CHANGE IN ACCOUNTING PERIOD - REV PROC 85-58 RULES APPLY

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	FOI LITE	e 2023 calendar year, or tax year beginning 000 1, 2025 and ending	DEC 31, 2023	
В	Check if applicabl	C Name of organization	D Employer identifi	cation number
	Addre	ASSN OF CALIF COMM COLLEGE ADMIN		
	Name chang	Doing business as	94-23355	27
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone numbe	er
	Final return		916-443-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	592,288.
	Ameno		H(a) Is this a group r	
Е	Applic		for subordinates	
	pendir	SAME AS C ABOVE		—
_	T		H(b) Are all subordinates in 527 If "No." attach a	
				list. See instructions
	Websit	·-·	H(c) Group exemption	
		<u> </u>	rear of formation: 1973	M State of legal domicile: CA
P	art I	Summary	COMMINITES COL	TROD
မွ	1	Briefly describe the organization's mission or most significant activities: SUPPORT	COMMUNITY COL	LEGE
ă		LEADERS THROUGH ADVOCACY, PROFESSIONAL DEVEL		
ern	2	Check this box if the organization discontinued its operations or disposed of r	ı	
Š			3	18
অ		Number of independent voting members of the governing body (Part VI, line 1b)		17
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	5
ΞĒ	6	Total number of volunteers (estimate if necessary)	6	183
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	28,550.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	1,235.
			Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)	0.	0.
ď	9	Program service revenue (Part VIII, line 2g)	981,015.	559,255.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	73.	33.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	59,914.	33,000.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,041,002.	592,288.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	377,177.	220,102.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
þe	b	Total fundraising expenses (Part IX, column (D), line 25)		
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	727,604.	344,225.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,104,781.	564,327.
		Revenue less expenses. Subtract line 18 from line 12	-63,779.	
-C	3	Thevenue less expenses. Subtract line 10 from line 12	Beginning of Current Year	End of Year
Net Assets or Find Balances	200	Total accets (Part V. line 16)	343,736.	366,673.
ASS(Ball	20	Total assets (Part X, line 16)	20,745.	15,721.
let /	21	Total liabilities (Part X, line 26)	322,991.	350,952.
	2 22 art II	Net assets or fund balances. Subtract line 21 from line 20	344,331.	330,332.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and st	atamanta and to the heat of m	w knowledge and heliaf it is
				ly knowledge and beller, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	Tarer has any knowledge.	
٠.		Signature of officer	I Date	
Sig		•	Dato	
He	re	SUSAN BRAY, EXECUTIVE DIRECTOR Type or print name and title		
			Date Check	II PTIN
D-'		Print/Type preparer's name Preparer's signature	OHOOK L	
Pai		AMANDA H. WILLIAMS AMANDA H. WILLIAMS	05/06/24 if self-employ	P01281212
	parer	Firm's name GILBERT CPAS	Firm's EIN 6	8-0037990
Use	Only	Firm's address 2880 GATEWAY OAKS DR, STE 100		C CAC CACA
		SACRAMENTO, CA 95833	Phone no.91	6-646-6464
Ма	y the II	RS discuss this return with the preparer shown above? See instructions		X Yes No

Page 2

Pai	till Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ACCCA DEVELOPS AND SUPPORTS CURRENT AND FUTURE COMMUNITY COLLEGE ADMINISTRATORS THROUGH PROFESSIONAL DEVELOPMENT, NETWORKING AND
	ADVOCACY.
	ADVOCACI:
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	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 \$ including grants of \$) (Revenue \$
	ACCCA DEVELOPS AND FACILITATES A SERIES OF PROGRAMS, NETWORKING EVENTS
	AND WEBINARS, INCLUDING 9-11 UNIQUE TRAINING PROGRAMS, A SYMPOSIUM ON
	EACH ANNUAL STATE BUDGET AND AN ANNUAL CONFERENCE, DESIGNED TO PROVIDE
	PROFESSIONAL DEVELOPMENT TRAINING AND ONE-ON-ONE MENTORING FOR ITS
	MEMBERS AND OTHER ADMINISTRATORS IN THE SYSTEM. A TOTAL OF 1009
	MEMBERS, ADMINISTRATORS AND OTHERS PARTICIPATED IN OUR PROFESSIONAL
	DEVELOPMENT PROGRAMS FROM JULY 1 THROUGH 12/31/2023.
4b	(Code:) (Expenses \$
	ACCCA KEEPS MEMBERS INFORMED THROUGH WEEKLY INFORMATIONAL BULLETINS AND
	REPORTS. FROM 7/1/2023 TO 12/31/2023 DISTRIBUTION OF THESE MATERIALS
	WENT TO APPROXIMATELY 1,500 MEMBERS AND AFFILIATES, AS WELL AS STATE AGENCY REPRESENTATIVES AND BUSINESS PARTNERS.
	AGENCI KEFKESENIAIIVES AND BUSINESS PAKINEKS.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	ACCCA ADVOCATES FOR ITS MEMBERS WITH STATE AGENCIES AND OTHER ENTITIES
	IN THE BEST INTERESTS OF ADMINISTRATORS GENERALLY, AND THE SYSTEM AS A
	WHOLE.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses

