Form **990**

Department of the Treasury Internal Revenue Service **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.

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

Open to Public Inspection

For the 2017 calendar year, or tax year beginning . 2017, and ending 7/01 , 2018 D Employer identification number Check if applicable: Associated Students of the California Address change 94-6088686 Maritime Academy Telephone number Name change 200 Maritime Academy Dr. (707) 654-1142 Initial return Vallejo, CA 94590 Final return/terminated G Gross receipts \$ 254,011 F Name and address of principal officer: STEFANO MAFFEI H(a) Is this a group return for subordinates? Application pending X No Yes **H(b)** Are all subordinates included? If 'No,' attach a list. (see instructions) Yes Same As C Above Tax-exempt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 Website: ► www.csum.edu H(c) Group exemption number ▶ X Corporation Other ► M State of legal domicile: CA Form of organization: Association L Year of formation: 1996 Summary Briefly describe the organization's mission or most significant activities: Through offering academic support and student services, the Associated Students of the California Maritime Academy seeks Activities & Governance to enrich the lives of the students at Cal Maritime. Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 11 Number of independent voting members of the governing body (Part VI, line 1b)..... 4 11 5 0 Total number of volunteers (estimate if necessary)..... 6 29 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 0. Prior Year Current Year Contributions and grants (Part VIII, line 1h)..... 225,172. 212,434. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 49,275 41,577. Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 274,447. 254,011. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 14 Benefits paid to or for members (Part IX, column (A), line 4)..... 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 26,773 17,361. 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ► 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)...... 220,324 248,493. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 265,854. 247,097. Revenue less expenses. Subtract line 18 from line 12..... 27,350 -11,843.Beginning of Current Year End of Year 20 117,095. 106,504. 21 397 1,649. Net assets or fund balances. Subtract line 21 from line 20..... 116,698 104,855. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date STEFANO MAFFEI PRESIDENT Here Type or print name and title Print/Type preparer's name Preparer's signature Date Hiep Pham Hiep Pham self-employed P01346204 Paid R. J. Ricciardi, Inc. Preparer Firm's name Use Only ▶ 1101 Fifth Avenue, Suite 360 Firm's EIN $\geq 20-1398210$ San Rafael, CA 94901 Phone no. 415-457-1215May the IRS discuss this return with the preparer shown above? (see instructions).....

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
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		Х
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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		Х
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		Х
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.			
á	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
ŀ	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.	11 b	.,	Х
(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.	11 c		Х
(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.	11 d	Х	
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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	11 f	Х	
12a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	х	
	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
I	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		х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	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		Х
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? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
		_		/O O 4 T

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	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		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
k	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		Х
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.	26		Х
27	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.	27		Х
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	28a		X
k	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
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	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
k	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		X
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		Х
38	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	38	Х	
BAA		Form	1 990	(2017)

Page 5

Form 990 (2017) Associated Students of the California

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			·
		septime solution	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	- 0.00000000000000000000000000000000000		
)		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		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	3 b		
	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)?	4 a	o de Carriera de Carriera	Х
b	If 'Yes,' enter the name of the foreign country: ▶	4	110	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			v
_	Form 8282?	7 c		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year		De la	Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	·		Λ
J	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	. 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		1
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	. 9 a		ļ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	_		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
-	Gross income from members or shareholders	_		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a		
	of Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	19-		191
а	I 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.			
	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			
	Enter the amount of reserves on hand			177
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	. 14b	1	

Form	990 (2017) Associated Students of the California	94-60	88686	Page 6
Part	Governance, Management, and Disclosure For each 'Yes' response to a 'No' response to line 8a, 8b, or 10b below, describe the circumstance Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	es, processes, c	or changes ir	1
Sect	tion A. Governing Body and Management			<u>A</u>
3000	Horr A. Governing Body and management			Yes No
	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.	1 a	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh officer, director, trustee, or key employee?			X
4 5 6	Did the organization delegate control over management duties customarily performed by or under the of officers, directors, or trustees, or key employees to a management company or other personal difference of the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization difference or stockholders? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or a members of the governing body?	ion's assets?	4 5 6	X X X X
	Are any governance decisions of the organization reserved to (or subject to approval by) me stockholders, or persons other than the governing body?	mbers,		Х
	Did the organization contemporaneously document the meetings held or written actions undertaken the following:			V
b 9	The governing body?	ot be reached at the	8b	X
Sect	tion B. Policies (This Section B requests information about policies not req	uired by the Inte	ernal Revenu	e Code.)
b	Did the organization have local chapters, branches, or affiliates?	and branches to ensure th	10a eir	Yes No
11 a b 12 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?	form? D. See Schedu		X X
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ') Schedule O how this was done See Schedule .0	es,' describe in		X
	Did the organization have a written whistleblower policy?			X
	Did the process for determining compensation of the following persons include a review and approximates persons, comparability data, and contemporaneous substantiation of the deliberation and de The organization's CEO, Executive Director, or top management official	cision?		X
b	Other officers or key employees of the organization			X
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar taxable entity during the year?		f	X
	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evalua participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	to safeguard the	16b	
	tion C. Disclosure			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	nd 990-T (Section 5		
		er (explain in Schedu	•	
	Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest porting the tax year. See Schedule 0 State the name, address, and telephone number of the person who possesses the organization's bo	•	ents available to.	

Form 990 (2017	`\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	50+choo	Ctudonta	٥f	+ha	$C \sim 1 +$	forn	4 ~
1 01111 220 (2017) ASS	OCIALEU	Students	OL	LHE	Call	TOTH	La

94-6088686

Page 7

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

- 1 a 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (do not check more than one box, unless person is both an officer and a director/trustee) (A) Name and Title (B) Reportable compensation from related organizations (W-2/1099-MISC) Average hours Reportable compensation from Estimated amount of other per week the organization (W-2/1099-MISC) compensation from the Former Officer Individual Institutional trustee Key employee week (list any hours for related organiza-tions tighest compensated organization and related organizations l trustee below (1) Anthony Zoller 20 0 Χ Executive Pres. Χ 2,871 0 0. 5 (2) Jacyln Casas Χ ARC Programming 0 400 0 0. (3) Cole Carey 5 ARC Programming 0 Х 0. 400 0 (4) Sara Hakala 5 ACE Programming 0 Χ 400 0. 0. 15 (5) Kevin Kelly Χ Χ ExecutiveVP-CFO 0 2,584 0 0. (6) Kenia Connor 5 Χ ARC Programming 0 400 0 0. (7) Sunil Clark 10 Marketing 0 Χ 600 0 0. (8) Christina Stach 10 Χ Χ Director 0 600 0 0. (9) Angela Buford 15 Χ Χ Ex. VP Program 0 2,153 0 0. (10) Dalal Mugatash 15 Ex. VP Stndt Af 0 Χ Х 2,153 0 0. (11) Brandon Thomas 10 Χ Chief of Staff 0 Χ 600 0 0. (12) Alec Nation 10 Chairman 0 Χ Χ 0 0 0. (13) Eyasu Aregawie 10 0 Χ Marketing 600 0 0. (14) Emily Jarris 5 Environmental Χ 400. 0. 0.

