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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 09/01 , 2008, and ending 08/31/2009

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
TORRANCE TEACHERS ASSOCIATION

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
1619 CRAVENS AVENUE

City or town, state or country, and ZIP + 4
TORRANCE, CA 90501

D Employer identification number
95-2081589

E Telephone number
(310)320-8200

F Group Exemption Number ▶ N/A

• *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 [X] Cash [ ] Accrual Other (specify) ▶

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

I Website: ▶

J Organization type (check only one) - [X] 501(c) (5) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

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 . . ▶ $ 426,421.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	12,677.
	2	Program service revenue including government fees and contracts		2	214,442.
	3	Membership dues and assessments		3	183,199.
	4	Investment income STMT 1		4	11,521.
	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	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 4,582.		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) STMT 2		6c	4,582.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		▶ 9	426,421.
Expenses	10	Grants and similar amounts paid (attach schedule)		10	13,850.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	315,174.
	13	Professional fees and other payments to independent contractors		13	9,543.
	14	Occupancy, rent, utilities, and maintenance		14	14,511.
	15	Printing, publications, postage, and shipping		15	1,158.
	16	Other expenses (describe ▶ STMT 3)		16	36,478.
	17	**Total expenses.** Add lines 10 through 16		▶ 17	390,714.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	35,707.
	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	231,546.
	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	267,253.

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 STMT 4	134,741.	22	172,190.
23	Land and buildings	98,400.	23	95,330.
24	Other assets (describe ▶ STMT 5)		24	3.
25	**Total assets**	233,141.	25	267,523.
26	**Total liabilities** (describe ▶ STMT 6)	1,595.	26	270.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	231,546.	27	267,253.

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? STMT 7

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28	SEE STATEMENT 8		
	(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐	28a	390,714.
29			
	(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐	29a	
30			
	(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐	30a	
31	Other program services (attach schedule)		
	(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) . . . . . ▶	32	390,714.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 9		108,402.	-0-	4,827.

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

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
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	34		X
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?	35a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	X	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	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?	37b		X
38a	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?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	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	40b		
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	40e		X

41 List the states with which a copy of this return is filed ▶ CA,

42a The books are in care of ▶ MARIO DILEVA Telephone no ▶ 310 320-8200

Located at ▶ 1619 CRAVENS AVE TORRANCE, CA ZIP + 4 ▶ 90501

			Yes	No
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)?	42b		X
	If "Yes," enter the name of the foreign county ▶ _____			
	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 ?	42c		X
	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 ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44.	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
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	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.

			Yes	No
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	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

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
Total number of other employees paid over $100,000 ▶				

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 is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over $100,000 ▶		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

▶ X [signature] Signature of officer — Date X 7/22/10

▶ Maria DiLeva Executive dir. Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ [signature]		Date 7-13-10	Check if self-employed ▶ ☐	Preparer s Identifying Number (See instructions) P00239429
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CASTILLO ACCOUNTANCY CORPORATION 2444 WILSHIRE BLVD., #504 SANTA MONICA, CA			EIN ▶ 56-2433686	Phone no ▶ 310 453-4965

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes ☐ No

FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION	AMOUNT
INTEREST INCOME	591.
RENT AND ROYALTY INCOME	10,930.
TOTAL	11,521.

FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	NET INCOME
SEE'S CANDIES	4,582.	4,582.
TOTALS	4,582.	4,582.

FORM 990EZ, PART I - OTHER EXPENSES

CONFERENCES, CONVENTIONS	6,275.
DEPRECIATION	3,070.
UTILITIES AND MAINTENANCE	6,585.
INSURANCE & TAXES	6,668.
OFFICE SUPPLIES & EXPENSE	6,647.
MEMERSHIP	1,318.
PROFESSIONAL FEES	3,857.
COMMUNICATIONS	558.
STIPENDS	1,500.
TOTAL	36,478.

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CASH	91,121.	128,205.
SAVINGS	43,620.	43,985.
TOTALS	134,741.	172,190.

FORM 990EZ, PART II - OTHER ASSETS

DESCRIPTION	END OF YEAR
PREPAID EXPENSES OR DEFERRED CHARGES	3.
TOTALS	3.

FORM 990EZ, PART II - TOTAL LIABILITIES

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	1,595.	270.
TOTALS	1,595.	270.

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TAX EXEMPT LABOR ORGANIZATION REPRESENTING EMPLOYEES OF TORRANCE UNIFIED SCHOOL DISTRICT.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT 1

REPRESENTATION OF TEACHERS AND OTHER EMPLOYEES WITHIN THE TORRANCE UNIFIED SCHOOL DISTRICT FOR CONTRACT NEGOTIATIONS AND CONDITIONS OF EMPLOYMENT AS PER COLLECTIVE BARGAINING CONTRACT AND EERA (1975)

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
GLORIA MATOBA 1619 CRAVENS AVE TORRANCE, CA 90501	VICE PRESIDENT			
JULIE SHANKLE 1619 CRAVENS AVE TORRANCE, CA 90501	PRESIDENT	4,290.	NONE	NONE
STEPHANIE KOTOFF 1619 CRAVENS AVE TORRANCE, CA 90501	TREASURER	NONE	NONE	NONE
MARIO DILEVA 1619 CRAVENS AVE TORRANCE, CA 90501	EXECUTIVE DIRECTOR	104,112.		4,827.
GRAND TOTALS		108,402.	NONE	4,827.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . ▶ ☒

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return See instructions	TORRANCE TEACHERS ASSOCIATION		95-2081589
	Number, street, and room or suite no If a P O box, see instructions 1619 CRAVENS AVENUE		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions TORRANCE CA 90501		

Check type of return to be filed (File a separate application for each return):

☐ Form 990	☐ Form 990-PF	☐ Form 1041-A	☐ Form 6069
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 4720	☐ Form 8870
☒ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 5227	

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ CASTILLO & WEST ACCOUNTANCY CORPORATION

Telephone No. ▶ (310) 453-4965 FAX No. ▶ (310) 453-5670

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until JULY 15, 20 10.

5 For calendar year ____, or other tax year beginning SEPTEMBER 01, 20 08 and ending AUGUST 31, 20 09

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE REQUIRED INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	$ 0
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	$ 0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ [signature] Title ▶ CPA Date ▶ 3-24-10