Form 990 (2023) ASSN OF CALI 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)? If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			۱
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٦,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		\vdash^{Δ}
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u> </u>
19	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2023) ASSN OF CALIF COMM COLLEGE ADMIN 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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete			l
	Schedule J	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? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K. If "No," go to line 25a	24a		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	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			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Α_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
rai	Check if Schedule O contains a response or note to any line in this Part V			
	Chook is Contiduid C Contains a response of flote to any line in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a		.03	1.10
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

023) ASSN OF CALIF COMM COLLEGE ADMIN Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_			
	, , , , , , , , , , , , , , , , , , , ,	2a 5	1	37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?	2b	X	
3a			3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au				_V
	financial account in a foreign country (such as a bank account, securities account, or other financial account	count)?	4a		X
b	If "Yes," enter the name of the foreign country				
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc		F-		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the same same shelter transaction for the same same shelter transaction for the same same same same same same same sam		5c		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30		
ua	and the second s		6a		x
h	any contributions that were not tax deductible as charitable contributions?		- Oa		
b	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	es provided to the payor?	7a		
	Table 11 11 11 11 11 11 11 11 11 11 11 11 11		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
•	to file Form 8282?	•	7c		
d	1	'd			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	i	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	on file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	y the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1			
а		0a			
b	1 /	0b			
11	Section 501(c)(12) organizations. Enter:	. 1			
		1a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	415			
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1b	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ı	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.		100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
		3b			
С		3c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	0	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera	tion or			
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	ncome?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any active	ities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "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					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	b Enter the number of voting members included on line 1a, above, who are independent 1b 17								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6	Did the organization have members or stockholders?	6	Х						
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?	7a	Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
-	persons other than the governing body?	7b	Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
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	9		х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
	tion 211 one of this coolen 2 requests information about periode not required by the internal revenue code.		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х					
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	- 1.4							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0							
·	on Schedule O how this was done	12c	х						
13	Did the organization have a written whistleblower policy?	13		Х					
14	Did the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent	17							
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
_	The organization's CEO, Executive Director, or top management official	15a	х						
a h	Other officers or key employees of the organization	15b	X	-					
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130							
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
ioa		16a		х					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Ioa							
b									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b							
800	exempt status with respect to such arrangements?	100							
	List the states with which a copy of this Form 990 is required to be filed CA								
17 10		lo col·) 01/2:1	able					
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	is only) avalli	auie					
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request X Other (explain on Schedule O)								
40		al et:	!_!						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	iu tinai	icial						
00	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 SUSAN BRAY, EXECUTIVE DIRECTOR - 916-443-3559								
	1102 Q STREET, 4TH FLOOR, 431, SACRAMENTO, CA 95811								
	TIVE & DIVIDIT, FILL EDOOK, FOI, DUCKUMENTO, CV 300II								

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)	l			C)		nout	(D)	(E)	(F)
Name and title	Average hours per	box	not c , unle	heck ss pe	more rson	than is bot or/trus	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer p		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) SUSAN BRAY	40.00							100 614	_	10 000
EXECUTIVE DIRECTOR	1 00			Х				128,614.	0.	12,287.
(2) LONITA CORDOVA	1.00	,,		,,				0		0
PRESIDENT	1 00	Х		Х				0.	0.	0.
(3) TAMMEIL GILKERSON	1.00	Ι,,		7.				_	0	0
PRESIDENT ELECT	1 00	Х		Х				0.	0.	0.
(4) ERIC RAMONES	1.00	Х		x				0.	0.	0
IMMEDIATE PAST PRESIDENT	1.00	^		Δ				0.	0.	0.
(5) DAVID BETTS	1.00	Х						0.	0.	0.
DIRECTOR (6) AJANI BYRD	1.00	^				-		0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(7) SYLVIA CORNEJO	1.00	^						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(8) CHRIS DELA ROSA	1.00	<u> </u>						•	0.	
DIRECTOR	1.00	Х						0.	0.	0.
(9) WILLY DUNCAN	1.00							•	•	<u> </u>
DIRECTOR	1.00	x						0.	0.	0.
(10) JESSICA ENDERS	1.00								•	
DIRECTOR		x						0.	0.	0.
(11) KULDEEP KAUR	1.00								•	
DIRECTOR		х						0.	0.	0.
(12) JOSHUA MOON-JOHNSON	1.00									
DIRECTOR		Х						0.	0.	0.
(13) JAMES LANCASTER	1.00									
DIRECTOR		Х						0.	0.	0.
(14) GEISCE LY	1.00									
DIRECTOR		Х						0.	0.	0.
(15) ANDY MACNEILL	1.00									
DIRECTOR		Х						0.	0.	0.
(16) CHAR PERLAS	1.00									
DIRECTOR		Х						0.	0.	0.
(17) KANEESHA TARRANT	1.00									
DIRECTOR		Х						0.	0.	0.