BAA TEEA0107L 08/08/17 Form **990** (2017)

Part VII Section A. Officers, Directors, Tr		ney	Em			es,	and	a Hignest Con	ipensated Emp	loyees (continued)
	(B)			((C)					
(A)	Average	(do	not c	Pos	sition	e than	ono	(D)	(E)	(F)
Name and title	hours	box	, unle	ss pe	erson	is bot	h an	Reportable	Reportable	Estimated
Total Carta and	per week		 _ 	_	1	or/trus		compensation from	compensation from	amount of other compensation
	(list any hours	일	로	Officer	Key employee	and di	<u></u>	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the
	for related	Jire Vid] <u>\$</u>	<u>6</u>	9	Š š	큶			organization and related
	organiza	[舃	•	흥	8 8	~			organizations
	- tions below	l ŭ	5		yee	뒇				
	dotted line)	or director	Institutional trustee		"	l ä				
			ന			Highest compensated employee				
ME) Tananh Dhillian	 	-	\vdash		ļ	-	┢			
(15) Joseph Phillips	5								_	
Ext. Affairs	0	X			<u> </u>	<u> </u>	ļ	400.	0.	0.
(16) Theo Vachon-Fischer	5									
Veternas Liason	0	X				1		0.	0.	0.
(17) William Hunt	5									
Comm. Ser.	70-	X						0.	0.	0.
(18) Alysha Wallace	5								<u>`</u>	
Student Affairs	10	X						400	0	
		ΙΛ.			-			400.	0.	0.
(19) Stefano Maffei	5									
Grant Proposals	0	X						400.	0.	0.
(20) Brendan Collette	5									
Club Finances	0	X						400.	0.	0.
(21) Nikolas Rush	5									
Budget	10	X		Х				400.	0.	0.
(22) Nicholas Aquilino	5	77		- 71	-		┢	400.	0.	0.
		,		3.7				400	0	
Internal Audit	0	X		X			_	400.	0.	0.
(23) Austin Wittmann	2									
Senior Pres.	0	X		X				0.	0.	0.
(24) LeighAnne Dones	2]								
Sr. Vice Pres.	0	X		Χ				0.	0.	0.
(25) Kyle Baldovin	2									
Junior Pres.	1	X		Х				0.	0.	0.
1 b Sub-total.			LI.		I		>	16,561.	0.	0.
c Total from continuation sheets to Part VII, Secti							•	800.	0.	0.
d Total (add lines 1b and 1c)							•	17,361.		
2 Total number of individuals (including but not limited									0.	0.
	i to triose i	istea	abov	ve) v	wno	recei	vea	more than \$100,00	o or reportable comp	pensation
from the organization • 0										
										Yes No
3 Did the organization list any former officer, direct	ctor, or tru	stee.	. kev	er er	יסומר	vee.	or h	nighest compensa	ted employee	
on line 1a? If 'Yes,' complete Schedule J for suc	ch individu	ıal								. 3 X
4 For any individual listed on line 1a, is the sum o	f ranartah	ام ده	mno	nca	tion	and	oth	or componentian	from	The state of the s
the organization and related organizations greate	er than \$1	50.0	00?	lf 'γ	es.	' con	ווט elaר	te Schedule J for	IIOIII	
such individual	.									. 4 X
5 Did any person listed on line 1a receive or accru	ie compen	satio	n fro	om :	anv	unre	late	ed organization or	individual	Amin's 12
for services rendered to the organization? If 'Yes	s,' comple	te So	ched	lule	J fo	rsuc	ch p	erson		. 5 X
Section B. Independent Contractors										
1 Complete this table for your five highest comper	sated inde	epen	dent	Cor	ntra	ctors	tha	t received more the	nan \$100,000 of	
compensation from the organization. Report comper	nsation for	the c	alend	dar y	year	endi	ng v	vith or within the or	ganization's tax year	·
(A) Name and business add								(B) Description of		(C) Compensation
iname and business add	ress							Description of	of services	Compensation
• • • • • • • • • • • • • • • • • • •										
2. Total number of independent control of the Publisher	القياسية	1	_ 1!-		1-1 -					a supplied
2 Total number of independent contractors (including I		itea to	บ เทอ	se I	iste	abo	ve)	wno received more	ınan	and the
\$100,000 of compensation from the organization	0								3.48	
DAA			1001	00:-	0011-					E 000 (0017)

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2017

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

94-6088686

Associated Students of the California

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Highest Compensated E		S						· · · · · · · · · · · · · · · · · · ·	
(A)	(B)	Deei	4: <i>/</i>	(C			 (D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organizations below dotted line)		Institutional trustee		Key employee	Highest compensated employee	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Monick Powers	2								
Jr. Vice Pres.	0	X		_X		<u> </u>	0.	0.	0.
Nathalie Calderon	2	.,,		7.7		ĺ			
Soph. Pres.	0	X		X		ļ	 0.	0.	0.
Yaricsa Picon-Carrillo	2	.		37			0	0	0
Soph. Vice Pres Evan Haglund	2	X		_X		-	 0.	0.	0.
Fresh. Pres.	0	Х		Х			0.	0.	0
Joseph Gowland	2			Λ			0.	U.	0.
Frsh. Vice Pres	2	Х		Х			0.	0.	0.
Sarah Mena	5	- 21		- 22			0.	•	<u> </u>
ACE Programming	10	Х					400.	0.	0.
Andre Jang	5								
ACE Programming	0	Х					400.	0.	0.
									Form 000 Cont 2017

Form 990 Cont 2017

Form 990 (2017) Associated Students of the California 94-6088686 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (A) Total revenue (B) Related or Unrelated Revenue exempt business excluded from tax function revenue under sections revenue 512-514 Grants 1 a Federated campaigns 1 a **b** Membership dues..... 1 b 212,434 c Fundraising events..... 1 c Contributions, Gifts, 1 d d Related organizations..... Similar e Government grants (contributions) 1 e f All other contributions, gifts, grants, and and Other similar amounts not included above . . . g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f..... 212,434 Business Code Program Service Revenue f All other program service revenue. . . . g Total. Add lines 2a-2f Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds .> (i) Real (ii) Personal 6 a Gross rents..... **b** Less: rental expenses c Rental income or (loss) . . . **d** Net rental income or (loss)..... (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses c Gain or (loss)...... d Net gain or (loss)..... 8a Gross income from fundraising events Other Revenue (not including. \$ of contributions reported on line 1c). See Part IV, line 18..... a **b** Less: direct expenses..... **b** 9a Gross income from gaming activities. See Part IV, line 19..... a **b** Less: direct expenses..... **b** c Net income or (loss) from gaming activities. ▶ 10a Gross sales of inventory, less returns and allowances..... a **b** Less: cost of goods sold..... **b** c Net income or (loss) from sales of inventory..... Miscellaneous Revenue Business Code

b				
С				
d All other revenue				
e Total. Add lines 11a-11d	41,577.			E ESTREMENTAL STATE
12 Total revenue. See instructions	254,011.	41,577.	0.	0.

