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# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

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)

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

Open to Public Inspection

<u>A</u> F	or the	2010 calendar year, or tax year beginning 09/01, 2010, and	ending		08/31,					
<b>R</b>	neck ifapp	C Name of organization		D Employer id		number				
	_	TORRANCE TEACHERS ASSOCIATION		95-20	31589					
	Addres change									
	Name	Change Number and street (or P.O box if mail is not delivered to street address) Room/s	E Telephone	number						
	instial r	etum 1619 CRAVENS AVENUE		(310) 32	20-8200					
Γ	Termin	City or town, state or country, and ZIP + 4								
	Amend	torrance, ca 90501		G Gross recei	pts \$	412	,850			
	Applica pendin			H(a) Is this a gr	oup return for	Yes	XN			
				affiliates? H(b) Are all affil	ates included?	Yes	□ <sub>N</sub>			
	Тах-ехе	mpt status 501(c)(3) X 501(c) ( 5 ) ◀ (insert no ) 4947(a)(1) or	527	If "No," atta	achalist (see in	istructions)				
		e: ► N/A		H(c) Group exer	nption number	•				
		1,,,	Year of format	· · · · · · · · · · · · · · · · · · ·	State of lega					
Pa		Summary		1						
	1	Briefly describe the organization's mission or most significant activitiesTO PROVIDE A MEANS FOR COLLECTIVE ACTION FOR EMPLOY	EES OF	THE TORR	ANCE					
Š		UNIFIED SCHOOL DISTRICT.			<b></b>					
nar	-									
Governance										
ပ္ပ		Check this box  If the organization discontinued its operations or disposed of mo			1 1		16			
•ජ "ර	3	Number of voting members of the governing body (Part VI, line 1a)			. 3		16			
Activitles	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			. 4		16			
Ę	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)			. 5		3			
Ac	6	Total number of volunteers (estimate if necessary)	. <b></b>		. 6		0			
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12			7a		316			
	b I	Net unrelated business taxable income from Form 990-T, line 34			. 7ь					
				Prior Year	(	Current Yo	ear			
	8 (	Contributions and grants (Part VIII, line 1h)		203,4	25.	191	,409			
Ž	9 1	Program service revenue (Part VIII, line 2g)	••	214,6	55.	205	,004			
Revenue	10	Investment income ( <del>Port-VIII-column (A)-lines 3, 4-and-</del> 7d)			82.		316			
~	11	Other revenue (Part VIII, column A) the 15 60, Bc, 9c, 10c, and 11e)	• • •	17,0		11	,300			
	12	Total revenue - add Ings 8 through 11 (must equal Pert VIII, column (A), line 12)	• • •	435,4			,029			
	12	Total revenue - add mass 8 tillough 11 (must equal max vin, column (A), line 12)	• • •	10,7			,350			
	13	Grants and similar amounts paid (Part IX, column (A), thes 1-3)		10,7	30.					
	14	Benefits paid to or formembers (Part IX, column (A) line 4)	🛌	222 5	<u> </u>		0			
es	15	Salaries, other compensation, employee benefits (Partix), column (A), lines 5-10)		339,5	6/.	189	,219			
sue	16a	Professional fundraising fees (Part) - dolumn (A) (line 11e)					0			
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	\							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		53,5	23.	93	,527			
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		403,8	40.	293	,096			
	19	Revenue less expenses Subtract line 18 from line 12		31,6	58.	114	, 933			
2 8				ning of Current		End of Yea				
seus or alances	20	Total assets (Part X, line 16)	<u>                                   </u>	299,4			,796			
		Total liabilities (Part X, line 26)	· · ·		57.		952			
Net As Fund Ba		Net assets or fund balances Subtract line 21 from line 20	· · · ├──	298,9		413	,844			
			• • • •	2,0,9		-113	, , , , ,			
	rt II	Signature Block alties of perjury, I declare that I have examined this return, including accompanying schedules and state	ements and to	n the heet of my	knowledge on	d belief it	e true			
cor	rect, an	d complete. Declaration of preparer (other than officer) is based on all information of which preparer h	as any knowle	edge	Allowieuge all	u bener, it i	s uue,			
_		110		7	Tust	1-7				
	ign	A CITY OF THE STATE OF THE STAT			<del>/ 'Y</del> /					
Н	ere	Signature of officer		Date /	•					
		Mario Vilera Exercise 7	Direc	40V						
		Type or print name and title								
		Print/Type preparer's name Preparer's signature Date	e	Check if	PTI	N				
aic	ere I parer	LIGHTLY C CARRIED 7	.9.12	self- employed	▶     P!	002394	29			
Prej	parer	CONTINUE AND A CONTINUE OF THE		Firm's EIN	56-2433					
Jse	Only	, which is the second of the s		Phone no		3-4965				
14-	tha !	Firm's address > 2444 WILSHIRE BLVD., #504 SANTA MONICA, CA 90403		l			$\neg$			
_		RS discuss this return with the preparer shown above? (see instructions)		<del></del>	X	Yes	No			
EAR	Dance	wark Daduation Act Notice can the consents instructions				Cam. 000	10040			

