,

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Tacoma Community Boat Builders

46-1724422

<u> Page</u> **7**

Part VIII 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 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 and/or Box 7 of Form 1099-MISC) 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

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization ne	or any related	orga	nıza	tion	con	nper	sate	ed any current officer, d	rector, or trustee	
(A)	(B)	ĺ		(6	C)			(D)	(E)	(F)
Name and Title	Average	(do			nore	1 than (one	Reportable	Reportable	Estimated
	hours per	Ьох	, unle	ss pe	rson	s both	n an	compensation	compensation	amount of
	week	\vdash	Cerar	laza	irecia	or/trus	lee,	from	from related	other
	(list any	recto						the	organizations	compensation from the
	hours for related	e or d	te e	1		sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	ruste	l trus		ag.	m ber		(** 27 1000 (***1000)		and related
	below	Individual trustee or director	Institutional trustee	<u> </u>	Key employee	st co	 =			organizations
	line)	- Figure 1	Instit	Officer	Key e	Highest compensated employee	Former			
(1) Paul Birky	5.00									
President, Chair		<u> </u>		X						
(2) Peter Hales	5.00									
Vice President, Director		X		Х						
(3) Scott Rosengren	5.00]					,			
Treasurer, Director		X		X						
(4) Clifford Armstrong, III	5.00									
Director		X								
(5) Colleen Carmean	5.00									
Director		X			<u> </u>	ļ				
(6) Thomas P. Larkin	5.00	1								
Director		X	<u> </u>							
(7) Kurt Miller	5.00	1	ļ							
Director		X								
(8) Dr. Shannon Shea	40.00									
Executive Director		<u> </u>	<u> </u>	X	<u> </u>	ļ				
		┢	-	<u> </u>	├	-	_			
	-									
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		1								
		+								

Section A. Officers, Directors, Trus	itees, Key Em	oloy	<u>ees,</u>	and	3 HI	gnes	<u>st C</u>	ompensated Employee	s (continued)			
(A)	(B)	{		-	C)			(D)	(E)		(F)	
Name and title	Average	(do			itior more	n e than	one	Reportable	Reportable	E	stimate	ed
	hours per	box	unles	ss pe	rson .	ıs botl or/trus	h an	compensation	compensation) a	mount	of
	week (list any	\vdash	Lea an		T	T	<u> </u>	from	from related		other	
	hours for	Irect			ł		Ì	the organization	organizations (W-2/1099-MIS		npensa from th	
	related	9 of 6	stee			sated		(W-2/1099-MISC)	(44-27 1033-14110-	· 1	ganızat	
	organizations	truste	al tru		yee	ad El		(** = *********************************			nd relat	
	below	Individual trustee or director	Institutional trustee	ie.	Key employee	Highest compensated employee	je j			org	ganızati	ons
	line)	힐	Insti	Officer	Key	돌	Former		<u> </u>			
		1										
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	<u> </u>	1					ļ	ļ		-		
1b Sub-total	٠	1	لـــا			Ь_						
c Total from continuation sheets to Part V	I Section A									_+_		
d Total (add lines 1b and 1c)	ii, Section A											
Total number of individuals (including but it	not limited to th	ose	liste	d at	nove	a) wh	o re	eceived more than \$100	000 of reportable			
compensation from the organization	iot iiiiiited to tii	1030	11310	u u.	,,,,	<i>,</i> ••••	.0.0	ocivos moro alan proo,	ooo oi ropoi tabio			
											Yes	No
3 Did the organization list any former officer	, director, or tru	uste	e, ke	y en	nplo	oyee,	, or l	highest compensated er	nployee on			
line 1a? If "Yes," complete Schedule J for s			•	-						3		X
4 For any individual listed on line 1a, is the s		le co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		T	
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	or such individual		4		X
5 Did any person listed on line 1a receive or									lual for services			
rendered to the organization? If "Yes." con	nolete Schedul	e J f	or su	ıch ı	oers	son				5		X
Section B. Independent Contractors										-		
1 Complete this table for your five highest co										ensation f	rom	
the organization Report compensation for	the calendar ye	ear e	ndır	ng w	ıth (or w	thin	the organization's tax y	ear.			
(A)				_			1	(B)			(C)	
Name and business	address	N	ONE	<u> </u>			_	Description of s	ervices	Comp	ensatio	on
							l					
							\dashv					
							\dashv					
		-					\dashv					
							ļ		1			
	 											
2 Total number of independent contractors (includina but n	ot lir	niter	d to	tho	se lis	sted	above) who received mi	ore than			
\$100,000 of compensation from the organ	•	•••										
							_					

<2,348.>

Form 990 (2017)

0.

