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Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

- The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2008 calendar year, or tax year beginning**

07-01, 2008, and ending

06-30 , 2009

**Open to Public  
Inspection**

<b>B</b> Check if applicable		<b>C</b> Name of organization		<b>D</b> Employer identification number
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>TONY TOBIN ELEMENTARY PARENT TEACHER A</b> Number and street (or P O box, if mail is not delivered to street address) <b>45200 MORGAN HILL DRIVE</b>		<b>20-2998647</b>
<b>Please use IRS label or print or type. See Specific Instructions</b>				<b>E</b> Telephone number  <b>(951) 326-3700</b>
		City or town, state or country, and ZIP + 4 <b>TEMECULA, CA 92592</b>		<b>F</b> Group Exemption Number . . . ►

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting method  Cash  Accrual  
Other (specify) ►

| Website: [►](#)

J Organization type (check only one) -  501(c)(3)  (insert no)  4947(a)(1) or  527

H Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b and 7b, to line 9 to determine gross receipts. If \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ►\$ 70-794

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

REVENUE, EXPENSES, AND CHANGES IN NET ASSETS OR FUND BALANCES (See the instructions for Part IV)			
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
REVENUE	3 Membership dues and assessments	3	1,772
	4 Investment income	4	
REVENUE	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
REVENUE	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>		
	a Gross revenue (not including \$ 500) of contributions	6a	69,022
	b Less direct expenses other than fundraising expenses	6b	34,581
REVENUE	7a Gross sales of inventory, less returns and allowances	SCHG.	
	b Less cost of goods sold	7a	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7b	
REVENUE	8 Other revenue (describe ► )	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9	36,213
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	33,477
EXPENSES	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	310
EXPENSES	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
EXPENSES	16 Other expenses (describe ► STM130)	16	832
	17 Total expenses. Add lines 10 through 16 ►	17	34,619
ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,594
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	4,738
20 Other changes in net assets or fund balances (attach explanation)	20		
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	6,332	

**Part II** **Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	4,738	22
23	Land and buildings . . . . .		23
24	Other assets (describe ► )		24
25	<b>Total assets</b> . . . . .	4,738	25
26	<b>Total liabilities</b> (describe ► )		26
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	4,738	27
			6,332



**Part VI Other Information** (Note the statement requirements in the instructions for Part VI)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? . . . . .

b If "Yes," has it filed a tax return on **Form 990-T** for this year? . . . . .

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a**

b Did the organization file **Form 1120-POL** for this year? . . . . .

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved ► **38b**

39 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9 . . . . .

b Gross receipts, included on line 9, for public use of club facilities ► **39a**

c Gross receipts, included on line 9, for private use of club facilities ► **39b**

40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► \_\_\_\_\_, section 4912 ► \_\_\_\_\_, section 4955 ► \_\_\_\_\_

b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I . . . . .

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ► \_\_\_\_\_

d Enter amount of tax on line 40c reimbursed by the organization . . . . . ► \_\_\_\_\_

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .

41 List the states with which a copy of this return is filed. ► \_\_\_\_\_

42 a The books are in care of ► **KEN LONIE, CPA** Telephone no ► **951-326-3700**  
Located at ► **31285 TEMECULA PARKWAY SUITE 240 TEMECULA, CA** ZIP + 4 ► **92592**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .  
If "Yes," enter the name of the foreign country: ► \_\_\_\_\_  
See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .  
If "Yes," enter the name of the foreign country: ► \_\_\_\_\_

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**-Check here . . . . . ► **43** and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

	Yes	No
33		X
34		X
35		
35a		X
35b		
36		X
37a		
37b		X
38a		X
38b		
39a		
39b		
40a		
40b		X
40c		
40e		X

	Yes	No
42b		X
42c		X

	Yes	No
44		X
45		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49

and complete the tables for lines 50 and 51

46 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 . . . . . Yes  No   
 46  X

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . . Yes  No   
 47  X

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . Yes  No   
 48  X

49 a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . Yes  No   
 49a  X

b If "Yes," was the related organization(s) a section 527 organization? . . . . . Yes  No   
 49b  X

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>NONE</b>				
<b>Total number of other employees paid over \$100,000 ►</b>				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
<b>NONE</b>		
<b>Total number of other independent contractors each receiving over \$100,000 . . . ►</b>		

<b>Sign Here</b>	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		<b>Date</b> 1-15-2010
	Signature of officer <i>Amanda Long</i>	Type or print name and title <i>Amanda Long - Treasurer</i>	
<b>Paid Preparer's Use Only</b>	Preparer's signature <i>Kenneth J. Lonie, CPA</i>	Date 12-16-2009	Check if self-employed <input checked="" type="checkbox"/> <b>Preparer's Identifying No. (See inst.)</b> P00181132
	Firm's name (or yours if self-employed), address, and ZIP + 4 31285 Temecula Parkway, Ste 140 Temecula, CA 92592	EIN 68-0229130	Phone no 951-326-3700

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

**Employer identification number**

TONY TORTORA

**Employer identification number**

TONY TOBIN ELEMENTARY PARENT TEACHER ASSOC

20-2998647

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** 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 activities?

Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

**Total** . . . . . ➤

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II** **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported

more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

		(a) Event #1 <u>JOG A THON</u> (event type)	(b) Event #2 <u>BOOK FAIRS</u> (event type)	(c) Other Events (total number)	(d) Total Events Add col (a) through col (c)
Revenue	1 Gross receipts . . . . .	23,210	14,621		37,831
	2 Less Charitable contributions . . . . .				
	3 Gross revenue (line 1 minus line 2) . . . . .	23,210	14,621		37,831
Direct Expenses	4 Cash prizes . . . . .				
	5 Non-cash prizes . . . . .				
Expenditure	6 Rent/facility costs . . . . .				
	7 Other direct expenses . . . . .	2,872	13,373		16,245
	8 Direct expense summary. Add lines 4 through 7, column (d) . . . . . ►				( 16,245 )
	9 Net income summary Combine lines 3 and 8 in column (d) . . . . . ►				21,586

**Part III** **Gaming.** Complete if the organization answered "Yes" to 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 Non-cash 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 Combine lines 1 and 7 in column (d) . . . . . ►				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . .

b If "No," Explain \_\_\_\_\_

Yes	No
9a	X

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .

b If "Yes," Explain \_\_\_\_\_

10a	X
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11 Does the organization operate 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? . . . . .

11	X
12	X

	Yes	No
13 Indicate the percentage of gaming activity operated in	13a	%
a The organization's facility	13b	%
b An outside facility		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:		
Name ► <u>KEN LONIE, CPA</u>		
Address ► <u>31285 TEMECULA PARKWAY SUITE 240 TEMECULA, CA 92592</u>		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
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.		
Name ► _____		
Address ► _____		
16 Gaming manager information		
Name ► _____		
Gaming manager compensation ► \$ _____		
Description of services provided ► _____		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> 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?	17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

**Federal Supporting Statements****2008**

Name(s) as shown on return

FEIN

**FORM 990EZ, PART I, LINE 16**  
**OTHER EXPENSES SCHEDULE 2**

<u>DESCRIPTION</u>	<u>AMOUNT</u>
BANK FEES	83
CONVENTION COUNCIL	125
INSURANCE	190
SUPPLIES	54
INTERNET ACCESS	240
MEMBERSHIP EXPENSE	140
 TOTAL	 832