JSA

4e Total program service expenses ▶

Form 9	90 (2010) 95-2081589		1	Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		Х
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 Revenue Procedure 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 where 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		Х
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, serve as a custodian for 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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	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,		J.	2
	VII, VIII, IX, or X as applicable	100	***	259
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	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? 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
ď	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		X
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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	]		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? 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 assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form			
	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		L

Form 9	orm 990 (2010) 95-2081589		P				
Part	Checklist of Required Schedules (continued)						
			Yes	No			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations						
	in the United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		X			
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States						
	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 Schedule J	23		X_			
24 a	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 Schedule K. If "No," go to line 25	24a		X			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year						
•	to defease any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25 a							
	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or						
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,						
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?						
	If "Yes," complete Schedule L, Part III	27		Х			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			]			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>			
-	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		-				
~	Schedule L. Part N	28b		Х			
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)						
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified						
	conservation contributions? If "Yes," complete Schedule M	30		Х			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,						
٠.	Part I	31		Х			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"						
<b>-</b>	complete Schedule N, Part II	32		Х			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations						
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,						
	IV, and V, line 1	34		Х			
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х			
а	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						
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						
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,						
	Part VI	37		Х			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and						
50	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	х				
	10 Heterrini enir eco mere die reganea te complete concede o 1111111111111111111111111111111111			(2010)			

Form	990 (2010) 95-2061569			Page t
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Officer in Octionale O Contains a response to any question in this rank v	• • •	Yes	No
4	Estable work and the David of Form 4000. Enter 0 if not employed.	10.00 A	105	NO
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			. 200
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
20	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	38		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
	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)?	4a		Х
b	If "Yes," enter the name of the foreign country. ▶			2
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	1,3		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	· 🔊		12.9 gly
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	**·.	<u>* *</u>	ort;
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		ļ
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			,,
	required to file Form 8282?	7 c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	<u>*.^</u> *	1 4	- <del>*</del>
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_^
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	,		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			<b> </b>
•	organization, have excess business holdings at any time during the year?	8		<del> </del>
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		ļ
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<del> </del>
10	Section 501(c)(7) organizations. Enter	-		
	Initiation fees and capital contributions included on Part VIII, line 12			١,
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter	1		
	Gross income from members or shareholders	}		
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
_	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		i

Pari	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or			
	Schedule O. See instructions.	II CIIC	ınge	SIII
	Check if Schedule O contains a response to any question in this Part VI			X
Soot		• • •	• •	1^1
Seci	ion A. Governing Body and Management		V	No
	Enter the number of voting members of the governing body at the end of the tax year.	1,1	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	ester.	- ,	
b		2.77 pm	- jage 1	35
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		- Thurs	X
	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct			x
	supervision of officers, directors or trustees, or key employees to a management company or other person? $\dots$	3	-	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X	^
6	Does the organization have members or stockholders?	6		<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_	х	
	of the governing body?	7a		x
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		^
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			-
	the year by the following			J
а	The governing body?	_8a		$\vdash$
b	Each committee with authority to act on behalf of the governing body?	8b		
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		x
Socti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		1	
Secu	on b. Folicies (This Section b requests information about policies not required by the internal Nevenue	CUUE	·/ Yes	No
40	Describes a second and have been been been been been as #filete-0	10a		X
	Does the organization have local chapters, branches, or affiliates?	IVa		<del></del>
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b		
44-	affiliates, and branches to ensure their operations are consistent with those of the organization?	100		<del> </del>
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		x
_	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
120	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a		X
12a	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	1,24		
D	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			<u> </u>
·	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13	<u>x</u>	
14	Does 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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	<u> </u>
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			·
	with a taxable entity during the year?	16a		х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			;
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			,
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_CA,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)			
-	available for public inspection. Indicate how you make these available Check all that apply	,,		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	est		
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
	organization ► MARIO DILEVA 1619 CRAVENS AVE TORRANCE, CA 90501			
	310 320-8200			

Section A.