72,102.

15,987.

Total revenue. See instructions.

Sect	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			nplete column (A).	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		<u> </u>	goriora, expenses	0.00.000
•	and domestic governments. See Part IV, line 21		ì	}	
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	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	33,800.	11,830.	8,450.	13,520.
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	Other salaries and wages	15,653.	6,797.	8,856.	·
8	Pension plan accruals and contributions (include		ł		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4,413.	2,027.	918.	1,468.
10	Payroll taxes	4,966.	1,870.	1,738.	1,358.
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	9,431.	7,073.	1,886.	472.
d	· · · ·				
е	· · · · · · · · · · · · · · · · · · ·				
f	Investment management fees		-		
g	` '	14 264	1 426	1 426	11 400
	column (A) amount, list line 11g expenses on Sch O.)	14,364.	1,436.	1,436.	11,492.
12	Advertising and promotion	026			110
13	Office expenses	936.	231. 392.	593.	112. 157.
14	Information technology	1,300.	394.	1,019.	15/.
15	Royalties	18,446.	16,602.	922.	922.
16	Occupancy	2,174.	761.	1,087.	326.
17	Travel	2,1/4.	701.	1,007.	320.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	180.	144.		36.
19	Conferences, conventions, and meetings	100.			
20 21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	1,691.	1,691.		
23	Insurance	3,223.	2,256.	967.	
24	Other expenses. Itemize expenses not covered	7,223.	2,230.		
-7	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Chan Dames as	4,712.	4,712.	· · · · · · · · · · · · · · · · · · ·	·
h	Food for Shop	503.	503.		
c	Youth Advancement	335.	335.		
d	77 - 7 4	265.	265.		
	All other expenses	682.	8.	220.	454.
25	Total functional expenses. Add lines 1 through 24e	117,342.	58,933.	28,092.	30,317.
26	Joint costs. Complete this line only if the organization				
•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
_	Check here If following SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 48,529. 149,356. Cash - non-interest-bearing 60,019. 2 Savings and temporary cash investments 2 75. 2,875. 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 58,669. basis Complete Part VI of Schedule D 10a 12,484. 47,877. 10b 10c 46,185. b Less accumulated depreciation 11 Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 197,308 157,608 Total assets. Add lines 1 through 15 (must equal line 34) 16 4,736. 10,276. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees. Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 4,736. 10,276. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 192,572. 144,332. 27 27 Unrestricted net assets 3,000. 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 192,572. 33 33 147,332. Total net assets or fund balances 157,608. 197,308. 34 Total liabilities and net assets/fund balances

	990 (2017) Tacoma Community Boat Builders	46-	<u> 172442</u>	<u> 2</u> P	_{aqe} 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		72,	102. 342.
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>40.></u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	<u>.92,</u>	<u>572.</u>
5	Net unrealized gains (losses) on investments	5_			
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 in Schedule O)	9_			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1	<u>47,</u>	332.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			_	Ye	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 in Schedule	0	_		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	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?		2	<u>b</u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	1	ł	1 1
	consolidated basis, or both			İ	
	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	audıt,	上		
	review, or compilation of its financial statements and selection of an independent accountant?		2	<u>c </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	lit		
	Act and OMB Circular A-133?		3	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	ıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			Bb	
			Fo	orm 99 0	(2017)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

