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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

A F	or th	e 2013 calendar year, or tax year beginning	09,	/01, 2013	, and	end	ding			31, 20 14			
Р.		C Name of organization						D Employer id	entificat	on number			
D C	heck if ap	pecable TORRANCE TEACHERS ASSOCIATION						95-208	1589				
	Addre							1					
Г	Name	change Number and street (or P O box if mail is not delivered to s	street addres	s)	Room	/suit	e	E Telephone number					
Γ	Instial	return 1619 CRAVENS AVENUE						(310) 320-8200					
	Termi	City or town, state or province, country, and ZIP or foreign	postal code										
—	Amen							G Gross receip	ts \$	426	5,906.		
 	return Applic	F Name and address of ornicipal officer											
_	_ pendu	ng						subordinates H(b) Are all subord		\vdash	No		
	Tax-ex	empt status 501(c)(3) X 501(c) (5) ◀ (inser	t no.)	4947(a)(1)	or T	Т	527	1 ' '		ee instructions)			
		te: N/A	(110)	4347 (a)(1)	<u> </u>		721	H(c) Group exem	•	•			
<u>-</u> K	Form o	of organization X Corporation Trust Association	Other >			Ves	r of forma	· · · · · · · · · · · · · · · · · · ·		legal domicile			
	art I	Summary	Other			. 102	i oi ioiilla	1011	State Of	iegai domicile			
_		Briefly describe the organization's mission or most signification	nt activities	TO PRO	OVID)F.	A MEAN	NS FOR COL	JECT	TVE ACT	TON		
a	'	FOR EMPLOYEES OF THE TORRANCE UNIF	TED SCI	HOOT DT	STRI	СТ							
ğ							<u></u> -						
Ë	2	Chock this box											
Activities & Governance		Check this box If the organization discontinued its							1 . 1		16.		
∞ ಶ	۵	Number of voting members of the governing body (Part VI,	iine ia) .						3		16.		
es	4	Number of independent voting members of the governing	body (Part '	VI, line 1b)					4				
ž	5	Total number of individuals employed in calendar year 201	3 (Part V, II	ne 2a)					5		<u> 2.</u>		
ķ	6	Total number of volunteers (estimate if necessary)							6		146		
•		Total unrelated business revenue from Part VIII, column (C)							7a	.	146.		
	b	Net unrelated business taxable income from Form 990-T, lin	ne 34		• • •	<u></u>			7b		0		
	_							Prior Year		Current Y			
e	8	Contributions and grants (Part VIII, line 1h)						201,71		-	.,588.		
Revenue	9	Program service revenue (Part VIII, line 2g)						207,13		215	,141.		
Re	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)						20.		146.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10						10,18			,374.		
	12	Total revenue - add lines 8 through 11 (must equal Part VII	I, column (/	A), line 12) .	<u></u>	• •		419,15			,249.		
		Grants and similar amounts paid (Part IX, column (A), lines						11,00		12	,949.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)-						0		0			
es	15	Salaries, other compensation, employee benefits (Part IX, c	olumn (A),	lines 5-10)				204,26	_	208	,008.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)							0		0		
ă	b	Total fundraising expenses (Part IX, column (D), line 25) ▶			<u>0</u>		_						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e	e)					97,82			,282.		
	18	Total expenses Add lines 13-17 (must equal Part IX, colum	ın (A), line :	25)				313,09			,239.		
		Revenue less expenses Subtract line 18 from line 12		<u> </u>				106,06	53.	76	,010.		
Net Assets or Fund Balances		· · · · · · · · · · · · · · · · · · ·					Begir	ning of Current	/ear	End of Ye	ar		
sets	20	Total assets (Part X, line 16)						623,96	50.	699	,820.		
ABB	21	Total liabilities (Part X, line 26)						1,01	.7.		867.		
훒	22	Net assets or fund balances Subtract line 21 from line 20.						622,94	13.	698	953.		
Pa	rt II	Signature Block											
Un	der per	nalties of perjury, I declare that I have examined this return, includ	ing accomp	anying schedi	ules an	d sta	atements,	and to the best o	f my kno	wledge and b	elief, it is		
tru	e, corre	ect, and complete Declaration of preparer (other than officer) is base	d on all infor	mation of whi	ch pre	pare	r has any k	nowledge					
									o 12	9/1	J		
Sig		Signature of officer						Date	7	+/			
He	re	Mario Di Leta	. 4×	cecut	۱۷۰	_ `	\mathcal{O}_{i}	rector	•				
		Type or print name and title		<u>`</u>									
		Print/Type preparer's name Preparer's sign	ature		Da	ate	· · · · · · · · ·	Check	ıf PTI	Ν			
Palo		Lover C Continue Chine	< C-	r D L	10	٠.	24.15	self-employ	J	P002394	29		
	parer	Firm's name CASTILLO & WEST ACCOUNTAN	ICY COR	P			<u>~~.\</u>	Firm's EIN					
Use	Only	Firm's address 2444 WILSHIRE BLVD., #504 SANTA MONI						· ·		53-4965			
May	the I	RS discuss this return with the preparer shown above? (see						Phone no	1	X Yes	TN-		
$\overline{}$		nwork Reduction Act Notice, see the separate instructions		· · · · · ·	• • •	• •	• • • •	<u> </u>		1	No (O (2042)		