	'
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,
	and Independent Contractors
	Objects & Ochookula Occambaina a recommon to only greation in this Dort VII

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee											
(A)	(B)			((	C)			(D)	(E)	(F)	
Name and Title	Average					that app		Reportable	Reportable	Estimated	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	compensation from	compensation from related	amount of other	
	(describe	Tage Tage	합	ĕ	eg	est o	章	the	organizations	compensation	
	hours for related	9 5	a a		Ì	6 Om	İ	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	organizations in Schedule	stee	hrust		o o	pens		(VV-2/1099-IVIISC)		and related	
	0)		8			Highest compensated employee				organizations	
(1)MARIO DILEVA											
EXECUTIVE DIRECTOR	40.00	Х				Х		101,322.		<del></del>	
(2)GLORIA MATOBA				:				_			
VICE PRESIDENT	5.00			Х	_			0.			
(3)JULIE SHANKLE	5 00			!				4 600			
PRESIDENT	5.00			Х	<u> </u>	ļ	<u> </u>	4,680.			
(4)STEPHANIE KOTOFF TREASURER	5.00			х		!		0.	ı		
	3.00			^				0.			
(5)											
(6)											
							<del>                                     </del>				
		ļ									
(8)											
			_	ļ	<u> </u>	<b> </b>					
_(10)											
_(11)										-	
							-				
_(13)											
_(14)			-								
		<del> </del>	-	-	-		$\vdash$				
	<u> </u>										
_(16)											

	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B) (C) Average Position (chec				C) kall	that an	nhv)	(D) Reportable	(E) Reporta	hle	1	(F) imated
Name and tibe	hours per week (describe hours for related organizations		Institutional		Key employee		Former	compensation from the organization (W-2/1099-MISC)	compens from rela organiza (W-2/1099	ation ated tions	ame comp fro orga and	ount of ther ensation m the nization related
	n Schedule O)					Ē					orgar	nizations
(17)												
(18)					-				•			
(19)												
(20)					-							
(21)		:										
(22)												
(23)												
(24)												
(25)												
(26)												
(27)												
(28)												
1b Sub-total							<b></b>	106,002.			-	
c Total from continuation sheets to Part VII, S	ection A						<b>&gt;</b>	106,002.				
d Total (add lines 1b and 1c)								· · · · · · · · · · · · · · · · · · ·	\$100.000 ir	l		
reportable compensation from the organization												
3 Did the organization list any former office	er directo	or or	tra	icto	ا م	kov c	mn	alovee or highest	compans	ated	*	Yes No
employee on line 1a? If "Yes," complete Sched											3	Х
4 For any individual listed on line 1a, is the the organization and related organizations	greater th	an \$	150	,00	02	If "Y	es, "	' complete Sched	ule J for :	such		X
5 Did any person listed on line 1a receive or	accrue co	mpen	satı	on 1	fron	n any	un	related organization	on or indivi	dual		X
for services rendered to the organization? If "Y Section B. Independent Contractors	es, compre	ile Su	reac	ne c	101	Sucii	per	5011	<del></del>		5	
Complete this table for your five highest compensation from the organization	compensat	ed in	dep	enc	dent	cont	trac	tors that received	d more tha	an \$10	00,000	of
(A) Name and business add	ress							(B) Description of ser	vices	C	(C) Compensa	ation
•										-		
<u> </u>							+					
							1	- · · · · · · · · · · · · · · · · · · ·				
2 Total number of independent contractors (iii				nite		_	e l	isted above) who	received		····	
more than \$100,000 in compensation from the	e organizat	LIUI1				0						34.4