201/ Open to Publica

OMB No 1545-0047

Name of the organization

Employer identification number

		Taco	ma Communi	ty Boat Build	ders_			_ 4	6-1724422
Pa	rt I	Reason for Public C	Charity Status (All organizations must co	mplete th	s part.) Se	e instructions		
The (organi	zation is not a private found							
1	ΓŤ	A church, convention of chu	•	-	=	=	D(A)(i).	9	77
2	一	A school described in secti						(.	
3	二	A hospital or a cooperative					n		
4	H	A medical research organiza						iii) Enter	the hospital's name
4		city, and state	ation operated in cor	ijunction with a nospital	described	iii sectio	11 170(0)(1)(\(\times\)(iii). Liitei	the hospital s hame,
_		An organization operated for		lana ay unu ayanbu ay mad	or anarat			+ door-b	
5				liege of university owned	or operati	ed by a go	verninentai un	it describe	su III
_		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov							
7	X	An organization that normal		ntial part of its support fr	om a gove	ernmentai	unit or from the	general	oublic described in
		section 170(b)(1)(A)(vi). (Co							
8	닏	A community trust describe							
9	Ш	An agricultural research org	janization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a l	and-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions)	Enter the i	name, city	, and state of t	he college	or
		university.							
10	لـــا	An organization that normal	lly receives [.] (1) more	than 33 1/3% of its supp	ort from c	ontributio	ns, membershi	p fees, an	d gross receipts from
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of its	support t	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	ınızatıon a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III)			٠			
11		An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functioi	ns of, or to car	y out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section (509(a)(2)	See section 5	09(a)(3). (Check the box in
		lines 12a through 12d that of	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g	
а		Type I. A supporting orga	anızatıon operated, s	upervised, or controlled	by its supp	orted org	anızatıon(s), typ	oically by	gıvıng
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	s of the su	upporting
		organization You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting orga	anızatıon supervised	or controlled in connect	ion with its	s supporte	d organization	(s), by hav	/ing
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	oorted
		organization(s) You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supportin	g organization operated	ın connect	ion with, a	and functionally	, integrate	ed with,
		its supported organization	n(s) (see instructions)	You must complete F	art IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in coi	nnection w	vith its support	ed organi	zation(s)
		that is not functionally int	egrated The organiz	ation generally must sat	sfy a distr	bution rec	quirement and	an attentr	veness
		requirement (see instructi	ions) You must con	nplete Part IV, Sections	A and D,	and Part	v.		
е		Check this box if the orga						, Type III	
		functionally integrated, or	Type III non-function	nally integrated supportii	ng organiz	ation			
f	Ente	r the number of supported o	organizations						
9	Prov	vide the following information	about the supporte	d organization(s)					
	(i) Name of supported	(iı) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount of	•	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)
						_			
							1		
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							<u> </u>		•
			}	}			ł		{
		· <u>-</u>							
			1]	}		}

Schedule A (Form 990 or 990-EZ) 2017 Tacoma Community Boat Builders 46-1724 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	85,164.	67,356.	120,883.	244,004.	55,463.	572,870.
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	ļ					
	the organization without charge						
4	Total. Add lines 1 through 3	85,164.	67,356.	120,883.	244,004.	55,463.	572,870.
	The portion of total contributions				<u> </u>		
	by each person (other than a						
	governmental unit or publicly						1
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	1					
	column (f)						252,206.
6	Public support. Subtract line 5 from line 4						320,664.
Sec	etion B. Total Support	ا					3207004.
_	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	85,164.	67,356.	120,883.	244,004.	55,463.	572,870.
8	Gross income from interest,	00,2010	0,,000.	220,000			3,2,0,00
٠	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					19.	19.
9	Net income from unrelated business						
9	activities, whether or not the						
	· i						
40	business is regularly carried on		 _	·			
10	Other income Do not include gain						
	or loss from the sale of capital		l				
	assets (Explain in Part VI)		<u> </u>				572,889.
	Total support. Add lines 7 through 10				<u> </u>	12	312,003.
	Gross receipts from related activities,		•				
13	First five years. If the Form 990 is for	-	first, second, thir	o, fourth, or fifth ta	ix year as a section	1501(0)(3)	▶□
Sec	organization, check this box and stor ction C. Computation of Publi	c Support Per	centage***			•-	
_	Public support percentage for 2017 (li			olumn (fl)		14	55.97 %
	Public support percentage from 2016		•	olumin (1))		15	<u>33.57</u> %
	· · · · · · · · · · · · · · · · · · ·			a line 12 and line :	14 io 22 1/20/ or m		
100	33 1/3% support test - 2017. If the c stop here. The organization qualifies	=			14 15 35 17376 01 111	ore, check this bo	► X
	33 1/3% support test - 2016. If the c		-		luno 15 io 22 1/20/	or more shook th	
	• •	_			iiile 13 is 33 1/3/0	or more, check in	IS DOX
47.	and stop here. The organization qual	· -	•		12 160 or 16b o	and line 14 is 100/	
1/2	1 10% -facts-and-circumstances test	_					
	and if the organization meets the "fac		•	-		rt vi now the organ	lization
	meets the "facts-and-circumstances"					7	100/
t	10% -facts-and-circumstances test	•				•	
	more, and if the organization meets the				•		,
	organization meets the "facts-and-circ		•	•			▶⊨
<u>18</u>	Private foundation. If the organization	n aid not check a l	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>