332007 12-21-23 Form **990** (2023)

Section A. Officers, Directors, Trus		pioy	ees.	_		ıgne	st C	ompensated Employe	es (continuea)			
(A)	(B))) Pos	C)	^		(D)	(E)			(F)
Name and title	Average hours per		not c	heck	more	e than		Reportable	Reportable			imated
	week					is bot or/trus		compensation from	compensation from related	ו		ount of other
	(list any	ctor						the	organizations			ensation
	hours for	r dire				ted		organization	(W-2/1099-MIS		fro	m the
	related organizations	stee o	rustee			bensa		(W-2/1099-MISC/	1099-NEC)		•	ınization
	below	ual tru	ional 1		ploye	t com	١.	1099-NEC)				related nizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ilzations
(18) KEN STOPPENBRINK	1.00	 -	_		Ť	1	<u> </u>					
DIRECTOR		Х						0.		0.		0.
(19) SHARON ORMOND	1.00											
DIRECTOR		Х						0.		0.		0.
					<u> </u>							
		1										
		1										
	+				\vdash	+						
		1										
		1										
		1										
1b Subtotal								128,614.		0.	12	2,287.
c Total from continuation sheets to Part V								0.		0.	1.0	0.
d Total (add lines 1b and 1c)								128,614.		0.		2,287.
2 Total number of individuals (including but r	ot limited to th	nose	liste	ed a	bov	e) wl	no r	eceived more than \$100	,000 of reportable	9		1
compensation from the organization												Yes No
3 Did the organization list any former officer,	director trust	ا مم	(A) (mn	love	<u> </u>	r hic	sheet compensated emr	lovee on	ſ		100 110
line 1a? If "Yes," complete Schedule J for s			-	-	-		_		•		3	х
4 For any individual listed on line 1a, is the si												
and related organizations greater than \$15			-					•			4	Х
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	y uni	elat	ed organization or indivi	dual for services			
rendered to the organization? If "Yes," com	plete Schedul	e J t	or su	ıch	pers	son					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co										pens	ation fr	om
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	rithir T		/ear.			
(A) Name and business	address	NI	ONE	7				(B) Description of s	ervices	С	(C) ompen	
		111	7141				\dashv	2000				
							\dashv					
O Tatal mumb out of inclusions in the second of the second	ا با در دال دراس ما			٠ اــــــــــــــــــــــــــــــــــــ	1 1-	"		d ala acca) code a constituit d	ana dia ara			
2 Total number of independent contractors (-	iot li	mite	a to	tno	se li: N	stec	a above) who received m	iore tnan			
\$100,000 of compensation from the organ	zali011				-	<u> </u>						000 (2222)

ASSN OF CALIF COMM COLLEGE ADMIN 94-2335527 Page 9 Form 990 (2023) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g |\$ h Total. Add lines 1a-1f **Business Code** 309,335. 900099 309,335. 2 a REGISTRATIONS Program Service Revenue 210,485. b MEMBERSHIP DUES 900099 210,485. c SPONSORSHIPS 900004 36,885. 36,885. 2,550. d ADVERTISING 900004 2,550. All other program service revenue 559,255. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 33. 33. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b **c** Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not

	contributions reported on line 1c). See				
	Part IV, line 18	8a			
b	Less: direct expenses	8b			
С	Net income or (loss) from fundraising even	ts	,		
9 a	Gross income from gaming activities. See				
	Part IV, line 19	9a			
b	Less: direct expenses	9b			
С	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns				
	and allowances	10a			
b		10b			
С	Net income or (loss) from sales of inventor	у			

26,000.

33,000.

592,288.

7,000.

Business Code 900099

900099

Form 990 (2023)

26,000.

28,550.

7,000.