Par	t VII	Statement of Rever	nue																
	\$	,				(A) Total rev				Rela exe fun	B) ited of empt ction enue	r		Un bu	(C) relate siness venue	3	Re exclude unde 512, 5	sec	om tax tions
grants	1a b	Federated campaigns Membership dues	<u>1b</u>	181,942.		•	4				رَٷٍ.		Ť						
s, gifts, nilar an	d	Fundraising events Related organizations	1d								A. A.							* *	,
Contributions, gifts, grants and other similar amounts	e f	Government grants (contributions) and similar amounts not included	ts,	9,467.	145		, *.		~	<i>*</i>	•	,	*	*	4		^	¥	د
Cont	g	Noncash contributions included in				1	91,40	9.	žin.	بئر	ê		~	"	~	1	3	*	4, 7
9		Totali. Add lines 1a-11	<u> </u>	Business Code	-2		3-, -c							£.					
even	2a	CALIFORNIA TEACHERS REBAT	E			1	65,82	1.											
e R	b	NATIONAL TEACHERS REBATE			ļ		36,93	3.											
	C	ADVERTISING MEMBER PUBLIC	ATION		ļ		2,25	0.											
Se	d		<del> </del>		-			_											
Iran	е				<u> </u>														
Program Service Revenue	f g	All other program service reversed. Add lines 2a-2f	enue			2	05,00	4.	,	^	9		`	*	Æ	***		ş.	• 7
_	3	Investment income (including other similar amounts)	a dividends, inter	est. and			31	Î	-30							316.		į	
	4	Income from investment of t	•		-			0.					1						
	5	Royalties	(i) Real	(II) Personal				0.					1				-		
	٠.	Gross Rents	10.000	<del>  `</del>	, `	1 1	-%	٠.>	*	***	æ	te	, 1,	*	><	*		•	
	6a b	Less rental expenses			Ø	ķ., ş	W.	(A)	#	4	<b>#</b>	ڙِ، جي	<b>)</b>	Ý	*	* -	7×× ·	é,x	* *
	c	Rental income or (loss)	10,920.		<u> </u>		14	ž.	*	ř.	6	; ¥	4 4	À	*	*	<u> </u>		#
	d	Net rental income or (loss) -	<del></del>				10,92	0.										10	,920.
	7 a	Gross amount from sales of	(i) Securities	(II) Other			5			2			١,						727
		assets other than inventory			*	· >>	42			4	1	e .	*   *	ž	rig	,			
	b	Less cost or other basis			45	. \$	À			>	>			À	*	÷			7
	_	and sales expenses Gain or (loss)	l		1.	346								*	٠	4	,	y 4	ate
	d	Net gain or (loss)						0.											
e	8 a	Gross income from for																	
Other Revenue		events (not including \$			1	,													
Şe		of contributions reported on	line 1c)																
ž.		See Part IV, line 18			1														
the	p	Less: direct expenses Net income or (loss) from fur	b		<del></del>		38	0.									<del> </del>		
0	9 a	Gross income from gaming a See Part IV, line 19	activities	1															
	b	Less direct expenses		P	]												<u> </u>		
	С	Net income or (loss) from ga						0.											<del></del>
	10a	returns and allowances	a																
		Less cost of goods sold  Net income or (loss) from sal  Miscellaneous Reven	les of inventory					0.											
	110				<b>†</b>			$\dashv$					-						
	11a b							$\dashv$					1				<u> </u>		
	c																		
	d	All other revenue						$\prod$											
	е	Total. Add lines 11a-11d .						0.									ļ		
	12_	Total revenue. See instruction	ons	<u> </u>	<u>.L.</u>	4	08 <u>,0</u> 2	9.								316.	<u> </u>	10	,920.