732023 10-06-17

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizatior
--

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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?
- 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 (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 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a_		
3b		
00		
3с		
4a		
4b_		
<u> </u>		
4c		
5a		
5b 5c		_
30		
<u> </u>		
6		
7		
8		
9a		
9b		
<u></u>		
9c		
10a		
10b		
000 00	O E7	0047

		<u>-172442</u>	2 Pa	ige 5
Par	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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,	1 1		' '
	describe how the powers to appoint and/or remove 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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1		
	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 in (2), 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 instruc	tions).		
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 government entity (see	e instructions)	·	
2	Activities Test Answer (a) and (b) 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	<u> </u>		
	that these activities constituted substantially all of its activities	_2a		
b				
	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		<u> </u>	
_	activities but for the organization's involvement	_2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	}		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u> </u>	 	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		\vdash	
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b_		L

	edule A (Form 990 or 990 EZ) 2017 Tacoma Community Boat B			46-1/2 4 422 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-	·	Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
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	1 1		
	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):			
_ a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	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 1-1/2% 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 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 pnor year (from Section A, line 8, Column A)	1		
2	Enter 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	- 7		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrat	ed Type III supporting org	anization (see
_	instructions).			

	dule A (Form 990 or 990 EZ) 2017 Tacoma Commun			6-1724422 P	<u>age 7</u>
	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations (continued)	1	
	on D - Distributions			Current Year	
	Amounts paid to supported organizations to accomplish exer				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	<u> </u>			
4_	Amounts paid to acquire exempt-use assets				
<u>5</u> _	Qualified set-aside amounts (prior IRS approval required)				
6_	Other distributions (describe in Part VI) See instructions			 _	
7_	Total annual distributions. Add lines 1 through 6				
8	Distributions to attentive supported organizations to which the	e organization is responsive		1	
	(provide details in Part VI) See instructions			<u> </u>	
9	Distributable amount for 2017 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017	7
1	Distributable amount for 2017 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2017 (reason-				
	able cause required explain in Part VI) See instructions				1
3	Excess distributions carryover, if any, to 2017				
a					
b	From 2013				
	From 2014				
	From 2015				
e	From 2016				
f	Total of lines 3a through e				
	Applied to underdistributions of prior years				
	Applied to 2017 distributable amount				
	Carryover from 2012 not applied (see instructions)				
i	Remainder Subtract lines 3g, 3h, and 3i from 3f				
4	Distributions for 2017 from Section D.				
	line 7· \$		j		- 1
а	Applied to underdistributions of prior years				
b	Applied to 2017 distributable amount				
	Remainder Subtract lines 4a and 4b from 4				
5	Remaining underdistributions for years prior to 2017, 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 2017 Subtract lines 3h				
	and 4b from line 1 For result greater than zero, explain in	- · · · · · · · · · · · · · · · · · · ·	- 		
	Part VI See instructions			1	
7	Excess distributions carryover to 2018. Add lines 3				
	and 4c				ł
8	Breakdown of line 7.				
	Excess from 2013				
	Excess from 2014				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				

Schedule A (Form 990 or 990-EZ) 2017

Part 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 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)													
<u>Part</u>	II, Sl	nort	Year E	xplana	atio	n:							
The	organi:	zatio	n chan	ged fi	rom	a cale	ndar	year t	o a	fiscal	_year_	ending	3
June	30th.	The	short	year	to	effect	this	chang	e wa	s from	1/1/2	017_t	o
6/30	/2017.												
				-								_	
		_											
													
													
													