41,577

41,577

900099

11a Other Revenue ___

Seci	tion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a i				
		(A)	(B)	(C)	(D)
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, 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				1,1794
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	17,361.	15,625.	1,736.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				<u> </u>
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management				
	Legal				
	: Accounting				
C	I Lobbying				
e	Professional fundraising services. See Part IV, line 17			dan da kanal da kabupatèn	
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.\$ch. (Advertising and promotion	45,906.	41,315.	4,591.	
	·	26,896.	24,206.	2,690.	
	Information technology	4,576.	4,118.	458.	
		4,576.	4,118.	458.	
15	Royalties				
16	Occupancy	00.000			
17	Travel	26,563.	23,907.	2,656.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance	4,871.	4,384.	487.	
24	Other expenses. Itemize expenses not covered 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.)				
_	· · · · · · · · · · · · · · · · · · ·	77 661	CO 005		personal approximation (g/2020). I
	Student Activities	77,661.	69,895.	7,766.	
	Other Expenses	62,020.	55,818.	6,202.	
(
C					
	All other expenses	0.00 0.00	000 000	22	
25	Total functional expenses. Add lines 1 through 24e	265,854.	239,268.	26,586.	0.
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)				
	· · · · - · · · · · · · · · · · · ·			l	L

100011733015	E-1979,1985	Check if Schedule O contains a response or note to	any	line in this Part X			П
					(A) Beginning of year		(B) End of year
					Beginning of year		End of year
	1	Cash — non-interest-bearing			8,100.	1	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,597.	4	50.
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L	office mploy	rs, directors, ees. Complete		5	35 S.
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), persons described in section 4958(c)(c) employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	and contributing luntary employees' II of Schedule L		6		
\$	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
4	9	Prepaid expenses and deferred charges				9	
1	I0a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	16,896.			
	b	Less: accumulated depreciation	10b	16,896.		10 c	
1	11	Investments — publicly traded securities				11	
1	12	Investments — other securities. See Part IV, line 11				12	
1	13	Investments — program-related. See Part IV, line 11.		13			
1	14	Intangible assets		14			
1	15	Other assets. See Part IV, line 11			107,398.	15	106,454.
1	16	Total assets. Add lines 1 through 15 (must equal line	34)		117,095.	16	106,504.
7	7	Accounts payable and accrued expenses			397.	17	1,649.
1		Grants payable				18	
1	19	Deferred revenue				19	
2	20	Tax-exempt bond liabilities				20	
<u>o</u> 2	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	ers, dir I disqu	rectors, trustees, ualified persons.		22	
	23	Secured mortgages and notes payable to unrelated th	ird pa	rties		23	
2	24	Unsecured notes and loans payable to unrelated third	partie	es		24	
2	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	s to re	elated third parties, Part X of Schedule D.		25	
2	26	Total liabilities. Add lines 17 through 25			397.	26	1,649.
ses		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ►	X and complete			
Ĕ 2	27	Unrestricted net assets			116,698.	27	104,855.
E 2	28	Temporarily restricted net assets				28	
5 2	29	Permanently restricted net assets				29	
Net Assets or Fund Baland		Organizations that do not follow SFAS 117 (ASC 958), chand complete lines 30 through 34.	eck he	ere ►			
w 3	30	Capital stock or trust principal, or current funds				30	
e ge	31	Paid-in or capital surplus, or land, building, or equipm				31	
¥ 3	32	Retained earnings, endowment, accumulated income,				32	
<u>a</u> 3	33	Total net assets or fund balances			116,698.	33	104,855.
7	-						

BAA Form 990 (2017)

Form 990 (2017) Associated Students of the Californ	Form 990 (2017)	Associated	Students	of the	Califo	rni a
---	-----------------	------------	----------	--------	--------	-------

Page **12**

Pai	↑ 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	254	,01	1.
2	Total expenses (must equal Part IX, column (A), line 25)	2	265	, 85	4.
3	Revenue less expenses. Subtract line 2 from line 1	3	-11	, 84	13.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	116	, 69	8.
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	104	. 85	 55
Pai	t XII Financial Statements and Reporting		10.	, 00	, , ,
10-100000000000000000000000000000000000	Check if Schedule O contains a response or note to any line in this Part XII				П
	officer if Schedule of Contains a response of flote to any line in this fait All.				No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			25	NO
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 8	Nere the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a			127
ı	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	te			4,01 50 4 (1)
	X Separate basis Consolidated basis Both consolidated and separate basis				
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			i.	
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		X
ŀ	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BAA			Form 9	9 0 (2	017)

TEEA0112L 08/08/17

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Associated Students of the California 94-6088686 Maritime Academy Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's Δ name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. **g** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (vi) Amount of other (iv) Is the organization listed in your governing document? support (see instructions) support (see instructions) Yes (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2017 Associated Students of the California 94-6088686