563,705.

С

including \$

11 a ACBO ADMIN FEE

Total revenue. See instructions

b MISCELLANEOUS INCOME

d All other revenue

e Total. Add lines 11a-11d

Form 990 (2023) ASSN OF CALIF COMM COLLEGE ADMIN Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		•		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	70,523.			
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	116,049.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	19,754.			
10	Payroll taxes	13,776.			
11	Fees for services (nonemployees):				
а	Management				
b	Legal	16 626			
С	Accounting	16,636.			
d	Lobbying	24,864.			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	128,916.			
40	column (A), amount, list line 11g expenses on Sch 0.)	120,910.			
12	Advertising and promotion	35,961.			
13	Office expenses	1,260.			
14	Information technology	1,200			
15 16	Royalties	13,285.			
17	Occupancy	3,822.			
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	107,322.			
20	Interest	-			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	7,412.			
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 0.)				
а	RECRUITING	4,747.			
a b		±,/±/•			
C					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	564,327.			
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)				

Form 990 (2023) Part X Balance Sheet

Par	ιΛ	Check if Schedule O contains a response or n	ote to an	v line in this Part Y			
		Oneon il Schedule O contains a response or n	บเธ เบ สก	y III IE III UIIS FAILA	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			124,658.	1	154,855.
	2	Savings and temporary cash investments	174,821.	2	191,166.		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th				5	
	6	Loans and other receivables from other disqui					
		under section 4958(f)(1)), and persons describ	-			6	
y.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ϋ́	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		28,954.			
	b	Less: accumulated depreciation		28,895.	59.	10c	59.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets		_		14	
	15	Other assets. See Part IV, line 11	44,198.	15	20,593.		
	16	Total assets. Add lines 1 through 15 (must ed			343,736.	16	366,673.
	17	Accounts payable and accrued expenses	20,745.	17	15,721.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
န္	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
abi		controlled entity or family member of any of th				22	
=	23	Secured mortgages and notes payable to unre		_		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			20,745.	26	15,721.
		Organizations that follow FASB ASC 958, c	heck her	e X			
šë		and complete lines 27, 28, 32, and 33.					
llan	27	Net assets without donor restrictions			310,380.	27	337,841. 13,111.
Ba	28	Net assets with donor restrictions		12,611.	28	13,111.	
Pur		Organizations that do not follow FASB ASC					
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund	ls			29	
se	30	Paid-in or capital surplus, or land, building, or	equipmer	nt fund		30	
t As	31	Retained earnings, endowment, accumulated	income,	or other funds		31	
Ne	32	Total net assets or fund balances			322,991.	32	350,952.
	33	Total liabilities and net assets/fund balances			343,736.	33	366,673.

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 2 3 4 5 6 7 8	59 56 2	2,2 4,3 7,9 2,9	27. 61.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) rt XII Financial Statements and Reporting	10	35	0,9	
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis		2a	Х	
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	iedule O.			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2023

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of orga		CALIF COMM COL	LEGE ADMIN	Етр	loyer identification number 94-2335527
Pa	art I-A	Complete if the org	janization is exempt un	der section 501(c)	or is a section 527 of	organization.
2	Political	campaign activity expendit	ation's direct and indirect polit ures gn activities		(.
Pa	art I-B	Complete if the org	janization is exempt un	der section 501(c)((3).	
1	Enter the	e amount of any excise tax	incurred by the organization ur	nder section 4955		\$
			incurred by organization manage			
			n 4955 tax, did it file Form 4720			
						Yes No
	o If "Yes,"	describe in Part IV.		-l		(-)(0)
		<u> </u>	janization is exempt un	* *:	•	· /· /
			by the filing organization for s			<u> </u>
2			ization's funds contributed to c			•
2						P
3		•				2
4			1120-POL for this year?			
5			mployer identification number (
			tion listed, enter the amount pa		_	
			omptly and directly delivered to			ate segregated fund or a
	political	action committee (PAC). If	additional space is needed, pro	ovide information in Part	IV.	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