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·													

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

Open to Public Inspection

Name of the organization

Magama Community Boat Buildorg

Employer identification number 16-1721122

Pa	Tacoma Community Boa		s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6	5.	
		(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 (dunng year)		
4	Aggregate value at end of year	,	
5	Did the organization inform all donors and donor advisors in wri	ting that the assets held in donor adv	ised funds
_	are the organization's property, subject to the organization's ex		Yes No
6	Did the organization inform all grantees, donors, and donor adv		e used only
•	for charitable purposes and not for the benefit of the donor or d	• •	•
	impermissible private benefit?	,	Yes No
Pa	rtill Conservation Easements. Complete if the organ	nization answered "Yes" on Form 990	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or edu	· — — ·	storically important land area
	Protection of natural habitat	· —	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	n of a conservation easement on the last
_	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic struct	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired after	, ,	<u> </u>
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, relea	sed, extinguished, or terminated by th	
•	year >	,g,	
4	Number of states where property subject to conservation easer	ment is located >	
5	Does the organization have a written policy regarding the period		- f
	violations, and enforcement of the conservation easements it he		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		nservation easements during the year
	>	-	
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcing conserv	ration easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 17	0(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describe	s the organization's accounting for
	conservation easements.		
Pa	rt:[[[Organizations Maintaining Collections of A	Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	ition, education, or research in further	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	s these items	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items.		
	(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 treas	ures, or other similar assets for financ	
	the following amounts required to be reported under SFAS 116		-
а	D		> \$
	Assets included in Form 990, Part X		> \$

		Community B				4	<u>6-17</u>	24422	2 P	age 2
Pa	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, or	Other S	Similar A	Assets	(contin	ued)	
3	Using the organization's acquisition, accessi									 }
	(check all that apply)									
а	Public exhibition	d	Loan or exc	change program	าร					
b	Scholarly research	е	Other				_			
С	Preservation for future generations									
4	The state of the s									
5	During the year, did the organization solicit of	r receive donations of	f art, historical trea	sures, or other:	sımılar as	sets				
	to be sold to raise funds rather than to be ma							Yes_		No
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ary for contribution	ns or other asset	ts not inc	luded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table							
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
	•					7		Yes		No
	If "Yes," explain the arrangement in Part XIII	Check here if the exp	lanation has been	provided on Pa	art XIII					
Pa	t V Endowment Funds. Complete		wered "Yes" on Fo	orm 990, Part IV				ı		
		(a) Current year	(b) Prior year	(c) Two years	back (d)	Three yea	rs back	(e) Four	years	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 the curr	ent year end balance	(line 1g, column (a	i)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held ai	nd administered	d for the c	organizatio	on	_		
	by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations		. <u>.</u>					3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza	· ·						3b		
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		ment funds							
T ai			D-484 L-44 - 6							
	Complete if the organization answered	T'	- 1				ī	<u> </u>		
	Description of property	(a) Cost or other basis (investment)	1 ' '	t or other		umulated		(d) Book	valu	е
	Lond	Dasis (irrestific	Dasis	(other)	uepre	ciation	+	.		
	Land			+-			+			
	Buildings			0,128.		3,557	, 	26		71
	Leasehold improvements			8,541.		3,33 8,92				$\frac{71.}{1.4}$
	Equipment Other			0,041.		0,34	' 		, 6	14.
	Add lines 1a through 1e (Column (d) must o		(D) to a d				_	16	1	0 5

	F 000 0		
Complete if the organization answered "Yes" of a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value		e 12. Cost or end-of-year market value
Financial derivatives	(b) Book value	(c) ivietifod of valuation.	Dost of end-of-year market value
Closely-held equity interests			· · · · · · · · · · · · · · · · · · ·
Other			
(A)			
(B)			
(C)			
(D)	·		
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.		••	
Complete if the organization answered "Yes" of		11c. See Form 990, Part X, line	13
(a) Description of investment	(b) Book value	(c) Method of valuation (Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			-,-,-
(5)	-		
(6)			
(7)			
(8)			
at (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d See Form 990, Part X, line	e 15.
	Description		(b) Book value
(1)		-	
(1) (2)			
(2)	Cocinputori		
(2)			
(2) (3) (4)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line art X. Other Liabilities.	15.)		
(2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of	15.)		X, line 25
(2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	15.)	11e or 11f See Form 990, Par (b) Book value	X, line 25
(2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	15.)		X, line 25
(2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	15.)		X, line 25
(2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)	15.)		X, line 25
(2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)	15.)		X, line 25
(2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	15.)		X, line 25
(2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	15.)		X, line 25
(2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	15.)		X, line 25
(2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	15.)		X, line 25
(2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	15.) n Form 990, Part IV, line		X, line 25
(2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	15.) n Form 990, Part IV, line	(b) Book value	

Schedule D (Form 990) 2017 Tacoma Community Boat B	uilders	46-1724422 Page 4
Part XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenu	e per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a	
Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	1
c Add lines 4a and 4b		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.))	5
Part XII Reconciliation of Expenses per Audited Financial Sta	tements With Expen	ses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a	
Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b	40	4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	0 1	5
Part XIII Supplemental Information.	2./	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar		
		· · · · · · · · · · · · · · · · · · ·
	-	

SCHEDULE O

(Form 990 or 990-EZ)

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 990-EZ.