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support								
begiı	ndar year (or fiscal year nning 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.')	214,649.	213,830.	219,128.	225,172.	212,434.	1,085,213.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						. 0.		
4	Total. Add lines 1 through 3	214,649.	213,830.	219,128.	225,172.	212,434.	1,085,213.		
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)						0.		
	Public support. Subtract line 5 from line 4						1,085,213.		
Sec	tion B. Total Support		ρ						
Cale: begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
7	Amounts from line 4	214,649.	213,830.	219,128.	225,172.	212,434.	1,085,213.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.	45,100.	32,825.	53,451.	49,275.	41,577.	222,228.		
	Total support. Add lines 7 through 10						1,307,441.		
12	Gross receipts from related activ	rities, etc. (see in	structions)			12	0.		
	First five years. If the Form 990 is organization, check this box and	stop here			tax year as a section	on 501(c)(3)	▶ [
Sec	tion C. Computation of Pu	blic Support P	ercentage						
14	Public support percentage for 20 Public support percentage from	017 (line 6, columi	n (f) divided by lir	ne 11, column (f))		14	83.00%		
	* * * * * * * * * * * * * * * * * * * *						82.33 %		
	16a 33-1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ▼ ▼ ▼								
b	b 33-1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
1 7 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance	s' test. check this	box and stop her	re. Explain in Pari	t VI how		
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop he a publicly support	re. Explain in Part ted organization	t VI how the		
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in	structions		
BAA					Sc	hedule A (Form 9)	90 or 990-EZ) 2017		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	lar 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.')						
2	Gross receipts from admissions, merchandise sold or services	:					
	performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose						
3	Gross receipts from activities						
	that are not an unrelated trade						
4	or business under section 513. Tax revenues levied for the						
4	organization's benefit and						
	either paid to or expended on						
5	its behalf The value of services or						
J	facilities furnished by a						
	governmental unit to the	1					
_	organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1,						
/a	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						
r	Add lines 7a and 7b						
	Public support. (Subtract line		- The Bill	i callanadous es		Editoria de la como	
	7c from line 6.)	ASSESSED TO THE PARTY OF THE PA					
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from						
	similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include						
	gain or loss from the sale of capital assets (Explain in						
	Part VI.)						
13	Total support. (Add lines 9,						
1/1	10c, 11, and 12.)	is for the organiza	ation's first secon	d third fourth o	 or fifth tay year as	a section 501(c)(3) —
,	organization, check this box and	stop here			······		
	tion C. Computation of Pu						
	Public support percentage for 20	•					૾ૺ
	Public support percentage from					16	%
	tion D. Computation of Inv						
	Investment income percentage f						%
	Investment income percentage f						%
19a	33-1/3% support tests—2017. If is not more than 33-1/3%, check	the organization d this box and sto	id not check the here. The organ	box on line 14, ar nization qualifies a	nd line 15 is more	than 33-1/3%, an	id line 17
b	33-1/3% support tests—2016. If						
-	line 18 is not more than 33-1/3%						
		مطميلت المنام سمناه ــــــــــــــــــــــــــــــــــــ	ممثل مميدمط ميلم	1/ 100 or 10h o	shook this how and	Lean instructions	▶ □
20	Private foundation. If the organi	zation did not che	ck a box on line	14, 19a, or 19b, c	HECK THIS DOX ALL	i see ilistructions.	······ <u> </u>

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 À 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 Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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		SOMEON PROVIDENCE.
	-		
	2		
		in Salanin dar	
	3a		
			and the same
n			
	3b		
	Marie e		
	3c		
		1	
	4a		
	1	300	
	4b		
	4711		
it			
	4c		
	16.8		
	164		
		22.306063	
	5a		
	Talah		
e			
	5b		
		1	
	5c		
ie !			
C	100	10	
	6		
	7		econoccus socialists
' 25			
,	8		
?			
•	9a		
		100000000000000000000000000000000000000	
		D. DEBI	
	9b		
	9с	L	
es.'			
=ఎ,	10a		
		CHINESCHEEP'S	
	10b		

II A	Title Supporting Organizations (continued)	
	Has the organization accepted a gift or contribution from any of the following persons? 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?	Yes No
ı	a A family member of a person described in (a) above?	11b
(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, 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 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	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	_
a		
Ł		
•	The organization supported a governmental entity. Describe in Part VI now you supported a government entity (see	iristructions).
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 that these activities constituted substantially all of its activities.	2a
Ł	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	
	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? <i>Provide details in Part VI</i> .	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b
ВДД	TEFANARI OR/10/17 Schedule A /Form 90	2 222 = 221

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organizatio	t on N	Nov. 20, 1970 (explain in ust complete Sections A	Part VI). See through E.
Sec	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		
Sec	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):			
ā	Average monthly value of securities	1a		
Ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	i Total (add lines 1a, 1b, and 1c)	1d		
•	e 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		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior 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 emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grate	d Type III supporting org	anization
BAA			Schedule A (Fo	rm 990 or 990-EZ) 2017

	rt V Type III Non-Functionally Integrated 509(a)(3) S			00000 Page /
	tion D – Distributions	apporting organization	aciis (commaca)	Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	urposes		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	<u> </u>	,	
3	Administrative expenses paid to accomplish exempt purposes of s	supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	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 organizat in Part VI). See instructions.	tion is responsive (provide	details	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
	40 C C C C C C C C C C C C C C C C C C C			
	P From 2013			
	From 2014			
	From 2015	- 2527E 3 1 1075(19182) 1		
	From 2016			
	f Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	i Carryover from 2012 not applied (see instructions)			
	j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7:			
8	Applied to underdistributions of prior years			
	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.			
	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
	Excess from 2015			
c	Excess from 2016			Santa Para Cara

e Excess from 2017..... BAA

Schedule A (Form 990 or 990-EZ) 2017 Associated Students of the California

94-6088686

Page 8

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 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.)

Part II, Line 10 - Other Income

Nature and Source			2017		2016	_	2015		2014	 2013
Interest/Other	Total	\$ \$	41,577. 41,577.	\$ \$	49,275. 49,275.	\$ \$	53,451. 53,451.	\$ \$	32,825. 32,825.	45,100. 45,100.

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.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Maritime Academy

Associated Students of the California

94-6088686

Pa	Organizations Maintaining Dono Complete if the organization ansv	r Advised Funds or Other Similar Fi wered 'Yes' on Form 990, Part IV, Iin	unds or Accounts. e 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4) 2 61/61 (46)/1004 (41)	(2) Farias and serior descents
2	Aggregate value of contributions to (during year)	,	
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
Ė			
5	Did the organization inform all donors and don are the organization's property, subject to the	organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that grant fu of the donor or donor advisor, or for any oth	nds can be used only er purpose conferring Yes No
Pai	t II Conservation Easements.		
		wered 'Yes' on Form 990, Part IV, Iin	e 7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply).	
	Preservation of land for public use (e.g., re	ecreation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation contribution in the fo	orm of a conservation easement on the
			Held at the End of the Tax Year
	a Total number of conservation easements		
l	b Total acreage restricted by conservation easer	nents	
•	c Number of conservation easements on a certif	ied historic structure included in (a)	2c
. (d Number of conservation easements included in structure listed in the National Register		
3	Number of conservation easements modified, tran tax year ►	sferred, released, extinguished, or terminated by	the organization during the
4	Number of states where property subject to conse	rvation easement is located ►	
5	Does the organization have a written policy reand enforcement of the conservation easemen		
6	Staff and volunteer hours devoted to monitoring, in		
_	· · · · · · · · · · · · · · · · · · ·		
7	Amount of expenses incurred in monitoring, inspe ▶\$	cting, handling of violations, and enforcing consc	ervation easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of s	section 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote t conservation easements.	conservation easements in its revenue and expo the organization's financial statements that	ense statement, and balance sheet, and describes the organization's accounting for
Pai	Organizations Maintaining Collection Complete if the organization answers	ctions of Art, Historical Treasures, on wered 'Yes' on Form 990, Part IV, lin	or Other Similar Assets. ne 8.
1 :	a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan	ld for public exhibition, education, or research in	venue statement and balance sheet works of furtherance of public service, provide,
İ	b If the organization elected, as permitted under historical treasures, or other similar assets held fo following amounts relating to these items:	SFAS 116 (ASC 958), to report in its revenur public exhibition, education, or research in furt	e statement and balance sheet works of art, herance of public service, provide the
	(i) Revenue included on Form 990, Part VIII,		
	(ii) Assets included in Form 990, Part X		▶\$
2	If the organization received or held works of art, h	istorical treasures, or other similar assets for find	ancial gain, provide the following

a Revenue included on Form 990, Part VIII, line 1. **b** Assets included in Form 990, Part X.....