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp	olete column (A) but are	not required to comp	olete columns (B), (C), a	and (D)
	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 governments and				
	organizations in the U.S. See Part IV, line 21	2,350.			
2	Grants and other assistance to individuals in the U.S See Part IV, line 22	8,000.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			,	×r
	U.S. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			-
5	Compensation of current officers, directors,				<u> </u>
•	trustees, and key employees	106,002.			
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	1,247.		-	
				-	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	36,320.		1	
9	Other employee benefits	35,928.		<del> </del>	
	` *	9,722.		<del> </del>	
10	Payroll taxes	3,722,		-	
11	Fees for services (non-employees)	40,250.			
	Management	6,115.			
	Legal	7,677.		_	<del>-</del>
	Accounting	0.			
	Lobbying	0.			
	Professional fundraising services See Part IV, line 17	0.			
	Investment management fees	0.		<del> </del>	
	Other	923.			
12	Advertising and promotion	1,715.			
13	Office expenses	1,713.	<del>.</del>		
14	Information technology	0.			
15	Royalties	12,314.	<del></del> .		
16	Occupancy	12,314.			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	5,908.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	2,904.		ļ. <u> </u>	
23	Insurance	0.			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O)				
	MEMBERSHIP EXPENSE	1,728.			
	EQUIPMENT EXPENSE	4,873.			
-	LEADERSHIP	1,500.			
_	COMMUNICATION	898.			
е	INSURANCE & TAXES	6,722.			
f	All other expenses				
	Total functional expenses. Add lines 1 through 24f	293,096.			
26	Joint Costs. Check here ▶ If following				
	SOP 98-2 (ASC 958-720) Complete this line				
	only if the organization reported in column (B) joint costs from a combined educational				
	campaign and fundraising solicitation			1	
JSA					Form 990 (2010)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			161,086.	1	243,452.
	2	Savings and temporary cash investments		. <i>.</i> [	44,167.	2	80,972.
	3	Pledges and grants receivable, net		[		3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers,					- (1) (0)
		employees, and highest compensated employe	es C	Complete Part II of			, <sub>4</sub> , ,
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined unit			·		*
		described in section 4958(c)(3)(B), and contributing employers	and sp	onsonng organizations of			
		section 501(c)(9) voluntary employees' beneficiary organizations	s (see in	structions)		6	
Assets	7	Notes and loans receivable, net		[		7	
\ss	8	Inventories for sale or use				8	
`	9	Prepaid expenses and deferred charges			1,849.	9	0.
	10a	Land, buildings, and equipment cost or	1				
		other basis Complete Part VI of Schedule D	10a	194,291.			
	b	Less accumulated depreciation	10b	104,830.	92,366.	10c	89,461.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities See Part IV, line 11		[		12	
	13	Investments - program-related See Part IV, line 1				13	
	14	Intangible assets		<i></i> [		14	
	15	Other assets See Part IV, line 11				15	911.
	16	Total assets. Add lines 1 through 15 (must equal	line 3	4)	299,468.	16	414,796.
	17	Accounts payable and accrued expenses			557.	17	952.
	18	Grants payable		[	· · · · · · · · · · · · · · · · · · ·	18	
	19	Deferred revenue		li di		19	
	20	Tax-exempt bond liabilities		<i></i> [		20	
ŝ	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Payables to current and former officers,	dırect	ors, trustees, key			
abil		employees, highest compensated employees,	and d	lisqualified persons		İ	,
֖֖֖֓֞֞֞֞֞֞֞֞֞֞֜֞֞֞֞֞֞֜֞֞֞֞֜֞		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelat	ed thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities Complete Part X of Schedule D.				25	
	26	Total liabilities. Add lines 17 through 25			557.	26	952.
es		Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34.	<b>→</b>	X and complete			,
anc	27	Unrestricted net assets				27	
3al;	28	Temporarily restricted net assets		F		28	
ğ	29	Permanently restricted net assets		[		29	_
or Fund Balances		Organizations that do not follow SFAS 117, che complete lines 30 through 34.	ck he	re ▶ and			
ts	30	Capital stock or trust principal, or current funds .				30	
se	31	Paid-in or capital surplus, or land, building, or equ				31	
As	32	Retained earnings, endowment, accumulated inc		F	298,911.	32	413,844.
Net Assets	33	Total net assets or fund balances			298,911.		413,844.
_	34	Total liabilities and net assets/fund balances			299,468.		414,796.
_			<u> </u>	<del> </del>		لمنتب	

Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			•
1	Total revenue (must equal Part VIII, column (A), line 12)			029.
2	Total expenses (must equal Part IX, column (A), line 25)			096.
3	Revenue less expenses Subtract line 2 from line 1		•	933.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2	98,	911.
5	Other changes in net assets or fund balances (explain in Schedule O)			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))	4	13,8	344.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			
	<u>_</u>		Yes	No
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 in			
	Schedule O	·		·
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a separate basis, consolidated basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis	_	_	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

