

** PUBLIC DISCLOSURE COPY **

Form **990**

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)

2021

Department of the Treasury
Internal Revenue Service

▶ 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

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**


B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CALIFORNIA MARITIME ACADEMY FOUNDATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 200 MARITIME ACADEMY DRIVE City or town, state or province, country, and ZIP or foreign postal code VALLEJO, CA 94590 F Name and address of principal officer: FRANZ LOZANO SAME AS C ABOVE	D Employer identification number 23-7213404 E Telephone number (707) 654-1085 G Gross receipts \$ 19,648,752. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CSUM.EDU		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1972 M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: WORKING WITH THE FACULTY, ALUMNI, PARENTS, DONORS, AND STUDENTS, SEEKING TO BROADEN CAL	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	3 31
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 24
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 0
6	Total number of volunteers (estimate if necessary)	6 24
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 6,355,950.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 34,289.
8	Contributions and grants (Part VIII, line 1h)	11,984,566. 10,651,042.
9	Program service revenue (Part VIII, line 2g)	352,501. 6,609,059.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	98,180. 115,130.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 81,512.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,435,247. 17,456,743.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	518,534. 559,164.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0. 0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 30,094.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,146,470. 6,974,083.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,665,004. 7,533,247.
19	Revenue less expenses. Subtract line 18 from line 12	9,770,243. 9,923,496.
20	Total assets (Part X, line 16)	29,322,508. 42,390,732.
21	Total liabilities (Part X, line 26)	1,015,062. 6,952,483.
22	Net assets or fund balances. Subtract line 21 from line 20	28,307,446. 35,438,249.

Part II 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 Here	DocuSigned by:  Signature of officer	Date 8/3/2023
Paid Preparer Use Only	Print/Type preparer's name DAVID ROBYDEK	Preparer's signature DAVID ROBYDEK
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749
	Firm's address ▶ 301 NORTH LAKE AVENUE, SUITE 900 PASADENA, CA 91101	Phone no. (626) 793-3600
	Date 07/31/23	Check if self-employed <input type="checkbox"/> PTIN P02127582

May the IRS discuss this return with the preparer shown above? See instructions Yes No

CALIFORNIA MARITIME ACADEMY FOUNDATION, INC.

Form 990 (2021)

23-7213404 Page 2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: WORKING WITH THE FACULTY, ALUMNI, PARENTS, DONORS, AND STUDENTS, SEEKING TO BROADEN CAL MARITIME'S COMMUNITY TO INCLUDE ALL WHO HOLD A STAKE IN ITS PAST, PRESENT, AND FUTURE. RESPONSIBILITIES INCLUDE FUNDRAISING, DONOR RELATIONS, ALUMNI AFFAIRS, LEGISLATIVE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,521,852. including grants of \$ 42,712.) (Revenue \$ 334,621.) ACTIVITIES RELATING TO RAISING MONEY FOR SCHOLARSHIPS, SUPPORTING THE ACADEMIC AND STUDENT PROGRAMS, AND BUILDING THE ENDOWMENT.

4b (Code:) (Expenses \$ 516,452. including grants of \$ 516,452.) (Revenue \$) SCHOLARSHIPS - SCHOLARSHIP DONATIONS ARE PROVIDED TO THE UNIVERSITY AND AWARDED TO STUDENTS TO OFFSET THE COST OF ATTENDING THE ACADEMY.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 7,038,304.

**CALIFORNIA MARITIME ACADEMY FOUNDATION,
INC.**

Form 990 (2021)

23-7213404 Page 3

Part IV Checklist of Required Schedules

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

**CALIFORNIA MARITIME ACADEMY FOUNDATION,
INC.**

Form 990 (2021)

23-7213404 Page 4

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
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	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
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	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	6
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

CALIFORNIA MARITIME ACADEMY FOUNDATION, INC.

Form 990 (2021)

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

CALIFORNIA MARITIME ACADEMY FOUNDATION, INC.

Form 990 (2021)

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 31; 1b Enter the number of voting members included... 24; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body... X; b Each committee with authority to act on behalf of the governing body... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records CA MARITIME ACADEMY FOUNDATION, INC. - (707) 654-1037 200 MARITIME ACADEMY DRIVE, VALLEJO, CA 94590

**CALIFORNIA MARITIME ACADEMY FOUNDATION,
INC.**

Form 990 (2021)

23-7213404 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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS CROPPER PRESIDENT, CSU CMA	4.00 40.00	X						0.	291,324.	107,120.
(2) FRANZ LOZANO VP & CFO, CSU MA	4.00 40.00	X						0.	217,655.	83,577.
(3) LORI SCHROEDER PROVOST/VP, CSU MA	4.00 40.00	X						0.	230,004.	61,160.
(4) KATHLEEN MCMAHON VP, CSU MA	4.00 40.00	X						0.	204,996.	63,177.
(5) SAM PECOTA PROFESSOR, CSU MA	4.00 40.00	X						0.	175,104.	71,869.
(6) RICHARD P. ORTEGA EX.DIR/VP CSU MA	40.00	X						0.	175,000.	36,000.
(7) ASSIS MALAQUIAS FACULTY, CSU MA	4.00 40.00	X						0.	127,392.	62,872.
(8) JANE ZACCHIA CONTROLLER, CSU MA	4.00 40.00	X						0.	68,734.	33,097.
(9) JOHN BETZ CHAIRMAN	4.00	X		X				0.	0.	0.
(10) MICHAEL RODGERS VICE CHAIR/TREASURER	4.00	X		X				0.	0.	0.
(11) TIMOTHY COOMBS SECRETARY	4.00	X		X				0.	0.	0.
(12) WILLIAM ANDREW BOARD MEMBER	4.00	X						0.	0.	0.
(13) GLADYS BROWN BOARD MEMBER	4.00	X						0.	0.	0.
(14) MICHAEL CARTHEW BOARD MEMBER	4.00	X						0.	0.	0.
(15) CAMERON CLARK BOARD MEMBER	4.00	X						0.	0.	0.
(16) KIM ESTES BOARD MEMBER	4.00	X						0.	0.	0.
(17) DAVID FRANKEL BOARD MEMBER	4.00	X						0.	0.	0.

CALIFORNIA MARITIME ACADEMY FOUNDATION, INC.

Form 990 (2021)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN GIFFIN BOARD MEMBER	4.00	X					0.	0.	0.	
(19) DOUGLAS HOLM BOARD MEMBER	4.00	X					0.	0.	0.	
(20) FRANCES KEELER BOARD MEMBER	4.00	X					0.	0.	0.	
(21) BETH KIRKPATRICK BOARD MEMBER	4.00	X					0.	0.	0.	
(22) LYNN KORWATCH BOARD MEMBER	4.00	X					0.	0.	0.	
(23) ADAM MOILANEN BOARD MEMBER	4.00	X					0.	0.	0.	
(24) CHRISTOPHER PETERSON BOARD MEMBER	4.00	X					0.	0.	0.	
(25) ERIN PIERSON BOARD MEMBER	4.00	X					0.	0.	0.	
(26) TODD ROBERTS BOARD MEMBER	4.00	X					0.	0.	0.	
1b Subtotal							0.	1,490,209.	518,872.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							0.	1,490,209.	518,872.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CIVIL SEAS LLC 2252 EVERGREEN STREET, SAN DIEGO, CA 92106	MARINE BROKERAGE	423,587.
MARINE GROUP BOAT WORKS LLC. 997 G STREET, CHULA VISTA, CA 91910	MARINE SERVICES	373,014.
CROWS NEST MARINE INC, 2515 SHELTER ISLAND DRIVE, SAN DIEGO, CA 92106	MARINE SERVICES	127,500.
LOCKTON COMPANIES, 3 EMBARCADERO CENTER, STE 600, SAN FRANCISCO, CA 94111	INSURANCE SERVICES	101,093.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

SEE PART VII, SECTION A CONTINUATION SHEETS

**CALIFORNIA MARITIME ACADEMY FOUNDATION,
INC.**

23-7213404

Form 990

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JIM SIMPSON BOARD MEMBER	4.00	X						0.	0.	0.
(28) KAREN SMITH BOARD MEMBER	4.00	X						0.	0.	0.
(29) ED WASHBURN BOARD MEMBER	4.00	X						0.	0.	0.
(30) MARIO CORDERO BOARD MEMBER	4.00	X						0.	0.	0.
(31) KRIS ABRUDAN BOARD MEMBER	4.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**CALIFORNIA MARITIME ACADEMY FOUNDATION,
INC.**

Form 990 (2021)

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	217,560.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	10,433,482.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 8,570,712.				
	h Total. Add lines 1a-1f			10,651,042.			
Program Service Revenue	2 a VESSEL LEASE REVENUE	Business Code					
		900099	6,355,950.		6355950.		
	b MANAGEMENT FEE	900099	253,109.	253,109.			
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			6,609,059.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		341,377.			341,377.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,846,227.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	2,072,474.				
	c Gain or (loss)	7c	-226,247.				
d Net gain or (loss)			-226,247.		-226,247.		
8 a Gross income from fundraising events (not including \$ 217,560. of contributions reported on line 1c). See Part IV, line 18	8a		119,535.				
			119,535.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			0.				
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER OPERATING REVENUE	Business Code					
		900099	81,512.	81,512.			
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			81,512.				
12 Total revenue. See instructions			17,456,743.	334,621.	6355950.	115,130.	