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a, See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		16,896.	16,896.	0.
e Other				
otal. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X, c	olumn (B), line 10c.).		0.

BAA

Schedule **D** (Form 990) 2017

Part VII Investments — Other Securities.		N/A	
Complete if the organization answered	'Yes' on Form 990), Part IV, line 11b. See Form 9	90, Part X, line 12
(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 derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
(I) Total (Column (b) must sound Form 000 Part V solumn (P) line 12.)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ► Part VIII Investments — Program Related.		NI / 7\	
Complete if the organization answered	'Yes' on Form 990	N/A), Part IV. line 11c. See Form 99	90. Part X. line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	***************************************		
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) >			
Part IX Other Assets.	'Yes' on Form 990). Part IV. line 11d. See Form 9	90 Part X line 15
Part IX Other Assets. Complete if the organization answered	'Yes' on Form 990), Part IV, line 11d. See Form 9	90, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organization answered), Part IV, line 11d. See Form 9	
Other Assets. Complete if the organization answered (a) Des (1) Due from other funds (2)), Part IV, line 11d. See Form 99	(b) Book value
Other Assets. Complete if the organization answered (a) Des (1) Due from other funds (2) (3)), Part IV, line 11d. See Form 99	(b) Book value
Other Assets. Complete if the organization answered (a) Des (1) Due from other funds (2) (3) (4)), Part IV, line 11d. See Form 9	(b) Book value
Part IX Other Assets. Complete if the organization answered (a) Des (1) Due from other funds (2) (3) (4) (5)), Part IV, line 11d. See Form 99	(b) Book value
Part IX Other Assets. Complete if the organization answered (a) Des (1) Due from other funds (2) (3) (4) (5) (6)), Part IV, line 11d. See Form 99	(b) Book value
Part IX Other Assets. Complete if the organization answered (a) Des (1) Due from other funds (2) (3) (4) (5)), Part IV, line 11d. See Form 9	(b) Book value
Part IX Other Assets. Complete if the organization answered (a) Des (1) Due from other funds (2) (3) (4) (5) (6) (7)), Part IV, line 11d. See Form 99	(b) Book value
Complete if the organization answered (a) Des (1) Due from other funds (2) (3) (4) (5) (6) (7) (8)), Part IV, line 11d. See Form 99	(b) Book value
Part IX Other Assets. Complete if the organization answered (a) Des (1) Due from other funds (2) (3) (4) (5) (6) (7) (8) (9)	scription		(b) Book value
Part IX Other Assets. Complete if the organization answered (a) Des (1) Due from other funds (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities.	Scription B) line 15.)		(b) Book value 106, 454.
Part IX Other Assets. Complete if the organization answered (a) Des (1) Due from other funds (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 1990, Part X, column (E)	8) <i>line 15.</i>)		(b) Book value 106, 454.
Part IX Other Assets. Complete if the organization answered (a) Des (1) Due from other funds (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability	Scription B) line 15.)		(b) Book value 106, 454.
Part IX Other Assets. Complete if the organization answered (a) Des (1) Due from other funds (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes	8) <i>line 15.</i>)		(b) Book value 106, 454.
Part IX Other Assets. Complete if the organization answered (a) Des (1) Due from other funds (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability	8) <i>line 15.</i>)		(b) Book value 106, 454.
Part IX Other Assets. Complete if the organization answered (a) Des (1) Due from other funds (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2)	8) <i>line 15.</i>)		(b) Book value 106, 454.
Complete if the organization answered (a) Des (1) Due from other funds (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	8) <i>line 15.</i>)		(b) Book value 106, 454.
Part IX Other Assets. Complete if the organization answered (a) Des (1) Due from other funds (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	8) <i>line 15.</i>)		(b) Book value 106, 454.
Part IX Other Assets. Complete if the organization answered (a) Des (1) Due from other funds (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	8) <i>line 15.</i>)		(b) Book value 106, 454.
Part IX Other Assets. Complete if the organization answered (a) Des (1) Due from other funds (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	8) <i>line 15.</i>)		(b) Book value 106, 454.
Part IX Other Assets. Complete if the organization answered (a) Des (1) Due from other funds (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	8) <i>line 15.</i>)		(b) Book value 106, 454.
Complete if the organization answered (a) Des (1) Due from other funds (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	8) <i>line 15.</i>)		(b) Book value 106, 454.
Part IX Other Assets. Complete if the organization answered (a) Des (1) Due from other funds (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	B) line 15.)		(b) Book value 106, 454.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	254,011.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)	91	
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	254,011.
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		
b Other (Describe in Part XIII.) 4b	46	
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	254,011.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	265,854.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	70.23	
a Donated services and use of facilities	5000	
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1	3	265,854.
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		
	14700000	
b Other (Describe in Part XIII.)		
b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b.	4 c	
b Other (Describe in Part XIII.)	4 c	265,854.

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.

Part X - FIN 48 Footnote

Associated Students of the California Maritime Academy adopted the recognition requirements for uncertain income tax positions as required by generally accepted accounting principles, with no cumulative effect adjustment required. Income tax benefits are recognized for income tax positions taken or expected to be taken in a tax return, only when it is determined that the income tax position will more-likely-than-not be

sustained upon examination by taxing authorities. Associated Students of

BAA

Schedule **D** (Form 990) 2017

Part XIII Supplemental Information (continued)

Part X - FIN 48 Footnote (continued)

the California Maritime Academy has analyzed tax positions taken for filling with the Internal Revenue Service and all state jurisdictions where it operates. Associated Students of the California Maritime Academy believes that income tax filing positions will be sustained upon examination and does not anticipate any adjustments that would result in a material adverse effect on Associated Students of the California Maritime Academy's financial condition, results of operations or cash flows. Accordingly, Associated Students of the California Maritime Academy has not recorded any reserves, or related accruals for interest and penalties for uncertain tax positions at June 30, 2018. Associated Students of the California Maritime Academy is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

SCHEDULE O (Form 990 or 990-EZ)

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Associated Students of the California Maritime Academy

Employer identification number

OMB No. 1545-0047

94-6088686

Form 990, Part VI, Line 11b - Form 990 Review Process

The Form 990 is presented to the Governing Body to review before it is signed and filed.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

An annual conflict of interest statement is prepared by each board member.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The Organization makes its governing documents, conflict of interest policy, and financial statements available upon request.