20112ddie 2 (1 01111 000) 2020	110011 01 0111	III COIMI COL	DDCD INDITIN	7 - 2	1333327 Tage 2
Part II-A Complete if the org	ganization is exe	mpt under sectio	n 501(c)(3) and file	ed Form 5768 (e	lection under
A Check if the filing organiza	ation belongs to an aff		n Part IV each affiliated	group member's nan	ne, address, EIN,
	, ,	nd "limited control" pro	ovisions apply		
Limi	ts on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion ((grassroots lobbying)			
b Total lobbying expenditures to infl					
c Total lobbying expenditures (add I					
d Other exempt purpose expenditur			Γ		
e Total exempt purpose expenditure					
f Lobbying nontaxable amount. Ent					
If the amount on line 1e, column (a)		bying nontaxable am			
not over \$500,000,	20% of	the amount on line 1e			
over \$500,000 but not over \$1,000	0,000, \$100,00	00 plus 15% of the exc	cess over \$500,000.		
over \$1,000,000 but not over \$1,5	00,000, \$175,00	00 plus 10% of the exc	cess over \$1,000,000.		
over \$1,500,000 but not over \$17,	,000,000, \$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
over \$17,000,000,	\$1,000,	000.			
g Grassroots nontaxable amount (er	nter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer	o or less, enter -0				
i Subtract line 1f from line 1c. If zero	o or less, enter -0				
j If there is an amount other than ze	ero on either line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
(Some organizations t	hat made a section 5 See the separ	ate instructions for li	have to complete all ones 2a through 2f.)	of the five columns I	pelow.
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	1)	(b)		
of the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ection	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year	r? 3		X X
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4), section 501(c)(4).	ne prior year on 501(c)	∕? 3 (5), or se		Х
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the	ne prior year on 501(c)	∕? 3 (5), or se		Х
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	ne prior year on 501(c) "No" OR	? 3 (5), or se (b) Part	: III-A, lin	X e 3, is
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	ne prior year on 501(c) "No" OR	? 3 (5), or se (b) Part	: III-A, lin	X e 3, is
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Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditures next year?	ne prior year on 501(c) "No" OR cal	2 3 (5), or sea (b) Part 2 2 2 2 3 4	210 24 24 38	X e 3, is 0,485 1,864 1,864 3,940
Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions	ne prior year on 501(c) "No" OR cal	2 3 (5), or sea (b) Part 2 2 2 2 3 4	210 24 24 38	X e 3, is 0,485 1,864 1,864 3,940
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

ASSN OF CALIF COMM COLLEGE ADMIN

Employer identification number 94-2335527

Pai	TI Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		s or Accounts. Complete if the
-		(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 advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) 💹 Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included on line 2a	2c
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	ne organization during the tax
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
_			
8	Does each conservation easement reported on line 2d above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	-	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stater	nents that describes the
Do	organization's accounting for conservation easements. † III Organizations Maintaining Collections o	f Art Historical Transuras or (Other Similar Assets
Fai		·	Julier Sillillar Assets.
	Complete if the organization answered "Yes" on Form		and belones about mode
па	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for put		·
	service, provide in Part XIII the text of the footnote to its final		
D	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items.		Φ.
	(i) Revenue included on Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical tre		ai gain, provide
_	the following amounts required to be reported under FASB A		Φ.
a	Revenue included on Form 990, Part VIII, line 1		\$

Pai	t III Organizations Maintaining Co	ollections of A	rt, His	torical Tr	easures,	or Other	Similar As	sets(continued)	_
3	Using the organization's acquisition, accession	n, and other record	ls, chec	k any of the	following tha	at make sig	nificant use of	its	
	collection items (check all that apply).								
а	Public exhibition	d		Loan or exc	hange progr	am			
b	Scholarly research	е		Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	he organizat	ion's exem	pt purpose in F	Part XIII.	
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or oth	er similar a	ssets		
	to be sold to raise funds rather than to be ma	intained as part of t	the orga	nization's co	ollection?			Yes N	No
Pai	t IV Escrow and Custodial Arrang	gements Comple	te if the	organizatior	n answered "	Yes" on Fo	orm 990, Part I	V, line 9, or	
	reported an amount on Form 990, Part	X, line 21.							
1a	Is the organization an agent, trustee, custodia	an, or other interme	diary for	contributio	ns or other a	ssets not i	ncluded		
	on Form 990, Part X?							Yes N	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing	table:					
								Amount	
С	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fo							Yes N	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	on has been	provided in	Part XIII .			
Pai	t V Endowment Funds Complete if t	the organization and	swered '	'Yes" on Fo	rm 990, Part	IV, line 10.			
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (d	ı) Three years ba	ck (e) Four years bad	ck
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	ent year end baland	e (line 1	g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment9	6							
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	and administe	ered for the)		
	organization by:							Yes N	ю
	(i) Unrelated organizations?							3a(i)	
	(ii) Related organizations?								
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requi	red on S	Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment	funds.					
Pai	t VI Land, Buildings, and Equipme								
	Complete if the organization answered	l "Yes" on Form 990	D, Part I	/, line 11a. S	See Form 990	0, Part X, li	ne 10.		
	Description of property	(a) Cost or o			or other		umulated	(d) Book value	
		basis (investr	nent)	basis	(other)	depr	eciation		
	Land								
	Buildings								
С	Leasehold improvements				0 0 = 1				
	Equipment			2	8,954.		28,895.	59	<u>) .</u>
	Other								_
Total	. Add lines 1a through 1e. (Column (d) must eq	gual Form 990, Part	X, line 1	0c, column	n (B))			59	θ.