**CALIFORNIA MARITIME ACADEMY FOUNDATION,
INC.**

Form 990 (2021)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	559,164.	559,164.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
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 (nonemployees):				
a Management				
b Legal	2,402.		2,402.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	68,365.		68,365.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,674,046.	1,663,433.		10,613.
12 Advertising and promotion	6,967.	6,947.		20.
13 Office expenses	56,835.	31,791.	10,947.	14,097.
14 Information technology	26,307.	26,307.		
15 Royalties				
16 Occupancy				
17 Travel	43,908.	43,887.		21.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	2,968.	2,968.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,862,546.	3,823,750.	38,796.	
23 Insurance	96,250.	96,250.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a R AND M VESSELS	365,369.	365,369.		
b SUPPLIES AND EQUIPMENT	308,820.	303,477.		5,343.
c FDN ADMIN SERVICE FEE	253,109.		253,109.	
d OTHER EXPENSES	126,191.	114,961.	11,230.	0.
e All other expenses _____	80,000.		80,000.	
25 Total functional expenses. Add lines 1 through 24e	7,533,247.	7,038,304.	464,849.	30,094.
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)

**CALIFORNIA MARITIME ACADEMY FOUNDATION,
INC.**

Form 990 (2021)

23-7213404 Page 11

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1 Cash - non-interest-bearing	3,441,633.	1	5,364,696.		
	2 Savings and temporary cash investments	586,322.	2	5,854,085.		
	3 Pledges and grants receivable, net	159,535.	3	287,553.		
	4 Accounts receivable, net	56,705.	4	538,904.		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5			
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6			
	7 Notes and loans receivable, net		7			
	8 Inventories for sale or use		8			
	9 Prepaid expenses and deferred charges		9			
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 21,509,823.				
	b Less: accumulated depreciation	10b 5,720,694.	1,920,425.	10c	15,789,129.	
	11 Investments - publicly traded securities	12,668,658.	11	10,158,312.		
	12 Investments - other securities. See Part IV, line 11		12			
	13 Investments - program-related. See Part IV, line 11		13			
	14 Intangible assets		14			
	15 Other assets. See Part IV, line 11	10,489,230.	15	4,398,053.		
16 Total assets. Add lines 1 through 15 (must equal line 33)	29,322,508.	16	42,390,732.			
Liabilities	17 Accounts payable and accrued expenses	63,096.	17	117,306.		
	18 Grants payable		18			
	19 Deferred revenue	19,092.	19	25,977.		
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22			
	23 Secured mortgages and notes payable to unrelated third parties		23			
	24 Unsecured notes and loans payable to unrelated third parties		24			
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	932,874.	25	6,809,200.		
	26 Total liabilities. Add lines 17 through 25	1,015,062.	26	6,952,483.		
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27 Net assets without donor restrictions	14,361,331.	27	22,059,359.		
	28 Net assets with donor restrictions	13,946,115.	28	13,378,890.		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29 Capital stock or trust principal, or current funds		29			
	30 Paid-in or capital surplus, or land, building, or equipment fund		30			
	31 Retained earnings, endowment, accumulated income, or other funds		31			
	32 Total net assets or fund balances	28,307,446.	32	35,438,249.		
	33 Total liabilities and net assets/fund balances	29,322,508.	33	42,390,732.		

Form 990 (2021)

**CALIFORNIA MARITIME ACADEMY FOUNDATION,
INC.**

Form 990 (2021)

23-7213404 Page **12**

Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	17,456,743.
2 Total expenses (must equal Part IX, column (A), line 25)	2	7,533,247.
3 Revenue less expenses. Subtract line 2 from line 1	3	9,923,496.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28,307,446.
5 Net unrealized gains (losses) on investments	5	-1,484,713.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	-1,307,980.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	35,438,249.

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a 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?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2021)

SCHEDULE A
(Form 990)

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

2021

Open to Public Inspection

Name of the organization **CALIFORNIA MARITIME ACADEMY FOUNDATION, INC.** Employer identification number **23-7213404**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 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).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

**CALIFORNIA MARITIME ACADEMY FOUNDATION,
INC.**

Schedule A (Form 990) 2021

23-7213404 Page 2

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2911296.	2275134.	5844017.	11984566.	10651042.	33666055.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2911296.	2275134.	5844017.	11984566.	10651042.	33666055.
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)						14949660.
6 Public support. Subtract line 5 from line 4.						18716395.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	2911296.	2275134.	5844017.	11984566.	10651042.	33666055.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	200,745.	273,331.	313,139.	268,385.	341,377.	1396977.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					6355950.	6355950.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					334,621.	334,621.
11 Total support. Add lines 7 through 10						41753603.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	44.83 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	50.96 %
16a 33 1/3% support test - 2021. 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	▶	<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. 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	▶	<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶	<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶	<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶	<input type="checkbox"/>

Schedule A (Form 990) 2021

CALIFORNIA MARITIME ACADEMY FOUNDATION, INC.

Schedule A (Form 990) 2021

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.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
19b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**CALIFORNIA MARITIME ACADEMY FOUNDATION,
INC.**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

CALIFORNIA MARITIME ACADEMY FOUNDATION, INC.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c, 2a, 2b, 3a, 3b.

**CALIFORNIA MARITIME ACADEMY FOUNDATION,
INC.**

Schedule A (Form 990) 2021

23-7213404 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	
Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d.	3	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.035.	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount	(A) Prior Year	Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

**CALIFORNIA MARITIME ACADEMY FOUNDATION,
INC.**

Schedule A (Form 990) 2021

23-7213404 Page 7

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

CALIFORNIA MARITIME ACADEMY FOUNDATION,
INC.

Schedule A (Form 990) 2021

23-7213404 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.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

**CALIFORNIA MARITIME ACADEMY FOUNDATION,
INC.**

Employer identification number

23-7213404

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization CALIFORNIA MARITIME ACADEMY FOUNDATION, INC.	Employer identification number 23-7213404
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>280,159.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>289,189.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>266,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>899,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>5,850,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CALIFORNIA MARITIME ACADEMY FOUNDATION, INC.	Employer identification number 23-7213404
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>3</u>	VESSEL: ENCORE _____ _____ _____	\$ <u>266,000.</u>	<u>12/15/21</u>
<u>4</u>	VESSEL: PANACHE _____ _____ _____	\$ <u>899,000.</u>	<u>01/25/22</u>
<u>5</u>	VESSEL: GOLDEN BOY _____ _____ _____	\$ <u>1,000,000.</u>	<u>09/08/21</u>
<u>6</u>	VESSEL: SVEA _____ _____ _____	\$ <u>5,850,000.</u>	<u>01/05/22</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization CALIFORNIA MARITIME ACADEMY FOUNDATION, INC.	Employer identification number 23-7213404
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization CALIFORNIA MARITIME ACADEMY FOUNDATION, INC. **Employer identification number** 23-7213404

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation 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 held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

**CALIFORNIA MARITIME ACADEMY FOUNDATION,
INC.**

Schedule D (Form 990) 2021

23-7213404 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,514,934.	10,726,358.	9,284,095.	8,710,747.	8,152,632.
b Contributions	206,779.	1,063,122.	2,367,693.	309,562.	319,680.
c Net investment earnings, gains, and losses	-1,204,034.	2,133,889.	-374,508.	320,969.	257,857.
d Grants or scholarships	433,453.		169,686.	137,148.	59,500.
e Other expenditures for facilities and programs	-180,687.	408,435.	71,575.	-200,595.	-46,427.
f Administrative expenses			252,611.	120,630.	6,340.
g End of year balance	12,264,913.	13,514,934.	10,783,408.	9,284,095.	8,710,756.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 1.8300 %
 - b Permanent endowment 98.1700 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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
1a Land		775,929.		775,929.
b Buildings		1,163,894.	58,194.	1,105,700.
c Leasehold improvements				
d Equipment		19,570,000.	5,662,500.	13,907,500.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				15,789,129.

Schedule D (Form 990) 2021

**CALIFORNIA MARITIME ACADEMY FOUNDATION,
INC.**

Schedule D (Form 990) 2021

23-7213404 Page 3

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) LEASE RECEIVABLES	4,398,053.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	4,398,053.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE BOAT DEPOSITS	2,407,970.
(3) LEASE PAYABLE	4,386,810.
(4) OTHER CURRENT LIABILITIES	14,420.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	6,809,200.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2021

**CALIFORNIA MARITIME ACADEMY FOUNDATION,
INC.**

Schedule D (Form 990) 2021

23-7213404 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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	16,091,565.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-1,484,713.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	119,535.
e	Add lines 2a through 2d	2e	-1,365,178.
3	Subtract line 2e from line 1	3	17,456,743.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	17,456,743.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	7,652,782.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	119,535.
e	Add lines 2a through 2d	2e	119,535.
3	Subtract line 2e from line 1	3	7,533,247.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,533,247.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FOUNDATION IS TAX-EXEMPT UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) FOR FEDERAL INCOME TAXES, AS WELL AS THE RELATED PROVISIONS FOR STATE INCOME TAX PURPOSES.

THE FOUNDATION'S OPERATIONS CENTER ON FUNDRAISING ACTIVITIES FOR THE BENEFIT OF THE ACADEMY. INDIVIDUALS, CORPORATIONS, AND ORGANIZATIONS SUPPORT THE FOUNDATION BY DONATIONS GIVEN IN MANY WAYS: GIFTS OF SAIL AND POWER BOATS, STOCKS, REAL ESTATE, MARITIME TRAINING EQUIPMENT, AND OTHER CAPITAL ASSETS. DONATIONS ARE MADE FOR ENDOWMENTS, SCHOLARSHIPS, THE SAILING PROGRAM, CLASSROOM/LABORATORY EQUIPMENT, AND FOR UNRESTRICTED USE. SPECIFIC DONATIONS ARE APPLIED ACCORDING TO THE WISHES OF THE DONOR. THE

CALIFORNIA MARITIME ACADEMY FOUNDATION,
INC.

