



ACCREDITING COMMISSION FOR
COMMUNITY AND JUNIOR COLLEGES
WESTERN ASSOCIATION OF SCHOOLS AND COLLEGES

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Annual Fiscal Report
Reporting Year: 2016-2017
REVIEW

Los Angeles County College of Nursing and Allied Health
1237 N. Mission Road
Los Angeles, CA 90033

General Information

2.	Confirm or enter the name of the District/System or Corporate/Parent Organization:	County of Los Angeles
3.	a. Name of College Chief Business Officer (CBO)	Noel Igtanloc
	b. Title of College CBO	Chief of Accounting
	c. Phone number of College CBO	323 409-2400
	d. E-mail of College CBO	nigtanloc@dhs.lacounty.gov
	e. Name of District/System/Parent Company CBO	Manal Dudar
	f. Title of District/System/Parent Company CBO	Interim CFO, LAC+USC Medical Center
	g. Phone Number of District/System/Parent Company CBO	323 409-6871
	h. E-mail of District/System/Parent Company CBO	mdudar@dhs.lacounty.gov

DISTRICT/SYSTEM DATA (including single college organizations)

Stability of Revenue

		FY 16/17	FY 15/16	FY 14/15
4.	a. Annual General Fund revenues from all sources (Operating Revenues, CCC Fund 10)	\$ 0	\$ 0	\$ 0
	b. Revenue from other sources (non-general fund)	\$ 1,560,856	\$ 1,472,184	\$ 1,332,300
5.	Net Beginning Balance (Using same fund as included in question 4)	\$ 0	\$ 0	\$ 0

Expenditures/Transfer

		FY 16/17	FY 15/16	FY 14/15
6.	Total annual general fund expenditures (Operating Expenditures matching the same fund as included in question 4)	\$ 477,945	\$ 513,743	\$ 518,545
	b. Salaries and benefits (General Fund)	\$ 8,526,364	\$ 8,401,775	\$ 8,039,571
	c. Other expenditures/outgo (difference between 6a and 6b)	\$ 0	\$ 0	\$ 0

Liabilities

		FY 16/17	FY 15/16	FY 14/15
7.	Did the institution borrow funds for cash flow purposes?	No	No	No
8.	Total Local Borrowing			
	a. Short Term Borrowing (TRANS, etc)	\$ 0	\$ 0	\$ 0
	b. Long Term Borrowing (COPs, Capital Leases, other long term borrowing):	\$ 0	\$ 0	\$ 0
9.	a.			

	Did the institution issue long-term debt instruments during the fiscal year noted?	<input type="text" value="No"/>	<input type="text" value="No"/>	<input type="text" value="No"/>
	b. What type(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	c. Total amount	<input type="text" value="\$ 0"/>	<input type="text" value="\$ 0"/>	<input type="text" value="\$ 0"/>

10.	Debt Service Payments (General Fund/Operations)	FY 16/17 <input type="text" value="\$ 0"/>	FY 15/16 <input type="text" value="\$ 0"/>	FY 14/15 <input type="text" value="\$ 0"/>
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Other Post Employment

		FY 16/17	FY 15/16	FY 14/15
11.	a. Actuarial Accrued Liability (AAL) for OPEB:	<input type="text" value="\$ 0"/>	<input type="text" value="\$ 0"/>	<input type="text" value="\$ 0"/>
	b. Unfunded Actuarial Accrued Liability (UAAL) for OPEB:	<input type="text" value="\$ 0"/>	<input type="text" value="\$ 0"/>	<input type="text" value="\$ 0"/>
	c. Funded Ratio (Actuarial Value of plan Assets/AAL)	<input type="text" value="0 %"/>	<input type="text" value="0 %"/>	<input type="text" value="0 %"/>
	d. UAAL as Percentage of Covered Payroll	<input type="text" value="0 %"/>	<input type="text" value="0 %"/>	<input type="text" value="0 %"/>
	e. Annual Required Contribution (ARC)	<input type="text" value="\$ 0"/>	<input type="text" value="\$ 0"/>	<input type="text" value="\$ 0"/>
	f. Amount of annual contribution to ARC	<input type="text" value="\$ 0"/>	<input type="text" value="\$ 0"/>	<input type="text" value="\$ 0"/>