		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)			
Fotal . (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or			
(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, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
-	escription		(b) Book value
(1) DUE FROM AFFILIATE			20,593
(2)			•
(3)			
(4)			
(5)			
(0)			
(6)			
(6)			
(7)			
(7) (8)			
(7) (8) (9)	(B))		20 593
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		20,593
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities		.11e or 11f See Form 990 Part X line 25	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o		11e or 11f. See Form 990, Part X, line 25	
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o 1. (a) Description of liability		· 11e or 11f. See Form 990, Part X, line 25	
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25	
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2)		11e or 11f. See Form 990, Part X, line 25	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3)		11e or 11f. See Form 990, Part X, line 25	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)		11e or 11f. See Form 990, Part X, line 25	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		11e or 11f. See Form 990, Part X, line 25	
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the income taxes (1) Federal income taxes (2) (3) (4) (5) (6)		11e or 11f. See Form 990, Part X, line 25	
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		11e or 11f. See Form 990, Part X, line 25	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		11e or 11f. See Form 990, Part X, line 25	

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...

Pa	rt XI Reconciliation of Revenue per Audited Financial St	atements With Rever	nue per Return	- r age
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	J		 	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	***************************************		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial S		enses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, I		1 1	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
а	***************************************			
b	Prior year adjustments			
C	Other losses			
d				
e	J		 	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.4.1		
a	, , , ,			
b	, , , , , , , , , , , , , , , , , , , ,		40	
	Add lines 4a and 4b			
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information	10.)	5	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	1 1: Part IV lines 1h and 2h:	Part V line 4: Part V line 2: Par	+ VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		rait v, iiile 4, rait A, iiile 2, rai	ι Λι,
111163	20 and 4b, and Fart An, lines 20 and 4b. Also complete this part to provide	arry additional imormation.		

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

2023

Open to Public Inspection

Name of the organization

ASSN OF CALIF COMM COLLEGE ADMIN

Employer identification number 94-2335527

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROVIDE TANGIBLE BENEFITS AND SERVICES ADMINISTRATORS CAN USE LIKE JOB SEARCH, LEGAL SERVICES, INSURANCE BENEFITS, ETC., AND WORK TOWARD AN EQUITABLE AND DIVERSE ADMINISTRATIVE CORE FOR THE CCC SYSTEM. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ACCCA PROVIDES A VARIETY OF BENEFITS INCLUDING INSURANCE AND LEGAL SERVICES, AS WELL AS PURCHASING DISCOUNT PROGRAMS TO ITS MEMBERS. ADDITIONALLY, THE ASSOCIATION PRODUCES AN ANNUAL BENCHMARK COMPENSATION STUDY AVAILABLE TO ALL MEMBERS AND AN ONLINE JOB SEARCH SERVICE. FORM 990, PART VI, SECTION A, LINE 1A: THE EXECUTIVE COMMITTEE IS COMPRISED OF THE OFFICERS OF THE BOARD AND ALL ARE MEMBERS OF THE CURRENT YEAR BOARD. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS REGULAR MEMBERSHIP, ASSOCIATE MEMBERSHIP, RETIRED MEMBERSHIP AND BUSINESS MEMBERSHIP. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE ASSOCIATION ELECT THE BOARD, AND THE MEMBERS OF THE BOARD ELECT THEIR OFFICERS

FORM 990, PART VI, SECTION A, LINE 7B:

MEMBERS OF THE ORGANIZATION MUST APPROVE ANY CHANGE TO THE CONSTITUTION OF

THE ASSOCIATION.

Schedule O (Form 990) 2023 Page 2

Name of the organization ASSN OF CALIF COMM COLLEGE ADMIN

Employer identification number 94-2335527

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

THE EXECUTIVE DIRECTOR WORKS WITH STAFF AND ACCOUNTANT TO PREPARE THE 990.

IT IS REVIEWED BY THE FINANCE COMMITTEE PRIOR TO FILING AND A COPY OF THE

FILED 990 IS PROVIDED TO THE GOVERNING BOARD FOR THEIR INFORMATION.