Schedule D (Form 990) 2021

23-7213404 Page 5

Part XIII Supplemental Information (continued)

FOUNDATION ALSO CONDUCTS AN ANNUAL FUND DRIVE THROUGH WHICH EMPLOYERS,
ALUMNI, AND FRIENDS, BOTH INDIVIDUAL AND CORPORATE, CONTRIBUTING MATCHING
GIFTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE RE-ALLOCATED TO STATEMENT OF REVENUE 119,535.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE RE-ALLOCATED TO STATEMENT OF REVENUE 119,535.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization **CALIFORNIA MARITIME ACADEMY FOUNDATION, INC.**

Employer identification number
23-7213404

Part I

Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total	▶					

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

**CALIFORNIA MARITIME ACADEMY FOUNDATION,
INC.**

Schedule G (Form 990) 2021

23-7213404 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GALA	GOLF TOURNAMENT	3		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	243,497.	51,967.	41,631.	337,095.
	2	Less: Contributions	173,159.	24,232.	20,169.	217,560.
	3	Gross income (line 1 minus line 2)	70,338.	27,735.	21,462.	119,535.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	70,338.	27,735.	21,462.	119,535.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				119,535.
11	Net income summary. Subtract line 10 from line 3, column (d)				0.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

CALIFORNIA MARITIME ACADEMY FOUNDATION, INC.

Schedule G (Form 990) 2021

23-7213404 Page 3

- 11 Does the organization conduct gaming activities with nonmembers?
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?
13 Indicate the percentage of gaming activity conducted in:
a The organization's facility
b An outside facility
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b If "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party
c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

CALIFORNIA MARITIME ACADEMY FOUNDATION,
INC.

Schedule G (Form 990)

23-7213404 Page 4

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization **CALIFORNIA MARITIME ACADEMY FOUNDATION, INC.** Employer identification number **23-7213404**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CALIFORNIA MARITIME ACADEMY 200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590	68-0316355	IRC SEC. 11	542,452.	16,712. FMV		VARIOUS AUCTION ITEMS	STUDENT ASSISTANCE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **1**
- 3** Enter total number of other organizations listed in the line 1 table **1**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2021**

CALIFORNIA MARITIME ACADEMY FOUNDATION, INC.

Schedule I (Form 990) 2021

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

THE ORGANIZATION'S GRANT FUNDS SHALL BE ADMINISTERED BY THE BOARD OF DIRECTORS FOR THE BENEFIT OF THE CALIFORNIA STATE UNIVERSITY MARITIME ACADEMY. ANY UNRESTRICTED (UNDESIGNATED) FUNDS SHALL BE ADMINISTERED AT THE DIRECTION OF THE EXECUTIVE DIRECTOR OF THE FOUNDATION. ANY RESTRICTED (DESIGNATED) FUNDS SHALL BE USED FOR THE SPECIFIC PURPOSE(S) INTENDED AND NO OTHER(S).

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **CALIFORNIA MARITIME ACADEMY FOUNDATION, INC.**

Employer identification number
23-7213404

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

CALIFORNIA MARITIME ACADEMY FOUNDATION, INC.

23-7213404

Page 2

Schedule J (Form 990) 2021

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

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

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

Table with columns: (A) Name and Title, (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation (i) Base, (ii) Bonus & incentive, (iii) Other reportable, (C) Retirement and other deferred, (D) Nontaxable benefits, (E) Total of columns (B)(i)-(D), (F) Compensation reported as deferred on prior Form 990. Rows include individuals like THOMAS CROPPER, FRANZ LOZANO, LORI SCHROEDER, KATHLEEN MCMAHON, SAM PECOTA, RICHARD P. ORTEGA, and ASSIS MALAQUIAS.

CALIFORNIA MARITIME ACADEMY FOUNDATION,
INC.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

SCHEDULE L (Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

2021

Open To Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization CALIFORNIA MARITIME ACADEMY FOUNDATION, INC.

Employer identification number 23-7213404

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 10 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

CALIFORNIA MARITIME ACADEMY FOUNDATION, INC.

Schedule L (Form 990) 2021

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of organization's revenues? (Yes/No). Rows include DOUGLAS HOLM and TODD ROBERTS.

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DOUGLAS HOLM

(D) DESCRIPTION OF TRANSACTION: VESSEL INSURANCE

(A) NAME OF PERSON: TODD ROBERTS

(D) DESCRIPTION OF TRANSACTION: VESSEL REPAIR

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **CALIFORNIA MARITIME ACADEMY FOUNDATION, INC.** Employer identification number **23-7213404**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes	X	11	8,554,000.	FMV
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>AUCTION ITEMS</u>)	X	18	15,512.	FMV
26 Other ▶ (<u>SUPPLIES</u>)	X	4	12,000.	FMV
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 10

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	X	
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

CALIFORNIA MARITIME ACADEMY FOUNDATION,
INC.

Schedule M (Form 990) 2021

23-7213404

Page 2

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 30B:

BOAT DONATIONS ARE HELD FOR 3 YEARS BEFORE BEING SOLD.

SCHEDULE M, LINE 32B:

BOAT BROKERS USED TO ACQUIRE VESSEL DONATIONS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

**CALIFORNIA MARITIME ACADEMY FOUNDATION,
INC.**

Employer identification number
23-7213404

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

**MARITIME'S COMMUNITY TO INCLUDE ALL WHO HOLD A STAKE IN ITS PAST,
PRESENT, AND FUTURE. RESPONSIBILITIES INCLUDE FUNDRAISING, DONOR
RELATIONS, ALUMNI AFFAIRS, LEGISLATIVE AFFAIRS, AND FUNDRAISING
DATABASE MANAGEMENT.**

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

AFFAIRS, AND FUNDRAISING DATABASE MANAGEMENT.

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

**THE FORM 990 IS PREPARED BY THE ORGANIZATION'S OUTSIDE PUBLIC ACCOUNTING
FIRM BASED ON INFORMATION PROVIDED BY MANAGEMENT. ONCE A DRAFT OF THE
RETURN IS AVAILABLE, IT IS REVIEWED BY MANAGEMENT WITH ANY CHANGES OR
REVISIONS INCORPORATED INTO THE FILING. THE REVISED RETURN IS THEN
SUBMITTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL PRIOR TO
SUBMITTING TO THE IRS.**

FORM 990, PART VI, SECTION B, LINE 12C:

**EVERY YEAR DURING THE CMA FOUNDATION'S ANNUAL MEETING, ALL MEMBERS OF THE
BOARD OF DIRECTORS DECLARE IF THEY ARE OR NOT INVOLVED IN ANY CONFLICT OF
INTEREST RELATIONSHIPS AS DEFINED IN CALIFORNIA EDUCATION CODE SEC. 89906
TO SEC 89909.**

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

**ALL PAID PERSONS INVOLVED WITH THE CALIFORNIA MARITIME ACADEMY FOUNDATION,
INC. ARE EMPLOYED BY THE STATE OF CALIFORNIA AND ARE HIRED USING THE**

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

Schedule O (Form 990) 2021

Name of the organization	CALIFORNIA MARITIME ACADEMY FOUNDATION, INC.	Employer identification number	23-7213404
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STATE'S HIRING CRITERIA.

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

ADDITIONAL INFORMATION REGARDING THE ORGANIZATION MAY BE AVAILABLE UPON
REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

VESSEL SALES COMMISSIONS:

PROGRAM SERVICE EXPENSES	1,143,400.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,143,400.

CONTRACTED SERVICES:

PROGRAM SERVICE EXPENSES	520,033.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	10,613.
TOTAL EXPENSES	530,646.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,674,046.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

RESTATEMENT FOR CHANGE IN ACCOUNTING PRINCIPAL	-1,307,980.
--	-------------

FORM 990, PART XII, LINE 2C.

THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

CALIFORNIA MARITIME ACADEMY FOUNDATION, INC.

Employer identification number
23-7213404

OMB No. 1545-0047

2021

Open to Public Inspection

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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) Section 512(b)(13) controlled entity?	
						Yes	No
THE CAL STATE UNIV MARITIME ACADEMY - 68-0316355, 200 MARITIME ACADEMY DRIVE, VALLEJO, CA 94590	HIGHER EDUCATION	CALIFORNIA	IRC SEC. 11	N/A			X

CALIFORNIA MARITIME ACADEMY FOUNDATION,
INC.

23-7213404

Page 2

Schedule R (Form 990) 2021

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

CALIFORNIA MARITIME ACADEMY FOUNDATION,
INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on 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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
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)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		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 relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE CAL STATE UNIVERSITY MARITIME ACADEMY	P	86,088	ACTUAL
(2) THE CAL STATE UNIVERSITY MARITIME ACADEMY	B	16,712	ACTUAL
(3) THE CAL STATE UNIVERSITY MARITIME ACADEMY	B	542,452	ACTUAL
(4) THE CAL STATE UNIVERSITY MARITIME ACADEMY	R	114,037	ACTUAL
(5)			
(6)			

**CALIFORNIA MARITIME ACADEMY FOUNDATION ,
INC.**

23 - 7213404 Page 4

Schedule R (Form 990) 2021

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, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
				Yes	No			Yes	No		Yes	No		

Schedule R (Form 990) 2021

CALIFORNIA MARITIME ACADEMY FOUNDATION,
INC.

Schedule R (Form 990) 2021

23-7213404 Page 5

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.

CALIFORNIA MARITIME ACADEMY FOUNDATION, INC.

23-7213404

Form **990-W**
(Worksheet)

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

OMB No. 1545-0047

(and on Investment Income for Private Foundations) FORM 990-T

2022

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990W for instructions and the latest information.
▶ Keep for your records. Do not send to the Internal Revenue Service.