Form 990, Part IX, Line 11g Other Fees For Services

		(A)	(B)	(C)	(D)
	-	<u>Total</u>	Program <u>Services</u>	Management <u>& General</u>	Fund- <u>raising</u>
Contracted Services	Total	45,906. \$ 45,906.	\$ 41,315. \$ 41,315.	4,591. \$ 4,591.	\$ 0.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

(c) Legal domicile (state or foreign country)

(d) Total income

OMB No. 1545-0047 2017

Open to Public Inspection

(f) Direct controlling entity

Schedule R (Form 990) 2017

Department of the Treasury Internal Revenue Service Name of the organization

Associated Students of the California Maritime Academy

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

Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(b) Primary activity

Employer identification number

94-6088686

(e) End-of-year assets

(2)						
(3)						
Part III Identification of Polated Tay Evenut O		if the			1)/ 1: 04	
Part II Identification of Related Tax-Exempt On had one or more related tax-exempt org	anizations during the ta	ax year.	answered Yes	on Form 990, Part	IV, line 34, becau	ise it
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?
(1) The California Maritime Academy						Yes No
200 Maritime Academy Drive Vallejo, CA 94590						
68-0316355 (2)	Education	CA	115(1)		N/A	X
(3)						
			,			
(4)						

Schedule R (Form 990) 2017	Associated :	Student	s of the	_Ca	lifornia	ì							94	-60886	36	Page 2
Part III Identification of because it had	of Related Orga one or more re	nizations	Taxable anizations	as a	Partnersh	ip Co	mplete	if the or	ganizat	ion ansv	vered	'Yes'	on Form 99	0, Part	V, line	e 34,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlli entity	ng	(e) Predominant (related, uni excluded fri under sec	income related, om tax tions	Share	f) of total ome	Sha end-	(g) are of of-year sets	Disp tio alloca	h) ropor- nate ations?	K-1 (Form	Gene ox man le pari	i) eral or aging ner?	(k) Percentage ownership
(1)		,			012 01	-1)					Yes	No	1065)	Yes	No	
(2)																
													:			
												!				
(3)																
											İ					
Part IV Identification o	of Related Organ e it had one or	nizations more rela	Taxable a ted organ	i s a (izati	Corporations treate	on or 1	Frust Co	mplete	if the o	rganizat	ion ar	nswer	ed 'Yes' on	orm 99	0, Pai	t IV,
(a) Name, address, and EIN o			(b) ary activity	Leg (sta	(c) gal domicile te or foreign	D	(d) irect trolling	Type o	e) f entity S corp,	(f) Share total in	of	Sh	(g) are of end-of- year assets	(h) Percentag ownership	Sec contr	(i) 512(b)(13) olled entity?
(1)					country)	е	ntity	or tr	rust)					O II TOTOTTI	Ye	
(1)																
						,										
(2)			_									-				
															1	
(3)												\dagger		***	+	
									İ							
BAA		<u> </u>														
					TEEA	\5002L 1	1/29/17						S	chedule R	(Form 9	990) 2017

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' or	n Form 990, Part IV,	line 34, 35b, or 36.			
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations				Tille II	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity					X
b Gift, grant, or capital contribution to related organization(s)					Х
c Gift, grant, or capital contribution from related organization(s).					X
d Loans or loan guarantees to or for related organization(s)			1d		X
e Loans or loan guarantees by related organization(s)			1е		Х
f Dividends from related organization(s)			1 f		Х
g Sale of assets to related organization(s)			1g		X
h Purchase of assets from related organization(s)					X
i Exchange of assets with related organization(s)			1i		X
j Lease of facilities, equipment, or other assets to related organization(s)			1j		X
					23
k Lease of facilities, equipment, or other assets from related organization(s)			1k	BHIR.516	X
I Performance of services or membership or fundraising solicitations for related organization(s)			11		X
m Performance of services or membership or fundraising solicitations by related organization(s)			1 m	1	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n		X
Sharing of paid employees with related organization(s)				X	
					10 .09
p Reimbursement paid to related organization(s) for expenses			1р	X	
q Reimbursement paid by related organization(s) for expenses.					Х
					Λ
r Other transfer of cash or property to related organization(s)			1r		X
s Other transfer of cash or property from related organization(s)				-	X
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered to the above is 'Yes,' see the instructions for information on who must complete this line, including covered to the above is 'Yes,' see the instructions for information on who must complete this line, including covered to the above is 'Yes,' see the instructions for information on who must complete this line, including covered to the above is 'Yes,' see the instructions for information on who must complete this line, including covered to the above is 'Yes,' see the instructions for information on who must complete this line, including covered to the above is 'Yes,' see the instructions for information on who must complete this line, including covered to the above is 'Yes,' see the instructions for information on who must complete this line, including covered to the above is 'Yes,' see the instructions for information on who must complete the above is 'Yes,' see the instructions for information on who must complete this line, including the above is 'Yes,' see the instruction of the above is 'Yes,' see the instruction of the above is 'Yes,' see the instruction of the above is 'Yes,' see the instruction of the above is 'Yes,' see the instruction of the above is 'Yes,' see the instruction of the above is 'Yes,' see the above			13	<u> </u>	Λ.
				d)	
(a) Name of related organization	(b) Transaction	(c) Amount involved	Nethod of	detern	nining
	type (a-s)		amount	involv	ed
(1) The California Maritime Academy	0	25,000.			
(2) The California Maritime Academy	р	40,000.			
(3)					
(4)					
			····		
(5)					
(4)					
(0)					
(6)					
BAA TEEA5003L 11/29/17		Schedule	R (Form	n 990)	2017

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under sections 512-514)	Are all sec 501(organiz	e) partners tion (c)(3) rations?	(f) Share of total income	(g) Share of end-of-year assets	Dispi tior alloca	h) ropor- nate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part) ral or aging ner?	(k) Percentage ownership
-			sections 512-514)	Yes	No		ļ	Yes	No	(Yes	No	1
(1)	,												
	1												
	-												
(2)				-									
]												
(3)													
(3)	1	i											
]			Ì									
(4)	- 1												
	1												
(5)													
	.												
(6)													
]												
(7)		10000						-					
	j												
]												
(0)													
(8)	1 1												
	j			1									
BAA			TE	EA5004L	08/09/17	7				Schedu	e R (orm 9	90) 2017