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

MEMBERS OF THE GOVERNING BOARD AND KEY STAFF ARE REQUIRED BY POLICY TO
REPORT ALL CONFLICTS OF INTEREST TO THE EXECUTIVE DIRECTOR, AND TO THE
EXECUTIVE COMMITTEE AS THEY BECOME KNOW TO THE INDIVIDUAL INVOLVED IN THE
CONFLICT. A DETERMINATION OF WHICH CIRCUMSTANCES CONSTITUTES A CONFLICT
RESIDES WITH THE EXECUTIVE COMMITTEE AND THEY REPORT TO THE FULL BOARD ANY
CONFLICTING INTERESTS THAT ARE REPORTED OR COME TO THEIR ATTENTION.
CONFLICTS AND POTENTIAL CONFLICTS ARE REVIEWED IN CONJUNCTION WITH EACH
ANNUAL PLANNING MEETING OF THE BOARD.

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

A MULTI YEAR COMPENSATION PROPOSAL FOR ALL ACCCA STAFF IS PREPARED BY THE FINANCE COMMITTEE IN COLLABORATION WITH THE EXECUTIVE DIRECTOR AND THE EXECUTIVE COMMITTEE FOR REVIEW AND ACTION TO APPROVE BY THE FULL BOARD AT EACH ANNUAL PLANNING MEETING IN JUNE OF EACH YEAR. SALARY/BENEFIT PROPOSALS ARE RESEARCHED BASED ON COMPARATIVE SALARY STUDIES IN THE STATE AND REGION, AND NATIONAL PREVAILING WAGES FOR LOCAL NONPROFIT ORGANIZATIONS AT THAT TIME. THE EXECUTIVE COMMITTEE ENDORSES OR REVISES THE BUDGET PROPOSAL WHICH MOVES TO THE FULL BOARD FOR REVIEW PRIOR TO THE ANNUAL PLANNING MEETING IN JUNE AND ACTION IS TAKEN AT THAT MEETING TO EITHER APPROVE OR REJECT THAT PROPOSAL. FOLLOWING CLOSE OF BOOKS IN DECEMBER, A FINAL DRAFT OF THE BUDGET WITH ACCOMPANYING SALARY SCHEDULE, IS PREPARED AND SENT TO THE BOARD FOR

Schedule O (Form 990) 2023 Page **2**

Name of the organization ASSN OF CALIF COMM COLLEGE ADMIN

Employer identification number 94-2335527

ACTION IN JANUARY OF EACH YEAR. ALL BOARD ACTIONS ARE DOCUMENTED IN THE

MINUTES OF THAT MEETING.

THE BOARD HAS ULTIMATE APPROVAL OF COMPENSATION AND BENEFITS THROUGH THE BUDGET SETTING PROCESS NOTED ABOVE IN ITEM 33D. WAGES ARE ESTABLISHED IN THE TENTATIVE BUDGET [NOVEMBER]; ANY CONSIDERATION OF REVISIONS TAKES PLACE IN THE BUDGET APPROVAL PROCESS [JANUARY]; MERIT OR OTHER ADJUSTMENTS OCCUR IN THE BUDGET REVISION PROCESS [JUNE]. THIS PROCESS APPLIES TO ALL POSITIONS INCLUDING EXECUTIVE DIRECTOR; AND EACH STAFF PERSON DIRECTED BY THE ED. THIS PROCESS WAS LAST UNDERTAKEN IN 2023.

FORM 990, PART VI, SECTION C, LINE 18:

MADE ACCESSIBLE THROUGH THE WEBSITE FOR BOARD MEMBERS AND UPON REQUEST FOR OTHERS.

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

THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

AND FINANCIAL STATEMENTS AVAILABLE TO MEMBERS UPON REQUEST AND ALL OF THESE

DOCUMENTS ARE MAINTAINED IN A LOCKED AREA OF THE WEBSITE ACCESSIBLE TO

BOARD MEMBERS ONLY.

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

OTHER PROFESSIONAL FEES

128,916.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A

128,916.