FOR YOUR RECORDS
DO NOT FILE

1	Unrelated business taxable income expected in the tax year				1
2	Tax on the amount on line 1. See instructions for tax computation				2
3	Alternative minimum tax for trusts. See instructions				3
4	Total. Add lines 2 and 3				4
5	Estimated tax credits. See instructions				5
6	Subtract line 5 from line 4				6
7	Other taxes. See instructions				7
8	Total. Add lines 6 and 7				8
9	Credit for federal tax paid on fuels. See instructions				9
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions				
		10a			
b	Enter the tax shown on the 2021 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c				
		10b	7,201.		
c	2022 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c				
			ADJUSTED TO		10c
					7,240.

		(a)	(b)	(c)	(d)
11	Installment due dates. See instructions	11			06/15/23
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12			7,240.
13	2021 Overpayment. See instructions	13			
14	Payment due (Subtract line 13 from line 12)	14			7,240.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2022)

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer **CALIFORNIA MARITIME ACADEMY FOUNDATION, INC.**

EIN or SSN
23-7213404

Name and title of officer or person subject to tax **FRANZ LOZANO
VP & CFO, CSU MARITIME ACADEMY**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>7,201.</u>
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize CLIFTONLARSONALLEN LLP to enter my PIN 94590
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

95369055902

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ DAVID ROBYDEK

Date ▶ 07/31/23

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

For calendar year 2021 or other tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

2021

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) CALIFORNIA MARITIME ACADEMY FOUNDATION, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 200 MARITIME ACADEMY DRIVE</p> <p>City or town, state or province, country, and ZIP or foreign postal code VALLEJO, CA 94590</p>	<p>D Employer identification number 23-7213404</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year ▶ 42,390,732.</p>			

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ **CA MARITIME ACADEMY FOUNDATION,** Telephone number ▶ **(707) 654-1037**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	115,895.
2 Reserved	2	
3 Add lines 1 and 2	3	115,895.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	115,895.
6 Deduction for net operating loss. See instructions STATEMENT 1	6	80,606.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	35,289.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	34,289.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	7,201.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	7,201.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

Part III Tax and Payments			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	
b	Other credits (see instructions)	1b	
c	General business credit. Attach Form 3800 (see instructions)	1c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d	
e	Total credits. Add lines 1a through 1d	1e	
2	Subtract line 1e from Part II, line 7	2	7,201.
3	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3	
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	7,201.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5	0.
6a	Payments: A 2020 overpayment credited to 2021	6a	
b	2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g	
7	Total payments. Add lines 6a through 6g	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	245.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	7,446.
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.	Yes	No
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ <u>80,606.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code		Available post-2017 NOL carryover	
900099		\$ 507,264.	
		\$	
6a	Did the organization change its method of accounting? (see instructions)	Yes	No
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		X

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	VP & CFO, CSU MARITIME ACADEMY	Title
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	DAVID ROBYDEK		DAVID ROBYDEK	07/31/23
	Firm's name CLIFTONLARSONALLEN LLP		Check <input type="checkbox"/> if self-employed	
	Firm's address 301 NORTH LAKE AVENUE, SUITE 900 PASADENA, CA 91101		PTIN P02127582	
			Firm's EIN 41-0746749	Phone no. (626) 793-3600

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---

CALIFORNIA MARITIME ACADEMY FOUNDATION,

23-7213404

FORM 990-T

PRE 2018 NOL SCHEDULE

STATEMENT 1

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR	80,606.
PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6	80,606.

SCHEDULE A PORTION OF PRE-2018 NOL SCHEDULE A ENTITY	SCHEDULE A SHARE
---	------------------

1

0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL NET OPERATING DEDUCTION	0.
BALANCE AFTER PRE-2018 NOL DEDUCTION EXPIRING NET OPERATING LOSSES	80,606.
CARRY FORWARD OF NET OPERATING LOSS	35,289.
	0.
	0.

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/16	60,992.	32,698.	28,294.	28,294.
06/30/17	47,082.	0.	47,082.	47,082.
06/30/18	5,230.	0.	5,230.	5,230.
NOL CARRYOVER AVAILABLE THIS YEAR			80,606.	80,606.

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization CALIFORNIA MARITIME ACADEMY FOUNDATION, INC.	B Employer identification number 23-7213404
C Unrelated business activity code (see instructions) ▶ 900099	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **VESSEL CHARTER**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances				
c Balance ▶	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement) STMT 3	12	6,355,950.		6,355,950.
13 Total. Combine lines 3 through 12	13	6,355,950.		6,355,950.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages				
3 Repairs and maintenance				533,739.
4 Bad debts				
5 Interest (attach statement). See instructions				
6 Taxes and licenses				
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			
9 Depletion				
10 Contributions to deferred compensation plans				
11 Employee benefit programs				
12 Excess exempt expenses (Part VIII)				
13 Excess readership costs (Part IX)				
14 Other deductions (attach statement) SEE STATEMENT 4	14			5,565,158.
15 Total deductions. Add lines 1 through 14	15			6,098,897.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			257,053.
17 Deduction for net operating loss. See instructions STMT 5 STMT 7	17			141,158.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			115,895.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes a checkbox for section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Rent received or accrued from personal/real property and total rents. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Gross income, deductions (depreciation), average acquisition debt, and total gross income. Rows 9-11: Allocable deductions and total dividends-received deductions.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

CALIFORNIA MARITIME ACADEMY FOUNDATION,

23-7213404

FORM 990-T (A)	OTHER INCOME	STATEMENT 3
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DESCRIPTION	AMOUNT
CHARTER REVENUE	6,355,950.
TOTAL TO SCHEDULE A, PART I, LINE 12	6,355,950.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 4
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DESCRIPTION	AMOUNT
INSURANCE EXPENSE	87,793.
OFFICE EXPENSES	9,883.
OPERATING EXPENSE	1,229,026.
CONTRACTED SERVICES	414,706.
DEPRECIATION	3,823,750.
TOTAL TO SCHEDULE A, PART II, LINE 14	5,565,158.

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 5
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PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
507,264.	141,158.	366,106.

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION	STATEMENT 6
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TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/20	40,467.	0.	40,467.	40,467.
06/30/21	466,797.	0.	466,797.	466,797.
NOL CARRYOVER AVAILABLE THIS YEAR			507,264.	507,264.

CALIFORNIA MARITIME ACADEMY FOUNDATION,23-7213404

SCH A (990-T)

SCHEDULE A NOL DETAIL

STATEMENT 7

TAXABLE INCOME FROM ALL ENTITIES	257,053.
THIS ENTITIES PORTION OF TAXABLE INCOME	257,053.
THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS	100.00%
THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS	80,606.
TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS	176,447.
80% INCOME LIMITATION	141,158.
POST-2017 AVAILABLE	507,264.
LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION	141,158.

Form **2220**
Department of the Treasury
Internal Revenue Service

Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

▶ Attach to the corporation's tax return. **FORM 990-T**

2021

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

Name **CALIFORNIA MARITIME ACADEMY FOUNDATION, INC.** Employer identification number **23-7213404**

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1	Total tax (see instructions)	1	7,201.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c	Credit for federal tax paid on fuels (see instructions)	2c	
2d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	7,201.
4	Enter the tax shown on the corporation's 2020 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	7,201.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6 The corporation is using the adjusted seasonal installment method.

7 The corporation is using the annualized income installment method.

8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment		(a)	(b)	(c)	(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	10/15/21	12/15/21	03/15/22	06/15/22
10	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	1,800.	1,801.	1,800.	1,800.
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions				
Complete lines 12 through 18 of one column before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column				
13	Add lines 11 and 12				
14	Add amounts on lines 16 and 17 of the preceding column		1,800.	3,601.	5,401.
15	Subtract line 14 from line 13. If zero or less, enter -0-	0.	0.	0.	0.
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-		1,800.	3,601.	
17	Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	1,800.	1,801.	1,800.	1,800.
18	Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

LHA For Paperwork Reduction Act Notice, see separate instructions. Form 2220 (2021)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2021 and before 7/1/2021	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\% (0.03)}{365}$	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2021 and before 10/1/2021	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{365}$	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2021 and before 1/1/2022	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{365}$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2021 and before 4/1/2022	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2022 and before 7/1/2022	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2022 and before 10/1/2022	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2022 and before 1/1/2023	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2022 and before 3/16/2023	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38			\$ 245.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

**FORM 990-T
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

Name(s) CALIFORNIA MARITIME ACADEMY FOUNDATION, INC.					Identifying Number 23-7213404
--	--	--	--	--	---

(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
10/15/21	1,800.	1,800.	61	.000082192	9.
12/15/21	1,801.	3,601.	90	.000082192	27.
03/15/22	1,800.	5,401.	16	.000082192	7.
03/31/22	0.	5,401.	76	.000109589	45.
06/15/22	1,800.	7,201.	15	.000109589	12.
06/30/22	0.	7,201.	92	.000136986	91.
09/30/22	0.	7,201.	46	.000164384	54.

Penalty Due (Sum of Column F). **245.**

* Date of estimated tax payment, withholding credit date or installment due date.

TAXABLE YEAR
2021

**California Exempt Organization
Annual Information Return**

128941 12-29-21
FORM

199

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) **07/01/2021**, and ending (mm/dd/yyyy) **06/30/2022**

Corporation/Organization name
CALIFORNIA MARITIME ACADEMY FOUNDATION, INC.

California corporation number
0666076

Additional information. See instructions.
FEIN
23-7213404

Street address (suite or room)
200 MARITIME ACADEMY DRIVE

PMB no.