Schedule R (Form 990) 2017 Associated Students of the California 94-6088686

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

2017 California Exempt Organization Annual Information Return

F	ORM	

199

	ear 2017 or fiscal year beginning (mm/dd/yyyy) 7/01/2017, and ending (mm/dd/yyyy) 6/30/	2018
Corporation/O	ganization name ASSOCIATED STUDENTS OF THE CALIFORNIA	California corporation number
Additional info	MARITIME ACADEMY mation, See instructions.	0369766 FEIN
Additional line	TRAIGHT GCC HISHIGIGHTS.	94-6088686
	(suite or room)	PMB no.
200 MA	RITIME ACADEMY DR.	7'
VALLEJ	State CA	Zip code 94590
Foreign countr		Foreign postal code
	Irn Yes X No J If exempt under R&TC Section 23701d, has the organization engaged in political activities?	
	Return • Fes X No See instructions	• Yes X No
	on 4947(a)(1) trust	
	rmation Return? K Is the organization exempt under R&TC Section	n 23701 g? ● Yes X No
LI	ssolved Surrendered (Withdrawn) Merged/Reorganized If 'Yes,' enter the gross receipts from nonmember sources	· —
	counting method: L If organization is exempt under R&TC Section 2	
	ash 2 X Accrual 3 Other and meets the filing fee exception, check box.	
	eturn filed? 1 • 990T 2 • 990-PF 3 • Sch H (990) No filing fee is required	<u> </u>
. —	er 990 series M Is the organization a Limited Liability Company	
G is this a	group filing? See instructions	
	panization in a group exemption? Yes X No O Is the organization under audit by the IRS or ha audited in a prior year?	as the IRS
11 163, 1	P Is federal Form 1023/1024 pending?	
I Did the o	ganization have any changes to its guidelines Date filed with IRS	103 24 140
	ed to the FTB? See instructions	CACA1112L 01/02/18
Part I	Complete Part I unless not required to file this form. See General Information B and C.	
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1 41,577.
Docainto	2 Gross dues and assessments from members and affiliates	2
Receipts and	3 Gross contributions, gifts, grants, and similar amounts received	3 212,434.
Revenues	4 Total gross receipts for filing requirement test. Add line 1 through line 3.	
	This line must be completed. If the result is less than \$50,000, see General Information B ● 5 Cost of goods sold	4 254,011.
	6 Cost or other basis, and sales expenses of assets sold	
	7 Total costs. Add line 5 and line 6	7
	8 Total gross income. Subtract line 7 from line 4.	8 254,011.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9 265,854.
Lxhelises	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 •	10 -11,843.
	11 Total payments	11
	12 Use tax. See General Information K	12
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13
Filing	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14
Fee	15 Filing fee \$10 or \$25. See General Information F.	15
	16 Penalties and Interest. See General Information J.	16
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result.	17 0.
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
11616	Signature of officer PRESIDENT Date 1/7/2019	● Telephone (707) 654-1182
	Date Check if	● PTIN
Paid	Preparer's ► HIEP PHAM self- employed ►	P01346204
Preparer's Use Only	Firm's name R. J. RICCIARDI, INC.	• FEIN
	(or yours, if self-employed) and address	20-1398210
	and address SAN RAFAEL, CA 94901	• Telephone 415-457-1215
	May the FTB discuss this return with the preparer shown above? See instructions.	. • X Yes No
	12 disease the retain martine property shows above: See Historichis	· • 🔼 103 🔲 110

ASSOCIATED STUDENTS OF THE CALIFORNIA

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

				Complete Falt II of fulfi					
		1	Gross sales or receipts from al	I business activities. See	e instru	uctions		, 1	
		2	Interest					2	
Doo		3	Dividends					3	
fron	eipts n	4	Gross rents				•	4	
Oth		5	Gross royalties	***********				5	
Sou	rces	6	Gross amount received from sa	ale of assets (See Instru	ctions)			6	
		7	Other income. Attach schedule.		0110110)	SEE ST	ATEMENT 1	7	41 500
		8	Total gross sales or receipts from other	sources Add line 1 through lin	ne 7 Fm	ter here and on Side 1	Port Lline 1	8	41,577.
		9	Contributions, gifts, grants, and similar	amounts naid Attach schedule	116 /. LII	ter tiere and on Side i	, rait i, iiie i	8	41,577.
		10	Disbursements to or for member	ers			• • • • • • • • • • • • • • • • • • • •	9	
		11	Compensation of officers, direc	tors and trustees Attac	h scho	dulo S	EE STMT 2		
		12	Other salaries and wages	iors, and trustees. Attac	II SCITE	uule	TH. HIME. A. •	11	17,361.
	enses	13	Interest				• • • • • • • • • • • • • • • • • • • •		
and Dish	urse-	14	Taxes				• • • • • • • • • • • • • • • • • • • •		
men		15	Rente				• • • • • • • • • • • • • • • • • • • •	14	
		16	Rents	·····		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	15	
			Depreciation and depletion (See	e instructions)			•	16	
		17	Other Expenses and Disbursem	ients. Attach schedule		SEE ST	ATEMENT 3 •	17	248,493.
Cal		18	Total expenses and disbursements. Add	line 9 through line 17. Enter he	ere and	on Side 1, Part I, line	9	18	265,854.
	edule	<u> </u>	Balance Sheet	Beginning of	f taxab	le year	End	of taxa	ble year
Asse				(a)		(b)	(c)		(d)
1						8,100.		•	
2			receivable			1,597.		•	50.
3			eivable					•	
4 5			halo managamant alitanta	and the second s				•	
			tate government obligations					•	
6			n other bonds					•	
7			n stock				POR THE STREET	•	
8			S					•	
9			ents. Attach schedule					•	
			ssets				16,8	96.	
b			ated depreciation	62,528.			16,8	96.	
11								•	
12			Attach schedule	THE RESERVE OF THE PROPERTY OF		107,398.		•	106,454.
13						117,095.			106,504.
Liabi	lities ar	nd ne	et worth					Tay, 1.	
14	Accounts	s paya	ble			397.	Principal Company	•	1,649.
15	Contribu	tions,	gifts, or grants payable					•	1,049.
16	Bonds ar	nd not	es payable					•	
			able						
			s. Attach schedule				M. ATTERNA		
19			r principal fund	THE REPORT OF THE PARTY OF THE PARTY.		116,698.	The state of the state of	•	104 055
20	Paid-in o	or capi	tal surplus. Attach reconciliation					•	104,855.
21	Retained	earni	ngs or income fund					•	
22	Total lia	bilitie	es and net worth			117,095.		100000 1	106,504.
Sch	edule	M-1	Reconciliation of income per	books with income per	return		A STATE OF THE STA		100,304.
			Do not complete this schedule if	the amount on Schedule	L, line	13, column (d), is	less than \$50,000.		
			r books	-11,843.			pooks this year not inclu	hahi	
2	Federal ii	ncome	e tax		7		schedule		
			al losses over capital gains		8	Deductions in this re			Paratetra de Present
			orded on books this year.			against book income	this year.	110	
	Attach sc		e			Attach schedule			entrantin di Salahin di Alahin di Salahin di
-			ded on books this year not deducted	SET THE SET SHIPLET THE	9	Total Add line 7 and	line 8	—	
	Expenses				1950				
	Expenses in this re	turn. A	Attach schedule		10	Net income per	return.		
	Expenses in this re	turn. A		-11,843.	10	Net income per			-11,843.