FORM 990, PART XII, LINE 2C

THE PROCESSES FOR OVERSIGHT OF THE COMPILED FINANCIAL STATEMENT AND THE

SELECTION OF AN INDEPENDENT ACCOUNTANT HAVE NOT CHANGED FROM THE PRIOR

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	COMPUTER	07/13/10	200DB	5.00	HY17	1,350.				1,350.	1,350.		0.	1,350.
2	LATERAL FILE CA	12/16/10	200DB	7.00	ну17	1,381.				1,381.	1,381.		0.	1,381.
3	FURNITURE	01/04/11	200DB	7.00	ну17	4,284.				4,284.	4,284.		0.	4,284.
4	PHONES	02/16/11	200DB	7.00	НУ17	558.				558.	558.		0.	558.
5	LAPTOP	04/11/12	200DB	5.00	НҮ17	978.				978.	941.		0.	941.
6	OFFICE DESK	06/12/12	200DB	7.00	НУ17	803.				803.	782.		0.	782.
7	BUSINESS PROJECT	07/19/12	200DB	7.00	ну17	1,720.				1,720.	1,720.		0.	1,720.
8	DELL COMPUTER	12/13/12	200DB	5.00	НҮ17	1,248.				1,248.	1,248.		0.	1,248.
9	PHONE SYSTEM	03/28/13	200DB	7.00	нұ17	2,908.				2,908.	2,908.		0.	2,908.
10	LENOVO LAPTOP	07/24/15	200DB	5.00	HY17	1,759.				1,759.	1,759.		0.	1,759.
11	LENOVO THINKPAD	07/30/15	200DB	5.00	нұ17	1,078.				1,078.	1,078.		0.	1,078.
12	PY FULLY DEPRECIATED ASSETS	VARIOUS	200DB	5.00	НҮ17	9,550.				9,550.	9,550.		0.	9,550.
13	OFFICE CHAIR	04/13/21	200DB	5.00	MQ17	156.			156.				0.	
14	DELL BUS COMPUTER TOWER	05/07/21	200DB	5.00	MQ17	549.			549.				0.	
15	LAPTOP	07/30/21	200DB	5.00	ну17	632.			632.				0.	
	* TOTAL 990 PAGE 10 DEPR					28,954.			1,337.	27,617.	27,559.		0.	27,559.

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2024

Name ASSN OF CALIF COMM COLLEGE ADMIN	Employer Identificati 94–23355	on Number 27
Based on the information provided with this return, the following are possible carryover amounts to next year.		
FEDERAL POST-2017 NET OPERATING LOSS - ADMINISTRATIVE	FEES,	66,946.
CA NET OPERATING LOSS		60,460.
	-	

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ame: .	ASSN OF CALIF	COMM COLLEGE	ADMIN							FEIN:	94-233552
/pe an	d Entity: ADMI	NISTRATIVE F	EES A POST-20	17 NO	DETAIL C	ARRYOVER SCH	IEDULE				
ction 38	2 Annual Limitation		EES A POST-20 Section 382 Carryover								
'ear Prigi- ated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
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020	18,869.										
021 022	11,098. 18,869. 11,555. 16,949. 8,475.										
023	8,475.										
	· ·										
+,	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
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FEIN:

94-2335527

Type and Entity: PRE-2018 NOL FED Section 382 Annual Limitation Section 382 Carryover				DETAIL CARRYOVER SCHEDULE							
ear rigi- ited	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/19	Amount Used for 06/30/20	Amount Used for 06/30/21	Amount Used for 06/30/22	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
016	1,424. 17,527.	1,424. 17,527.	925.	499. 6,868.	6,375.	4,284.					
		Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
	etion 3 de la companya de la company	ear Original Carryover Amount 016 1,424. 017 17,527.	ear Original Total Amount Used O16 1,424. 17,527.	ear Original Carryover Amount Used for 06/30/19 ted Amount Used 016 1,424. 1,424. 925.	ear Original Carryover Amount Used for Office 1,424. 1,424. 925. 499. 017 17,527. 17,527. 6,868.	Section 382 Annual Limitation Section 382 Carryover Amount Used for Used for 06/30/20 Used for 06/30/21 Used for	Section 382 Annual Limitation Section 382 Carryover Amount Amount Used for U	Section 382 Annual Limitation Section 382 Carryover Amount Carryover Amount Used for Used for	Section 382 Annual Limitation Section 382 Carryover Amount Dised for Used for	Section 382 Annual Limitation Section 382 Carryover Amount Amount Used for U	Section 382 Annual Limitation Section 382 Carryover Amount Amount Amount Used for Use

Name: ASSN OF CALIF COMM COLLEGE ADMIN	FEIN:	94-2335527

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Т	ype a	pe and Entity: NOL CA DETAIL CARRYOVER SCHEDULE ction 382 Annual Limitation Section 382 Carryover										
S	ection 3	82 Annual Limitation		Section 382 Carryover					Amount Amount Amount			
C	ear Origi-	Original Carryover Amount	Total Amount	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
	ated 2016	1,424,	Used									
В	2017	11,424. 17,527. 10,173. 12,494. 5,462. 7,140. 6,240.										
	2018	10,173.										
E E	2020	5 462										
F	2022	7,140.										
G	2023	6,240.										
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