City
VALLEJO

State
CA

ZIP code
94590

Foreign country name

Foreign province/state/county

Foreign postal code

A First return Yes No

B Amended return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy)

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$

L Is the organization a limited liability company? Yes No

M Did the organization file Form 100 or Form 109 to report taxable income? Yes No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

O Is federal Form 1023/1024 pending? Yes No
Date filed with IRS

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	8,997,710	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	10,651,042	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 2			
	4	This line must be completed. If the result is less than \$50,000, see General Information B	4	19,648,752	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	2,072,474	00
	7	Total costs. Add line 5 and line 6	7	2,072,474	00
Expenses	8	Total gross income. Subtract line 7 from line 4	8	17,576,278	00
	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	7,652,782	00
Filing Fee	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	9,923,496	00
	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
Sign Here	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00
	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 taxpayer) is based on all information of which preparer has any knowledge.				

Signature of officer **VP & CFO, CSU** Date **(707) 654-1000**
 Telephone

Preparer's signature **DAVID ROBYDEK** Date **07/31/23** Check if self-employed **P02127582**
 PTIN

Firm's name (or yours, if self-employed) and address **CLIFTONLARSONALLEN LLP** Firm's FEIN **41-0746749**

301 NORTH LAKE AVENUE, SUITE 900 Telephone **(626) 793-3600**
PASADENA, CA 91101

May the FTB discuss this return with the preparer shown above? See instructions Yes No

FOUNDATION, INC.

23-7213404

128951 01-19-22

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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	119,535	00	
	2	Interest	•	2	341,377	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions) STATEMENT 3	•	6	1,846,227	00	
	7	Other income SEE STATEMENT 4	•	7	6,690,571	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	8,997,710	00	
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 5	•	9	559,164	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 6	•	11	0	00	
	12	Other salaries and wages	•	12		00	
	Expenses and Disbursements	13	Interest	•	13		00
		14	Taxes	•	14		00
		15	Rents	•	15		00
		16	Depreciation and depletion (See instructions)	•	16	3,862,546	00
		17	Other expenses and disbursements SEE STATEMENT 7	•	17	3,231,072	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	7,652,782	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		4,027,955		• 11,218,781
2 Net accounts receivable		56,705		• 538,904
3 Net notes receivable				•
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments STMT 8		12,668,658		• 10,158,312
10 a Depreciable assets	1,939,823		20,733,894	
b Less accumulated depreciation	(19,398)	1,920,425	(5,720,694)	15,013,200
11 Land				• 775,929
12 Other assets STMT 9		10,648,765		• 4,685,606
13 Total assets		29,322,508		42,390,732
Liabilities and net worth				
14 Accounts payable		63,096		• 117,306
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities STMT 10		951,966		• 6,835,177
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		28,307,446		• 35,438,249
22 Total liabilities and net worth		29,322,508		42,390,732

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	• 8,438,783	7 Income recorded on books this year not included in this return. Attach schedule *	• -1,484,713
2 Federal income tax	•	8 Deductions in this return not charged against book income this year. Attach schedule	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	-1,484,713
4 Income not recorded on books this year. Attach schedule	•	10 Net income per return. Subtract line 9 from line 6	9,923,496
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		
6 Total. Add line 1 through line 5	8,438,783		

* SEE STATEMENT

CALIFORNIA MARITIME ACADEMY FOUNDATION,

23-7213404

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
DR. AND MRS. WILLIAM B. EISENHARDT	PO BOX 589 CASTINE, ME 04421-0589	06/30/22	5,000.
E.E.N. PROPERTY MANAGEMENT INC.	1000 J SPOLLO COURT ANTIOCH, CA 94509	06/30/22	5,000.
SILICON VALLEY COMMUNITY FOUNDATION	1300 S EL CAMINO REAL STE 100 SAN MATEO, CA 94402-2968	06/30/22	5,000.
FIDELITY CHARITABLE GIFT FUND	PO BOX 770001 CINCINNATI, OH 45277-0001	06/30/22	5,000.
BAYDELTA MARITIME, INC.	PO BOX 2088 SAN FRANCISCO, CA 94126-2088	06/30/22	5,000.
INQUIRY PARTNERS	603 N HIGHWAY 101 SOLANA BEACH, CA 92075-1160	06/30/22	5,000.
CAPT. AND MRS. JAMES M. MORGAN	PO BOX 221 SOUTH BRISTOL, ME 04568	06/30/22	5,000.
MARINE ENGINEERS' BENEFICIAL ASSOCIATION	548 THOMAS L BERKLEY WAY OAKLAND, CA 94612	06/30/22	5,000.
AMERICAN ENDOWMENT FOUNDATION	5700 DARROW ROAD STE 118 HUDSON, OH 44236-5026	06/30/22	5,000.
MR. AND MRS. MICHAEL W. MONROE	PO BOX 9346 TRUCKEE, CA 96162-7346	06/30/22	5,000.
CAPT. AND MRS. ALAN J. REID	38 62ND PLACE LONG BEACH, CA 90803-5672	06/30/22	5,000.
MR. AND MRS. RICHARD P. WEST	1600 MOUNTAIN BOULEVARD OAKLAND, CA 94611-2108	06/30/22	5,000.
ASSOCIATION OF MARINE UNDERWRITERS OF SF	PO BOX 194623 SAN FRANCISCO, CA 94119-4623	06/30/22	5,000.
MR. STEVEN A. DANSKIN	451 SAM CLEMENS AVENUE DAYTON, NV 89403-9743	06/30/22	5,000.

CALIFORNIA MARITIME ACADEMY FOUNDATION,23-7213404

CAPTAIN GREGORY G. TURNER	3520 PALM DRIVE RIVIERA BEACH, FL 33404-2414	06/30/22	5,000.
THE BENEVITY COMMUNITY IMPACT FUND	5700 DARROW ROAD STE 118 HUDSON, OH 44236-5026	06/30/22	6,000.
ARBOR DAY FOUNDATION	PO BOX 80208 LINCOLN, NE 68501-0208	06/30/22	6,000.
CAPTAIN DIRK R. TAYLOR, NOAA (RET.)	804 DUPONT STREET UNIT 313 BELLINGHAM, WA 98225-3134	06/30/22	9,000.
CALIFORNIA COMMUNITY FOUNDATION	717 W TEMPLE STREET FL 1 LOS ANGELES, CA 90012-3758	06/30/22	9,000.
MR. ERIC MATHEWSON	1160 BATTERY STREET STE 300 SAN FRANCISCO, CA 94111-1212	06/30/22	9,600.
MORGAN STANLEY GLOBAL IMPACT FUNDING TRUST, INC.	1177 AVENUE OF THE AMERICAS, 41ST FLOOR NEW YORK, NY 10036-2714	06/30/22	10,000.
THE PASHA GROUP	4040 CIVIC CENTER DRIVE STE 350 SAN RAFAEL, CA 94903-4187	06/30/22	10,000.
U.S. CHARITABLE GIFT TRUST	8910 PURDUE ROAD STE 500 INDIANAPOLIS, IN 46268-6100	06/30/22	10,000.
GENE HAAS FOUNDATION	2800 STURGIS ROAD OXNARD, CA 93030-8901	06/30/22	10,000.
MR. IVO M. LABAR, J.D.	350 CORNWALL STREET SAN FRANCISCO, CA 94118-1304	06/30/22	10,000.
MR. AND MRS. JACK G. ORME	8621 PARADISE VALLEY BOULEVARD LUCERNE, CA 95458-8546	06/30/22	10,000.
MRS. CAROLYN DOHERTY	5324 CALLE VISTA SAN DIEGO, CA 92109-1920	06/30/22	10,000.
SALTCHUK	450 ALASKAN WAY S STE 708 SEATTLE, WA 98104-2785	06/30/22	10,000.
NATIONAL PHILANTHROPIC TRUST	165 TOWNSHIP LINE ROAD STE 1200 JENKINTOWN, PA 19046-3549	06/30/22	10,000.
MR. AND MRS. PAUL STEVENS	PO BOX 1517 MERCER ISLAND, WA 98040-1517	06/30/22	10,000.
NORTHERN TRUST CHARITABLE GIVING PROGRAM	225 N MICHIGAN AVENUE STE 2200 CHICAGO, IL 60601-7672	06/30/22	10,000.
HARRY'S HEROES, INC.	26439 RANCHO PARKWAY S STE 110 LAKE FOREST, CA 92630-8344	06/30/22	10,000.
PACIFIC CRANE MAINTENANCE COMPANY	250 W WARDLOW ROAD LONG BEACH, CA 90807-4429	06/30/22	10,000.
MR. AND MRS. ROBERT L. SEMANS	963 TOPSY LANE # 306-286 CARSON CITY, NV 89705-8417	06/30/22	11,000.
MR. JOHN M. BETZ AND MS. HEIDI ROBERTS	578 WASHINGTON BLVD. MARINA DEL REY, CA 90292	06/30/22	11,400.
SOCIETY OF PORT ENGINEERS-LA/LB	PO BOX 851 WILMINGTON, CA 90748-0851	06/30/22	12,500.
CROWLEY MARITIME CORPORATION	9487 REGENCY SQUARE BOULEVARD STE 101 JACKSONVILLE, FL 32225-7800	06/30/22	13,000.
JACOBSEN PILOT SERVICE, INC.	PO BOX 32248 LONG BEACH, CA 90832-2248	06/30/22	15,000.
HARBOR INDUSTRIAL SERVICES	PO BOX 1487 SAN PEDRO, CA 90733-1487	06/30/22	15,000.
NATIONAL CARGO BUREAU	180 MAIDEN LANE STE 903 NEW YORK, NY 10038-5184	06/30/22	15,000.
MATSON NAVIGATION CO.	555 12TH STREET FL 7 OAKLAND, CA 94607-4046	06/30/22	15,250.
MR. AND MRS. DAVID E. RIETMANN	725 N STADIUM WAY TACOMA, WA 98403-2825	06/30/22	25,000.