Side 2 Form 199 2017

059

3652174

2017	California Statements	Page ²
Client ASCM8686	Associated Students of the California Maritime Academy	94-608868
12/14/18		10:18Ai
Statement 1 Form 199, Part II, Line 7 Other Income		
Other Revenue	Total	\$ 41,577. 1 \$ 41,577.

Statement 2 Form 199, Part II, Line 11 Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Total Compen- <u>sation</u>	Contri- bution to EBP & DC	Expense Account/ Other
Anthony Zoller 200 Maritime Academy Drive Vallejo, CA 94590	Executive Pres. 20.00	\$ 2,871.	\$ 0.	\$ 0.
Jacyln Casas 200 Maritime Academy Drive Vallejo, CA 94590	ARC Programming 5.00	400.	0.	0.
Cole Carey 200 Maritime Academy Drive Vallejo, CA 94590	ARC Programming 5.00	400.	0.	0.
Sara Hakala 200 Maritime Academy Drive Vallejo, CA 94590	ACE Programming 5.00	400.	0.	0.
Kevin Kelly 200 Maritime Academy Drive Vallejo, CA 94590	ExecutiveVP-CFO 15.00	2,584.	0.	0.
Kenia Connor 200 Maritime Academy Drive Vallejo, CA 94590	ARC Programming 5.00	400.	0.	0.
Sunil Clark 200 Maritime Academy Drive Vallejo, CA 94590	Marketing 10.00	600.	0.	0.
Christina Stach 200 Maritime Academy Drive Vallejo, CA 94590	Director 10.00	600.	0.	0.
Angela Buford 200 Maritime Academy Drive Vallejo, CA 94590	Ex. VP Program 15.00	2,153.	0.	0.
Dalal Muqatash 200 Maritime Academy Drive Vallejo, CA 94590	Ex. VP Stndt Af 15.00	2,153.	0.	0.

20 °	17
-------------	----

California Statements

Page 2

Client ASCM8686

Associated Students of the California Maritime Academy

94-6088686

12/14/18

10:18AM

Statement 2 (continued)
Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Total Compen- <u>sation</u>	Contri- bution to <u>EBP & DC</u>	Expense Account/ Other
Brandon Thomas 200 Maritime Academy Drive Vallejo, CA 94590	Chief of Staff 10.00	\$ 600.		
Alec Nation 200 Maritime Academy Drive Vallejo, CA 94590	Chairman 10.00	0.	0.	0.
Eyasu Aregawie 200 Maritime Academy Drive Vallejo, CA 94590	Marketing 10.00	600.	0.	0.
Emily Jarris 200 Maritime Academy Drive Vallejo, CA 94590	Environmental 5.00	400.	0.	0.
Joseph Phillips 200 Maritime Academy Drive Vallejo, CA 94590	Ext. Affairs 5.00	400.	0.	0.
Theo Vachon-Fischer 200 Maritime Academy Drive Vallejo, CA 94590	Veternas Liason 5.00	0.	0.	0.
William Hunt 200 Maritime Academy Drive Vallejo, CA 94590	Comm. Ser. 5.00	0.	0.	0.
Alysha Wallace 200 Maritime Academy Drive Vallejo, CA 94590	Student Affairs 5.00	400.	0.	0.
Stefano Maffei 200 Maritime Academy Drive Vallejo, CA 94590	Grant Proposals 5.00	400.	0.	0.
Brendan Collette 200 Maritime Academy Drive Vallejo, CA 94590	Club Finances 5.00	400.	0.	0.
Nikolas Rush 200 Maritime Academy Drive Vallejo, CA 94590	Budget 5.00	400.	0.	0.
Nicholas Aquilino 200 Maritime Academy Drive Vallejo, CA 94590	Internal Audit 5.00	400.	0.	0.

20	1	7
∠.	, ,	•

12/14/18

California Statements

Page 3

Client ASCM8686

Associated Students of the California Maritime Academy

94-6088686 10:18AM

Statement 2 (continued)
Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Total Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Austin Wittmann 200 Maritime Academy Drive Vallejo, CA 94590	Senior Pres. 2.00		\$ 0.	
LeighAnne Dones 200 Maritime Academy Drive Vallejo, CA 94590	Sr. Vice Pres. 2.00	0.	0.	0.
Kyle Baldovin 200 Maritime Academy Drive Vallejo, CA 94590	Junior Pres. 2.00	0.	0.	0.
Monick Powers 200 Maritime Academy Drive Vallejo, CA 94590	Jr. Vice Pres. 2.00	0.	0.	0.
Nathalie Calderon 200 Maritime Academy Drive Vallejo, CA 94590	Soph. Pres. 2.00	0.	0.	0.
Yaricsa Picon-Carrillo 200 Maritime Academy Drive Vallejo, CA 94590	Soph. Vice Pres 2.00	0.	0.	0.
Evan Haglund 200 Maritime Academy Drive Vallejo, CA 94590	Fresh. Pres. 2.00	0.	0.	0.
Joseph Gowland 200 Maritime Academy Drive Vallejo, CA 94590	Frsh. Vice Pres 2.00	0.	0.	0.
Sarah Mena 200 Maritime Academy Drive Vallejo, CA 94590	ACE Programming 5.00	400.	0.	0.
Andre Jang 200 Maritime Academy Drive Vallejo, CA 94590	ACE Programming 5.00	400.	0.	0.
	Total	\$ 17,361.	\$ 0.	\$ 0.

2017	California Statements	Page
lient ASCM8686	Associated Students of the California Maritime Academy	94-608868
2/14/18		10:184
Statement 3 Form 199, Part II, Line 17 Other Expenses		
Office Expenses Other Expenses Other fees Student Activities	Tot	4,871. 26,896. 62,020. 45,906.
Statement 4 Form 199, Schedule L, Line 12 Other Assets		
Due from other funds	<u>.</u>	106,454.
	Total	\$ 106,454.