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

2017
Open to Public Inspection

Name of the organization

Tacoma Community Boat Builders

Employer identification number 46-1724422

Form 990, Part I, Line 1, Description of Organization Mission:

volunteer craftsmen and women. As a community-based social intervention

program, we use a positive youth development approach to learning

offering hands-on experiences with woodworking, boat building and

on-the-water activities.

Form 990, Part III, Line 1, Description of Organization Mission:

their lives by offering hands-on learning and skill-building in a

challenging environment where positive behaviors and problem-solving

strategies are modeled by adult volunteer craftsmen-mentors.

Form 990, Part III, Line 4a, Program Service Accomplishments:

and social development of youth rather than on problems and/or

deficits. The overall goal with the TCBB program has always been to

give youth the comprehensive support they need to thrive, not just in

our program, but also in life.

TCBB program objectives are tied closely to work done since 2015

through the Youth Program Quality Initiative (YPQ). The YPQ evaluations

are outcomes driven and tied closely to well documented best practices

for effective positive youth development. The process of assessment,

planning and improvement has provided TCBB with an evaluative framework

that strengthens and improves its program progressively over time. TCBB

consistently scores high in the domains of Safe Environment, Supportive

Environment, Interaction and Engagement. In 2018 we will add Social

Schedule O (Form 990 or 990-EZ) (2017) Employer identification number Name of the organization Tacoma Community Boat Builders 46-1724422 process. Our core programs serve youth, 12-18 years of age, who are - or have been - connected to the juvenile court system. While youth are originally assigned to TCBB for a 10-week program, many choose to continue their time in the shop well beyond their court-ordered time. The door is always open to them, and youth are encouraged to stay connected to the program and their adult mentors, which research shows increases their chances for long-term success. For services TCBB can't provide directly, targeted referrals are made to youth-serving organizations in the community with whom TCBB has built strong relationships. Program service accomplishments included the following for 2017: Serving 90 unduplicated youth who are court connected in Pierce County. Overall rate for successful completion of the program is at 72% with the racial-ethnic breakdown of 51.9% Caucasian, 27.8% African American, 11% Hispanic, 7.4% Asian/Pacific Islander, 1.9% Native American. The number of minority youth served in our programs tripled from 2016 accounting for 49% of all youth served. In addition to the 90 unduplicated youth, 26 alumni youth returned to attend more than 136 sessions where they continued to develop the skills, relationships, and capabilities that only time and experience can deepen. TCBB is able to offer a limited number of workplace experience internships for qualifying alumni of our core programs. We also offer support and referral services for those wishing to return to complete secondary education, support in job search and preparedness,

Schedule O (Form 990 or 990-EZ) (2017) Employer identification number Name of the organization Tacoma Community Boat Builders 46-1724422 and/or entering into higher education or trades-based programs. Form 990, Part VI, Section B, line 11b: The treasurer prepares the Form 990 and submits a draft to the executive director for her review. After the executive director's comments are considered, a draft is submitted to the entire board for their review and comment. Following considerations of the board's comments, the Form 990 is finalized and submitted. Form 990, Part VI, Section B, Line 12c: In connection with the annual meeting, the officers, directors and key employees are required to disclose any potential confilcts of interest. If any conflicts are disclosed or discovered, the conflict is considered and appropriate action is taken. Periodically, at monthly board meetings, officers and directors are reminded of the conflict policy to ensure ongoing support of the policy. Form 990, Part VI, Section B, Line 15a: The executive director is the only officer, director, manager or key employee to receive compensation. The process for determining the director's salary includes reference to wages of directors in similar-sized organizations, consultation with 3rd party NFP professionals, and discussions of the Board's executive committee. The entire board approves the salary as part of the adoption of the annual budget. Form 990, Part VI, Section C, Line 19:

The organizations governing documents and policies are available upon

reasonable request at it's offices.

Name of the organization Tacoma Community Boat Builders	Employer identification number 46-1724422
Management and general expenses	0.
Fundraising expenses	16.
Total expenses	16.
Total Other Fees on Form 990, Part IX, line 11g, Col A	14,364.