<u>CALIFORNIA MARITIME ACADEMY FOUNDATION,</u>			<u>23-7213404</u>
FOSS MARITIME COMPANY, LLC	450 ALASKAN WAY S STE 706 SEATTLE, WA 98104-2785	06/30/22	26,200.
METROPOLITAN STEVEDORE COMPANY	3806 WORSHAM AVENUE LONG BEACH, CA 90808-1896	06/30/22	28,000.
CAPT. AND MRS. MICHAEL R. RUBINO	34314 OAK FLAT ROAD AGNESS, OR 97406-9708	06/30/22	30,000.
CAPT AND MRS. ROBERT W. PIAZZA, USN (RET.)	648 S RIVERVINE WAY EAGLE, ID 83616-4789	06/30/22	30,000.
AMERICAN BUREAU OF SHIPPING	1701 CITY PLAZA DRIVE SPRING, TX 77389-1878	06/30/22	30,000.
CRANKSTART FOUNDATION	2626 VALLEJO STREET SAN FRANCISCO, CA 94123-4643	06/30/22	35,000.
CAPTAIN DAVID LYMAN MARITIME SCHOLARSHIP FUND	PO BOX 4673 HONOLULU, HI 96812-4673	06/30/22	50,000.
MR. EVAN METROPOULOS	15 E PUTNAM AVENUE #3080 GREENWICH, CT 06830	06/30/22	60,211.
MR. AND MRS. GEORGE S. TWITCHELL	2802 DORSET LANE TRACY, CA 95377	06/30/22	60,585.
CHEVRON SHIPPING COMPANY LLC	6001 BOLLINGER CANYON ROAD SAN RAMON, CA 94583-5737	06/30/22	100,000.
MR. B. WAYNE HUGHES, JR.	21600 OXNARD STREET, SUITE 1020 WOODLAND HILLS, CA 91367	06/30/22	200,000.
MR. AND MRS. THOMAS C. EDWARDS	6 CRICKET HILL ROAD LAFAYETTE, CA 94549-2402	06/30/22	280,159.
MR. DEAN M. GRIDLEY	21 NOE STREET SAN FRANCISCO, CA 94114-1006	06/30/22	289,189.
TOTAL INCLUDED ON LINE 3			<u><u>1,597,094.</u></u>

CA 199	NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 2
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<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
MS. KAREN YODER	PO BOX 326 NAPA, CA 94558		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
GOLF EVENT FUND	08/30/21	5,000.	5,000.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
MAGNUS PACIFIC GROUPS, LLC	PO BOX 430 PENN VALLEY, CA 95946-0430		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
VESSEL: OLD FASHIONED	11/03/21	24,000.	24,000.

CALIFORNIA MARITIME ACADEMY FOUNDATION,23-7213404CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

MR. JOHN MCLOUGHLIN

29575 CROWN CREEK LAGUNA NIGUEL, CA
92677-7801PROPERTY DESCRIPTIONDATE OF GIFTFMV OF GIFTTOTAL AMOUNT

VESSEL: WHITE BEAR

05/25/22

35,000.

35,000.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

MR. GARRY GAST

11 SADDLEBROOK COURT NOVATO, CA 94947-3843

PROPERTY DESCRIPTIONDATE OF GIFTFMV OF GIFTTOTAL AMOUNT

VESSEL: AQUADISIAC

06/01/22

35,000.

35,000.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

MR. RODNEY ABBOTT

2431 PENINSULA ROAD OXNARD, CA 93035-2922

PROPERTY DESCRIPTIONDATE OF GIFTFMV OF GIFTTOTAL AMOUNT

VESSEL: FUNATIC

12/31/21

60,000.

60,000.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

MR. JOHN SPADARO

4734 AUKAI AVENUE HONOLULU, HI 96816-5207

PROPERTY DESCRIPTIONDATE OF GIFTFMV OF GIFTTOTAL AMOUNT

VESSEL: BOOMERANG

08/20/21

95,000.

95,000.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

COMPADRES, LLC

4685 MACARTHUR COURT STE 375 NEWPORT BEACH,
CA 92660-1854PROPERTY DESCRIPTIONDATE OF GIFTFMV OF GIFTTOTAL AMOUNT

VESSEL: COMPADRES

05/27/22

125,000.

125,000.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

LINDA SYBRANDT AND REED GRAVES

PO BOX 774000-85 STEAM BOAT SPRINGS, CO
80477PROPERTY DESCRIPTIONDATE OF GIFTFMV OF GIFTTOTAL AMOUNT

VESSEL: FINESSE

06/30/22

165,000.

165,000.

CALIFORNIA MARITIME ACADEMY FOUNDATION,23-7213404CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

BALLONA LAGOON, LLC

44 COOK STREET STE 100 DENVER, CO
80206-5823PROPERTY DESCRIPTIONDATE OF GIFTFMV OF GIFTTOTAL AMOUNT

VESSEL: ENCORE

12/15/21

266,000.

266,000.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

MR. ARTHUR ENGEL

1311 1ST STREET CORONADO, CA 92118-1502

PROPERTY DESCRIPTIONDATE OF GIFTFMV OF GIFTTOTAL AMOUNT

VESSEL: PANACHE

01/25/22

899,000.

899,000.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

GB INDUSTRIES LLC

10616 RUSH STREET SOUTH EL MONTE, CA
91733-3432PROPERTY DESCRIPTIONDATE OF GIFTFMV OF GIFTTOTAL AMOUNT

VESSEL: GOLDEN BOY

09/08/21

1,000,000.

1,000,000.

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

SVEA RACING, LLC

251 LITTLE FALLS DRIVE WILMINGTON, DE
19808-1674PROPERTY DESCRIPTIONDATE OF GIFTFMV OF GIFTTOTAL AMOUNT

VESSEL: SVEA

01/05/22

5,850,000.

5,850,000.

TOTAL INCLUDED ON LINE 3

8,559,000.

8,559,000.

CALIFORNIA MARITIME ACADEMY FOUNDATION,

23-7213404

CA 199

GROSS AMOUNT FROM SALE OF ASSETS

STATEMENT 3

DESCRIPTION	DATE	DATE	METHOD
	ACQUIRED	SOLD	ACQUIRED
	07/01/21	06/30/22	PURCHASED
	COST OR	EXPENSE	GROSS
	OTHER BASIS	DEPREC.	OF SALE
	2,049,702.	0.	0.
			GROSS
			SALES PRICE
			1,846,227.

DESCRIPTION	DATE	DATE	METHOD
	ACQUIRED	SOLD	ACQUIRED
	07/01/21	06/30/22	PURCHASED
	COST OR	EXPENSE	GROSS
	OTHER BASIS	DEPREC.	OF SALE
	22,772.	0.	0.
			GROSS
			SALES PRICE
			0.

TOTAL TO FORM 199, PAGE 2, LN 6	2,072,474.	0.	0.	1,846,227.
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CA 199

OTHER INCOME

STATEMENT 4

DESCRIPTION	AMOUNT
OTHER OPERATING REVENUE	81,512.
MANAGEMENT FEE	253,109.
VESSEL LEASE REVENUE	6,355,950.
TOTAL TO FORM 199, PART II, LINE 7	6,690,571.

CALIFORNIA MARITIME ACADEMY FOUNDATION,

23-7213404

CA 199 NONCASH CONTRIBUTIONS, GIFTS, GRANTS STATEMENT 5
AND SIMILAR AMOUNTS PAID

ACTIVITY CLASSIFICATION: GRANTS AND SCHOLARSHIPS

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
CAL MARITIME ACADEMY	200 MARITIME ACADEMY DRIVE - VALLEJO, CA 94590	ORGANIZATION	559,164.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
06/30/22	16,712.	VARIOUS AUCTION ITEMS	FMV
TOTAL FOR THIS ACTIVITY			559,164.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 559,164.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
THOMAS CROPPER 200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590	PRESIDENT, CSU CMA 4.00	0.
FRANZ LOZANO 200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590	VP & CFO, CSU MA 4.00	0.
LORI SCHROEDER 200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590	PROVOST/VP, CSU MA 4.00	0.
KATHLEEN MCMAHON 200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590	VP, CSU MA 4.00	0.
SAM PECOTA 200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590	PROFESSOR, CSU MA 4.00	0.
RICHARD P. ORTEGA 200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590	EX.DIR/VP CSU MA 40.00	0.

CALIFORNIA MARITIME ACADEMY FOUNDATION,23-7213404

ASSIS MALAQUIAS 200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590	FACULTY, CSU MA 4.00	0.
JANE ZACCHIA 200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590	CONTROLLER, CSU MA 4.00	0.
JOHN BETZ 200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590	CHAIRMAN 4.00	0.
MICHAEL RODGERS 200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590	VICE CHAIR/TREASURER 4.00	0.
TIMOTHY COOMBS 200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590	SECRETARY 4.00	0.
WILLIAM ANDREW 200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590	BOARD MEMBER 4.00	0.
GLADYS BROWN 200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590	BOARD MEMBER 4.00	0.
MICHAEL CARTHEW 200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590	BOARD MEMBER 4.00	0.
CAMERON CLARK 200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590	BOARD MEMBER 4.00	0.
KIM ESTES 200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590	BOARD MEMBER 4.00	0.
DAVID FRANKEL 200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590	BOARD MEMBER 4.00	0.
JOHN GIFFIN 200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590	BOARD MEMBER 4.00	0.