TOR	RANCE TEACHERS ASSOCIATION	95-2081589
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A organization answered "Yes" to Form 990, Part IV, line 6.	Accounts. Complete if the
-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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 don	nor advised
	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 advisors in writing that grant funds	
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	purpose conferring impermissible private benefit?	· · · · · · · · · L Yes L No
Par		m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	an historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	he form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
		<del></del>
а	7.000.000.000.000.000.000.000.000.000.0	2a
b	, , , , , , , , , , , , , , , , , , ,	2b 2c
C	Number of conservation easements on a certified historic structure included in (a)	20
ď		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminat	
3	tax year	ted by the organization during the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, hand	
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	
•	<b>&gt;</b>	, , , , , , , , , , , , , , , , , , ,
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easement	s during the year
	<b>▶</b> \$	•
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sections	tion 170(h)(4)(B)
	(ı) and 170(h)(4)(B)(ıı)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	I statements that describes the
	organization's accounting for conservation easements	
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, education public service, provide, in Part XIV, the text of the footnote to its financial statements that described in the control of the service.	evenue statement and balance sheet
	public service, provide, in Part XIV, the text of the footnote to its financial statements that desc	inbes these items
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rev	
	works of art, historical treasures, or other similar assets held for public exhibition, educa-	
	public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	ssets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	<b>.</b> .
a	Revenues included in Form 990, Part VIII, line 1	
<u>b</u> For F	Paperwork Reduction Act Notice, see the Instructions for Form 990.	

Par	t III Organizations Maintaini	ng Collect	ions of A	rt, Histo	orical	Treasure	s, or O	ther Similar A	ssets (	(continued)	
3	Using the organization's acquisition collection items (check all that applied		on, and oth	ner reco	rds, cl	neck any c	of the f	ollowing that a	re a sig	inificant use	of its
_	Public exhibition	•37		4 [	٦	Loan or ex	change	nrograms			
a	Scholarly research			e –	┥		_				
b	Preservation for future ge	norotions		e _		Other			<del>-</del> -		
C	1 1		allo etiono	and avail	on he	we those for	rthar th	o organization'	ovomi	nt nurnosa	in Port
4	Provide a description of the organ	nzation's Co	mections a	and expi	alli iic	w they ful	ulei u	e organizations	exemi	pt purpose	III Fait
_	XIV	!:-!4			- 6 - ···						
5	During the year, did the organization										No
_	assets to be sold to raise funds rath										
Par	t IV Escrow and Custodial A line 9, or reported an am	nount on F	orm 990,	Part X,	line 2	1.	I dilow	eled les tol	-01111 9	90, Fait iv	,
1 2	Is the organization an agent, truste	e custodiai	or other i	ntermed	iary fo	r contributi	ons or	other assets not	ł		
ıa	included on Form 990, Part X?									☐ Yes [	No
b	If "Yes," explain the arrangement in										
b	ii res, explain the arrangement in	ii ait XiV a	ia compici	to the lo		labic		Aı	mount		
_	Beginning balance						10	,,,	- I O GITE	•	
۲ C	Additions during the year										
ů	Distributions during the year										
f	Ending balance										
2a										Yes	No
	If "Yes," explain the arrangement in		555, 1 6	21 C 7 C, 111 C							
Par			rganizatio	n answ	ered "	Yes" to Fo	orm 99	0 Part IV line	10		
r ai	Endownient i dida. Con	(a) Curren		(b) Prior y		(c) Two ye				(e) Four yea	ars back
1a	Beginning of year balance	(-,		<del>```</del>						, , , , , , , , , , , , , , , , , , ,	- 1
ь	Contributions								* ,	87,	
	Net investment earnings, gains,							, , , , ,			
•	and losses							1, 10			
d	Grants or scholarships									<del></del>	
	Other expenditures for facilities .									·	-, -
	and programs										* 1
f	Administrative expenses										·
q	End of year balance										<del></del>
2	Provide the estimated percentage	of the vear	end balanc	e held a	 S	<u>I</u>		<u> </u>			
a	a Board designated or quasi-endowment ▶%										
b	b Permanent endowment ▶ %										
С	c Term endowment ▶ %										
3a	Are there endowment funds not in	the posses	sion of the	organiz	ation t	hat are hel	ld and a	administered for	the		
	organization by	·		_						Ye	s No
	(i) unrelated organizations									3a(i)	
	(ii) related organizations									3a(ii)	
b	If "Yes" to 3a(II), are the related org										
4	Describe in Part XIV the intended i	uses of the o	organizatio	n's endo	wmer	t funds					
Pai	t VI Land, Buildings, and Equ	uipment. S	ee Form	990, Pa	art X,	line 10					
	Description of investment		(a) Cost or ot (investm		(b) (	ost or other ba	asıs	(c) Accumulated depreciation		(d) Book value	1
1 a	Land					18,9	11			18	,911.
b	Buildings				T	26,0	89.	0.			
С	Leasehold improvements	-				•					
d	Equipment	<u> </u>				36,1	73	36,173			
е	Other	<del>-</del>				113,1	17	42,567.		70	,550.
Tota	II. Add lines 1a through 1e (Column		qual Form	990, Par	t X, co	lumn (B), lıı	ne 10(c)	)) ▶		89	,461.
									Saba	dule D (Form	000) 2010