12.	Date of most recent OPEB Actuarial Report (mm/dd/yyyy):	<input type="text" value="N/A"/>		
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13.	a. Has an irrevocable trust been established for OPEB liabilities?	<input type="text" value="No"/>		
	b. Deposit into Irrevocable OPEB Reserve/Trust	FY 16/17 <input type="text" value="\$ 0"/>	FY 15/16 <input type="text" value="\$ 0"/>	FY 14/15 <input type="text" value="\$ 0"/>
	c. Deposit into non-irrevocable Reserve specifically for OPEB	<input type="text" value="\$ 0"/>	<input type="text" value="\$ 0"/>	<input type="text" value="\$ 0"/>

Cash Position

14.	Cash Balance (Unencumbered cash): Unrestricted General Fund	FY 16/17 <input type="text" value="\$ 0"/>	FY 15/16 <input type="text" value="\$ 0"/>	FY 14/15 <input type="text" value="\$ 0"/>
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15.	Does the institution prepare cash flow projections during the year?	FY 16/17 <input type="text" value="No"/>	FY 15/16 <input type="text" value="No"/>	FY 14/15 <input type="text" value="No"/>
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Annual Audit Information

16.	Date annual audit report for fiscal year was electronically submitted to accjc.org, along with the institution's response to any audit exceptions:	FY 16/17 <input type="text" value="3/30/18"/>	FY 15/16 <input type="text" value="3/31/2017"/>	FY 14/15 <input type="text" value="4/01/2016"/>
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NOTE: As a general rule, institutions will submit their audited financial statements to ACCJC no later than six months following the close of the fiscal year. A multi-college district may submit a single district audit report on behalf of all colleges in the district.

17.	Summarize Material Weaknesses and Significant Deficiencies from annual audit report (enter n/a if not applicable):	<input type="text"/>		
	FY 16/17	<input type="text" value="N/A"/>		
	FY 15/16	<input type="text" value="N/A"/>		
	FY 14/15	<input type="text" value="N/A"/>		

Other Information

18.		FY 16/17	FY 15/16	FY 14/15
	a. Budgeted Full Time Equivalent Students (FTES) (Annual Target):	<input type="text" value="200"/>	<input type="text" value="220"/>	<input type="text" value="220"/>
	b. Actual Full Time Equivalent Students (FTES):	<input type="text" value="200"/>	<input type="text" value="200"/>	<input type="text" value="204"/>

	c. Funded FTES:	<input type="text" value="200"/>	<input type="text" value="220"/>	<input type="text" value="220"/>
19.	Report the % of total tuition/fees received from federal financial aid programs (Title IV, HEA), if applicable:	FY 16/17 <input type="text" value="0 %"/>	FY 15/16 <input type="text" value="0 %"/>	FY 14/15 <input type="text" value="0 %"/>
20.	a. During the reporting period, did the institution settle any contracts with employee bargaining units? b. Did any negotiations remain open? c. Describe significant fiscal impacts:	No No <input type="text" value="N/A"/>		
21.	a. College Data: Federal Financial Aid programs in which the College participates (check all that apply): b. Changes in Federal Financial Aid Program Participation: Programs that have been DELETED: Programs that have been ADDED:	Pell FSEOG DIRECT PLUS <input type="text" value="Perkins Loans deleted as of 16-17"/> <input type="text"/>		
22.	College Data: USDE official cohort Student Loan Default Rate (FSLD) (3 year rate)	Cohort Year 14/15 <input type="text" value="5 %"/>	Cohort Year 13/14 <input type="text" value="2 %"/>	Cohort Year 12/13 <input type="text" value="1 %"/>

Go To Question #:

The Annual Fiscal Report must be certified as complete and accurate by the CEO (Ms. Vivian Branchick). Once you have answered all the questions, you may send an e-mail notification to the CEO that the report is ready for certification.

Only the CEO may submit the final Annual Fiscal Report.

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