CALIFORNIA MARITIME ACADEMY FOUNDATION,23-7213404

DOUGLAS HOLM 200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590	BOARD MEMBER 4.00	0.
FRANCES KEELER 200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590	BOARD MEMBER 4.00	0.
BETH KIRKPATRICK 200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590	BOARD MEMBER 4.00	0.
LYNN KORWATCH 200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590	BOARD MEMBER 4.00	0.
ADAM MOILANEN 200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590	BOARD MEMBER 4.00	0.
CHRISTOPHER PETERSON 200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590	BOARD MEMBER 4.00	0.
ERIN PIERSON 200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590	BOARD MEMBER 4.00	0.
TODD ROBERTS 200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590	BOARD MEMBER 4.00	0.
JIM SIMPSON 200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590	BOARD MEMBER 4.00	0.
KAREN SMITH 200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590	BOARD MEMBER 4.00	0.
ED WASHBURN 200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590	BOARD MEMBER 4.00	0.
MARIO CORDERO 200 MARITIME ACADEMY DRIVE VALLEJO, CA 94590	BOARD MEMBER 4.00	0.

CALIFORNIA MARITIME ACADEMY FOUNDATION,23-7213404

KRIS ABRUDAN BOARD MEMBER
 200 MARITIME ACADEMY DRIVE 4.00
 VALLEJO, CA 94590

0.

TOTAL TO FORM 199, PART II, LINE 11

0.CA 199OTHER EXPENSESSTATEMENT 7DESCRIPTIONAMOUNT

R AND M VESSELS	365,369.
SUPPLIES AND EQUIPMENT	308,820.
FDN ADMIN SERVICE FEE	253,109.
OTHER EXPENSES	126,191.
DIRECT EXPENSES OF FUNDRAISING EVENTS	119,535.
LEGAL FEES	2,402.
INVESTMENT MANAGEMENT FEES	68,365.
OTHER PROFESSIONAL FEES	1,674,046.
ADVERTISING AND PROMOTION	6,967.
OFFICE EXPENSES	56,835.
INFORMATION TECHNOLOGY	26,307.
TRAVEL	43,908.
CONFERENCES AND CONVENTIONS	2,968.
INSURANCE	96,250.
ALL OTHER EXPENSES	80,000.
TOTAL TO FORM 199, PART II, LINE 17	<u>3,231,072.</u>

CA 199OTHER INVESTMENTSSTATEMENT 8DESCRIPTIONBEG. OF YEAREND OF YEAR

INVESTMENTS-PUBLICLY TRADED SECURITIES	<u>12,668,658.</u>	<u>10,158,312.</u>
TOTAL TO FORM 199, SCHEDULE L, LINE 9	<u>12,668,658.</u>	<u>10,158,312.</u>

CALIFORNIA MARITIME ACADEMY FOUNDATION,23-7213404

CA 199	OTHER ASSETS	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	159,535.	287,553.
LEASE RECEIVABLES	1,589,230.	4,398,053.
ASSETS HELD FOR SALE	8,900,000.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	10,648,765.	4,685,606.

CA 199	OTHER LIABILITIES	STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
REFUNDABLE BOAT DEPOSITS	881,970.	2,407,970.
ANNUITY PAYABLE	16,864.	0.
LEASE PAYABLE	34,040.	4,386,810.
OTHER CURRENT LIABILITIES	0.	14,420.
DEFERRED REVENUE	19,092.	25,977.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	951,966.	6,835,177.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 11
DESCRIPTION		AMOUNT
UNREALIZED (LOSS)		-1,484,713.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		-1,484,713.

CA 199	FUND BALANCES	STATEMENT 12
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	14,361,331.	22,059,359.
NET ASSETS WITH DONOR RESTRICTIONS	13,946,115.	13,378,890.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	28,307,446.	35,438,249.

022

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2021

California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name CALIFORNIA MARITIME ACADEMY FOUNDATION, INC.	Identifying number 23-7213404
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Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	19,648,752
2 Total gross income (Form 199, line 8)	2	17,576,278
3 Total expenses and disbursements (Form 199, line 9)	3	7,652,782

Part II Settle Your Account Electronically for Taxable Year 2021

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here Signature of officer _____ Date _____ **VP & CFO, CSU MARITIME ACADEMY** Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO ERO's signature	DAVID ROBYDEK	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P02127582
Must Sign Firm's name (or yours if self-employed) and address	CLIFTONLARSONALLEN LLP 301 NORTH LAKE AVENUE, SUITE 900 PASADENA, CA			Firm's FEIN 41-0746749	ZIP code 91101

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Must Sign Firm's name (or yours if self-employed) and address			Firm's FEIN
			ZIP code

FTB 8453-EO 2021

TAXABLE YEAR

2021

**California Exempt Organization
Business Income Tax Return**

128961 01-06-22

FORM

109

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) **07/01/2021**, and ending (mm/dd/yyyy) **06/30/2022**

Corporation/Organization name **CALIFORNIA MARITIME ACADEMY FOUNDATION, INC.** California corporation number **0666076**

Additional information. See instructions. FEIN **23-7213404**

Street address (suite/room no.) **200 MARITIME ACADEMY DRIVE** PMB no.

City (If the corporation has a foreign address, see instructions.) **VALLEJO** State **CA** ZIP code **94590**

Foreign country name Foreign province/state/county Foreign postal code

- A First return filed? Yes No
- B Is this an education IRA within the meaning of R&TC Section 23712? Yes No
- C Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
- D Final return? Dissolved Surrendered (Withdrawn) Merged/Reorganized
Enter date (mm/dd/yyyy)
- E Amended return? Yes No
- F Accounting method used: (1) Cash (2) Accrual (3) Other
- G Nature of trade or business
- H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? Yes No
- I Is this organization claiming any former; Enterprise Zone (EZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? Yes No
- J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? Yes No
- K Unrelated Business Activity (UBA) code
- L Is this a hospital? Yes No
If "Yes," attach federal Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30	•	1	256,053	00
	2	Mult. In 1 by the avg. apport. pctg _____ % from the Sch. R, Apport. Formula Wksh, Part A, In 2 or Part B, In 5. See instr.	•	2		00
	3	Enter the lesser amt from In 1 or In 2. If the unrelated bus. activity is wholly in CA and Sch. R was not compltd, enter the amt from In 1	•	3	256,053	00
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30	•	4		00
Tax Computation	5	Unrelated business taxable income from line 3 or line 4	•	5	256,053	00
	6	EZ, LAMBRA, or TTA NOL carryover deduction	•	6		00
	7	Net Operating Loss deduction. See General Information N	•	7	256,053	00
	8	Add line 6 and line 7	•	8	256,053	00
	9	Net unrelated business taxable income. Subtract line 8 from line 5	•	9	0	00
	10	Tax <u>8.84</u> % x line 9. See General Information J	•	10		00
	11	Tax credits from Schedule B. See instructions	•	11		00
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	•	12		00
	13	Alternative minimum tax. See General Information O	•	13		00
	14	Total tax. Add line 12 and line 13	•	14	0	00
Payments	15	Overpayment from a prior year allowed as a credit	•	15		00
	16	2021 estimated tax payments. See instructions	•	16		00
	17	Withholding (Form 592-B and/or 593). See instructions	•	17		00
	18	Amount paid with extension (form FTB 3539)	•	18		00
	19	Total payments and credits. Add line 15 through line 18	•	19		00
Use Tax/ Tax Due/ Overpayment	20	Use tax. See instructions	•	20		00
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	•	21		00
	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	•	22		00
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	•	23		00
	24	Overpayment. Subtract line 14 from line 21. See instructions	•	24		00
	25	Enter amount of line 24 to be applied to 2022 estimated tax	•	25		00

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	26	00
	a Fill in the account information to have the refund directly deposited. Routing number	26a	
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	26c	
	27 Penalties and interest. See General Information M	27	00
	28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806		
	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	29	00

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a Gross receipts or gross sales	b Less returns and allowances	c Balance	1c	00
2 Cost of goods sold and/or operations (Schedule A, line 7)			2	00
3 Gross profit. Subtract line 2 from line 1c			3	00
4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)			4a	00
b Net gain (loss) from Part II, Schedule D-1			4b	00
c Capital loss deduction for trusts			4c	00
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule			5	00
6 Rental income (Schedule C)			6	00
7 Unrelated debt-financed income (Schedule D)			7	00
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			8	00
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)			9	00
10 Exploited exempt activity income (Schedule G)			10	00
11 Advertising income (Schedule H, Part III, Column A)			11	00
12 Other income. Attach schedule	SEE STATEMENT 13		12	6,355,950 00
13 Total unrelated trade or business income. Add line 3 through line 12			13	6,355,950 00

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I	14	00
15 Salaries and wages	15	00
16 Repairs	16	533,739 00
17 Bad debts	17	00
18 Interest	18	00
19 Taxes	19	00
20 Contributions	20	00
21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	21a	00
b Less: depreciation claimed on Schedule A	21b	00
22 Depletion	22	00
23 a Contributions to deferred compensation plans	23a	00
b Employee benefit programs	23b	00
24 Other deductions	24	5,565,158 00
25 Total deductions. Add line 14 through line 24	25	6,098,897 00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	26	257,053 00
27 Excess advertising costs (Schedule H, Part III, Column B)	27	00
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26	28	257,053 00
29 Specific deduction	29	1,000 00
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28	30	256,053 00

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Title VP & CFO, CSU MARI	Date	Telephone (707) 654-1000
Paid Preparer's Use Only	Preparer's signature	DAVID ROBYDEK	Date	07/31/23
	Firm's name (or yours, if self-employed) and address	CLIFTONLARSONALLEN LLP 301 NORTH LAKE AVENUE, SUITE 900 PASADENA, CA 91101	Check if self-employed	<input type="checkbox"/>
	PTIN	P02127582	Firm's FEIN	41-0746749
	Telephone	(626) 793-3600	May the FTB discuss this return with the preparer shown above? See instructions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify)

N/A

Table with 7 rows for Schedule A. Columns include line numbers (1-7) and amounts (00). Includes a checkbox for 'Do the rules of IRC Section 263A... apply to this organization?' with 'Yes' and 'No' options.