Part VII	Investments - Other Securities. See F	orm 990, Part X, lin	e 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) Financia	al derivatives			
(2) Closely	-held equity interests			
/ 4 \				
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(B)				<del> </del>
<u>(C)</u> (D)				
(E)			· · · · · · · · · · · · · · · · · · ·	
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Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related. See F	orm 990, Part X, lin	ne 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
_(1)				
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	n (b) must equal Form 990, Part X, col (B) line 13)			<del>-</del>
Part IX	Other Assets. See Form 990, Part X, li	ne 15.		· · · ·
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
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Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities. See Form 990, Part X	, line 25		
1.	(a) Description of liability	(b) Amount	<u>t                                      </u>	
	ral income taxes			( )
(2)	<del></del>			
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(11)				
	nn (b) must equal Form 990, Part X, col (B) line 25)	<b>&gt;</b>		

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

95-2081589

Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Staten	nent	s
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	408,029.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	293,096.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	114,933.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV )	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	114,933.
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ref	urn	
1	Total revenue, gains, and other support per audited financial statements	L	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities	_	
C	Recoveries of prior year grants	_	
d	Other (Describe in Part XIV )		
е	Add lines 2a through 2d	L	2e
3	Subtract line 2e from line 1	L	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV )	_ .	
C	Add lines 4a and 4b	• • -	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R		<u>n</u>
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		
а	Donated services and use of facilities 2a	_	
b	Prior year adjustments 2b		
С	Other losses 2c	_	
đ	Other (Describe in Part XIV )	_	-
е	Add lines 2a through 2d	-	2e
3	Subtract line 2e from line 1	· •	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV )		
С	Add lines 4a and 4b	├	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
Part			
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa , line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp Iditional information		

Part XIV Supplemental Information (continued)

SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047 2010

Open to Public

		ASSOCIATION	
nal Revenue Service	ie of the organization	RRANCE TEACHERS ASSOCIATION	

Employer identification number 95-2081589 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. Part I General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization

_	ž					
				Έ	Il can be duplicated if additional space is needed	
				Form 990. Part IV. line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part	:	
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SP	the selection criteria used to award the grants or assistance?	SCri	٣	<u>ٿ</u>	=	
Š	ф	Ö	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to			
The organization maintain records to substantiate the amount of the grants of assistance, the grants of the grants of assistance, and		2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Par			

1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(3)							
(4)							
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PAGE 20

Schedule I (Form 990) (2010)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 TTA DE	1 TTA DEPENDENT SCHOLARSHIP	4.	4,000.			
2 HIGH S	2 HIGH SCHOOL SCHOLARSHIP	4.	4,000.			
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7						
Part IV	Part IV Supplemental Information. Complete this par	is part to prov	vide the informat	tion required in	Part I, line 2, and any	to provide the information required in Part I, line 2, and any other additional information.

#### **SCHEDULE O** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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 990-EZ.

Inspection

Name of the organization

TORRANCE TEACHERS ASSOCIATION

Employer identification number 95-2081589

PART VI, SECTION B, QUESTION 11B

THE BOARD OF DIRECTORS REVIEWS THE FORM 990 AT THEIR BOARD MEETING.

PART VI, SECTION C, QUESTION 19

COPIES OF THE ORGANIZATIONS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

ARE AVAILABLE UPON REQUEST AT THE ASSOCIATIONS OFFICE.

PART VI, SECTION B, QUESTION 15B

AT ITS BOARD MEETINGS, THE BOARD OF DIRECTORS DISCUSSES AND DETERMINES

THE COMPENSATION OF THE EVECUTIVE DIDECTOR

THE COMPENSATION OF THE EXECUTIVE	DIRECTOR.			
			ATTACHMENT 1	
FORM 990, PART VIII - INVESTMENT I	NCOME			
	(A)	(B)	(C)	(D)
	TOTAL	RELATED OR	UNRELATED	EXCLUDED
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
INTEREST INCOME	31	6.	316.	
TOTALS	31	6.	316.	
			<del></del>	

ATTACHMENT 2

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
FUNDRAISING	5,201.	4,821.	380.
TOTALS	5,201.	4,821.	380.