Schedule B Tax Credits.

Table for Schedule B with 4 rows. Columns include line numbers (1-4) and amounts (00). Includes a checkbox for 'Do the rules of IRC Section 263A... apply to this organization?' with 'Yes' and 'No' options.

Schedule K Add-On Taxes or Recapture of Tax.

Table for Schedule K with 5 rows. Columns include line numbers (1-5) and amounts (00).

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method - Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

Table for Part A with 2 columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California. Includes rows for Total sales and Apportionment percentage.

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

Table for Part B with 3 columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California. Includes rows for Property factor, Payroll factor, Sales factor, Total percentage, and Average apportionment percentage.

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

Table for Schedule C with 5 columns: (a) Deductions directly connected, (b) Income includible, column 2 less column 4(a), (a) Gross income reportable, column 2 x column 3, (b) Deductions directly connected with personal property, (c) Net income includible, column 5(a) less column 5(b). Includes rows for Description of property, Rent received or accrued, and Percentage of rent attributable to personal property.

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6

Schedule D Unrelated Debt-Financed Income

Table with 9 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property (a) Straight-line depreciation, (b) Other deductions, 4 Amount of average acquisition indebtedness on or allocable to debt-financed property, 5 Average adjusted basis of or allocable to debt-financed property, 6 Debt basis percentage, column 4 ÷ column 5, 7 Gross income reportable, column 2 x column 6, 8 Allocable deductions, total of columns 3(a) and 3(b) x column 6, 9 Net income (or loss) includible, column 7 less column 8.

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

Table with 6 columns: 1 Description, 2 Amount, 3 Deductions directly connected, 4 Net investment income, column 2 less column 3, 5 Set-asides, 6 Balance of investment income, column 4 less column 5.

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Table with 6 columns: 1 Name of controlled organizations, 2 Employer identification number, 3 Net unrelated income (loss), 4 Total of specified payments made, 5 Part of column (4) that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column (5). Includes sub-sections for Exempt and Nonexempt Controlled Organizations.

Schedule G Exploited Exempt Activity Income, other than Advertising Income

Table with 8 columns: 1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity), 2 Gross unrelated business income from trade or business, 3 Expenses directly connected with production of unrelated business income, 4 Net income from unrelated trade or business, column 2 less column 3, 5 Gross income from activity that is not unrelated business income, 6 Expenses attributable to column 5, 7 Excess exempt expense, column 6 less column 5 but not more than column 4, 8 Net income includible, column 4 less column 7 but not less than zero.

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising income or excess advertising costs, 5 Circulation income, 6 Readership costs, 7 Instructions for calculation.

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns for reporting separate basis income.

Part III Column A - Net Advertising Income

Part III Column B - Excess Advertising Costs

Table with 4 columns: (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, columns 4 or 7, and amount listed in Part II, columns 4 or 7, (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4.

Enter total here and on Side 2, Part I, line 11

Enter total here and on Side 2, Part II, line 27

Schedule I Compensation of Officers, Directors, and Trustees

Table with 6 columns: 1 Name of officer, 2 SSN or ITIN, 3 Title, 4 Percent of time devoted to business, 5 Compensation attributable to unrelated business, 6 Expense account allowances.

Total. Enter here and on Side 2, Part II, line 14

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

Table with 7 columns: 1 Group and guideline class or description of property, 2 Date acquired (mm/dd/yyyy), 3 Cost or other basis, 4 Depreciation allowed or allowable in prior years, 5 Method of computing depreciation, 6 Life or rate, 7 Depreciation for this year.

CALIFORNIA MARITIME ACADEMY FOUNDATION,23-7213404

CA 109

OTHER INCOME

STATEMENT 13

DESCRIPTIONAMOUNT

CHARTER REVENUE

6,355,950.

TOTAL TO FORM 109, PAGE 2, LINE 12

6,355,950.

CA 109

OTHER DEDUCTIONS

STATEMENT 14

DESCRIPTIONAMOUNT

INSURANCE EXPENSE

87,793.

OFFICE EXPENSES

9,883.

OPERATING EXPENSE

1,229,026.

CONTRACTED SERVICES

414,706.

DEPRECIATION

3,823,750.

TOTAL TO FORM 109, PAGE 2, LINE 24

5,565,158.

TAXABLE YEAR

2021

**Net Operating Loss (NOL) Computation and
NOL and Disaster Loss Limitations - Corporations**

CALIFORNIA FORM

3805Q

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name INC. CALIFORNIA MARITIME ACADEMY FOUNDATION,	California corporation number 0666076
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During the taxable year the corporation incurred the NOL, the corporation was a(n): <input type="radio"/> C corporation <input checked="" type="radio"/> S corporation <input checked="" type="radio"/> Exempt organization <input type="radio"/> Limited liability company (electing to be taxed as a corporation)	FEIN 23-7213404
--	---------------------------

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number	1	0	00
2 2021 disaster loss included in line 1. Enter as a positive number	2		00
3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3		00
4 a Enter the amount of the loss incurred by a new business included in line 3	4a		00
b Enter the amount of the loss incurred by an eligible small business included in line 3	4b		00
c Add line 4a and line 4b	4c		00
5 General NOL. Subtract line 4c from line 3	5		00
6 Current year NOL. Add line 2, line 4c, and line 5. See instructions	6		00

Part II NOL carryover and disaster loss carryover limitations. See instructions.

1 Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-). If the corporation taxable income is \$1,000,000 or more, see inst	<input checked="" type="radio"/>	(g) Available balance	
		256,053	

Prior Year NOLs

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2020	(f) Amount used in 2021	(g) Available balance	(h) Carryover to 2022 col. (e) minus col. (f)
2				<input checked="" type="radio"/>			<input checked="" type="radio"/>
			SEE STATEMENT 15				<input checked="" type="radio"/>
				<input checked="" type="radio"/>			<input checked="" type="radio"/>
				<input checked="" type="radio"/>			<input checked="" type="radio"/>

Current Year NOLs

Year	Type of NOL	Initial loss	Carryover from 2020	Amount used in 2021	Available balance	Carryover to 2022 col. (e) minus col. (f) See instructions.
3 2021	DIS					
4 2021						
2021						
2021						
2021						

* **Type of NOL:** General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2021 NOL deduction

1 Total the amounts in Part II, line 2, column (f)	1	256,053	00
2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-	2		00
3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7	3	256,053	00

CALIFORNIA MARITIME ACADEMY FOUNDATION,23-7213404CA 3805QPRIOR YEAR NOLSSTATEMENT 15

<u>(A)</u> <u>YEAR</u>	<u>(B)</u> <u>CODE</u> <u>(D) LOSS</u>	<u>(C)</u> <u>TYPE OF NOL</u> <u>(E) C/O AMOUNT</u>	<u>(F)</u> <u>AMOUNT USED</u> <u>IN CURRENT YEAR</u>	<u>(G)</u> <u>AVAILABLE</u> <u>BALANCE</u>	<u>(H)</u> <u>CARRYOVER</u> <u>TO NEXT YEAR</u>
2015		GEN			
	60,992.	28,294.	28,294.	227,759.	0.
2016		GEN			
	47,082.	47,082.	47,082.	180,677.	0.
2017		GEN			
	5,230.	5,230.	5,230.	175,447.	0.
2019		GEN			
	40,467.	40,467.	40,467.	134,980.	0.
2020		GEN			
	466,797.	466,797.	134,980.	0.	331,817.
TOTALS		<u>587,870.</u>	<u>256,053.</u>		<u>331,817.</u>

STATE OF CALIFORNIA
RRF-1
(Rev. 02/2021)

DEPARTMENT OF JUSTICE
PAGE 1 of 5
(For Registry Use Only)

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**

**Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

CALIFORNIA MARITIME ACADEMY FOUNDATION, INC.

Name of Organization

List all DBAs and names the organization uses or has used

200 MARITIME ACADEMY DRIVE

Address (Number and Street)

VALLEJO, CA 94590

City or Town, State, and ZIP Code

(707) 654-1085

Telephone Number

FLOZANO@CSUM.EDU

E-mail Address

Check if:

- Change of address
 Amended report

State Charity Registration Number **CT014646**

Corporation or Organization No. **0666076**

Federal Employer ID No. **23-7213404**

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice**

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2021 ending 06/30/2022) list:

Total Revenue (including noncash contributions) \$ 17,456,743 Noncash Contributions \$ 8,570,712 Total Assets \$ 42,390,732
Program Expenses \$ 7,038,304 Total Expenses \$ 7,533,247

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? <p style="text-align: right;">SEE STATEMENT 16</p>	X	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program? <p style="text-align: right;">SEE STATEMENT 17</p>	X	
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

FRANZ LOZANO

Printed Name

**VP & CFO, CSU
MARITIME AC**

Title

Date

Signature of Authorized Agent

CALIFORNIA MARITIME ACADEMY FOUNDATION,

23-7213404

CA RRF-1

EXPLANATION OF FINANCIAL TRANSACTIONS
PART B, LINE 1

STATEMENT 16

DOUGLAS HOLM, BOARD MEMBER. VESSEL INSURANCE IN THE AMOUNT OF \$101,093.0
TODD ROBERTS, BOARD MEMBER. VESSEL REPAIR IN THE AMOUNT OF \$373,014.

CALIFORNIA MARITIME ACADEMY FOUNDATION,

23-7213404

CA RRF-1

EXPLANATION OF VEHICLE DONATIONS
PART B, LINE 7

STATEMENT 17

THE BOAT DONATION PROGRAM IS OPERATED BY THE ORGANIZATION.