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Par	t IV Checklist of Required Schedules	 ,		
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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,	_		х
_	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		. 1	
	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		<u>X</u>
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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		.	l
	complete Schedule D, Part III	8		Χ -
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		净	19 75
	VII, VIII, IX, or X as applicable		, }	, *
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
Ī	complete Schedule D, Part VI	11a	x	
	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
,	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	112		
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	I Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
·		11d		Х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		X
		116		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		х
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	40-	х	
	complete Schedule D, Parts XI and XII	12a		
t	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	40.		v
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	\vdash	$\frac{\lambda}{X}$
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			.,
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u></u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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		Х
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		Х
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		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
ISA		Form	990	(2013)

Checklist of Required Schedules (continued) Part IV No Yes 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 22 Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated Х 23 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 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a 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? 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity or family member of any of these persons? If "Yes," complete Schedule L, Part III........... 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L. 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) Х A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х 28b 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. Х 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Х 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, Х 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Х 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)?....... Х 35 a 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Х 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

Page 5

Par				
	Check if Schedule O contains a response or note to any line in this Part V	• • •	Yes	No
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		163	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
La	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 2			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1		
	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 ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			3 * 3
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	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?	5c		
	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 as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		ļ
	Organizations that may receive deductible contributions under section 170(c).		ć	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		خنست	
	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?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			Х
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	70		х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b		9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	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.	<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	
_	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			
	Enter the amount of reserves on hand	140	-	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		_ <u>^`</u>
<u> </u>		עדין		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			
•	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year			
14	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	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		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
~	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following			
а	The governing body?	8a	X	
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? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
, ,	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11a	Has the organization provided a complete 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			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	-	X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		X
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	Х	ŀ
	Other officers or key employees of the organization	15b	Х	1
-	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," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		İ
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 (Section			only)
	available for public inspection. Indicate how you made these available. Check all that apply	5511	-,(0)	y)
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	ماات	v and
	financial statements available to the public during the tax year	J. 00t	باران م _ا	,, a.i.u
20	State the name, physical address, and telephone number of the person who possesses the books and records of t	ne		
	organization ►MARIO DILEVA 1619 CRAVENS AVE TORRANCE, CA 90501 310 320-8200			
JSA		Fom	990	(2013)

Form 990 (2013)			TORK	TICE TEAC		33-2001363					
Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontr	actors								

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

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

- 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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	rson	e than of the state of the stat	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
MARIO DILEVA EXECUTIVE DIRECTOR	40.00	X						114,104.	0		0
(2)GLORIA MATOBA VICE PRESIDENT	5.00			х				C	0		_ 0
(3)JULIE SHANKLE PRESIDENT	5.00	-		X				4,680.	0		_ 0
_(4)											_
		-									_
										-	-
_(7)											_
_(8)											_
_(9)											_
(10)											_
(11)											_
(12)											_
(13)											_
(14)											_

Form 990 (2013)

JSA

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Zа	n	e	Č

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	ıplo	ye	es,	and F	lig	hest Compensat	ed Emplo	yees (c	ontinued)
` (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	erson	n oth st Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensati relate organiza (W-2/1099	on from ed tions	(F) Estimated amount of other compensation from the organization and related organizations
								:			
					_						
											* 1 41
									1. 20.0.		
1b Sub-total							> > >	118,784. 0 118,784.		0 0 0	0 0
Total number of individuals (including but not live reportable compensation from the organization)	imited to t								\$100,000	of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu. 4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	er, directorule J for suc sum of repeater than 	oortab sortab \$15 mpen te Sch	ole o 50,00 	om 00? on to	pen If from I for	esation "Yes · · · · n any such	n ai i," un per	nd other compens complete Schedu related organization	sation from le J for on or indiv	the such	
(A) Name and business add	ress							(B) Description of se	rvices	c	(C) compensation
•											

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

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Form	990 (2	013) TORRANCE TEAC	OCIATION	ION 95-2081589 Page \$					
Par	t VIII								
		Check if Schedule O contains a response	or note to ar	ny line in this Part	VIII				
and the second	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Program Service Revenue and Other Similar Amounts	1a b c d e f g h	Federated campaigns		202,588. 184,903. 28,488.					
Ž	С	ADVERTISING MEMBER PUBLICATION		1,750					
n Se	ď								
grar	e	All all and an analysis and an							
ō.	g	All other program service revenue		215,141					
<u>u</u>	3 4 5	Investment income (including dividends, interest, other similar amounts). ATTACHMENT 1 Income from investment of tax-exempt bond proc Royalties	and ▶ eeds ▶	146 0		146.			
	6a b	Gross rents	(II) Personal	,	y y Y t	***			
	C	Rental income or (loss) 3,990.		3 000			3 000		
	d 7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	(II) Other	3,990.	, ,,	ž.	3, 990.		
_	d	Net gain or (loss)	<u> </u>	0					
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	5,041.						
the		Less direct expenses	4,657. FCH 2 ►	304					
0	с 9а	Gross income from gaming activities See Part IV, line 19	· Y** · 4 · P	384.					
	b	Less direct expenses		0					
	10a	Gross sales of inventory, less returns and allowances							
	Ь	Less cost of goods sold		0					
		Miscellaneous Revenue B	usiness Code						
	11a b c								
	d	All other revenue							
	е	Total. Add lines 11a-11d		0					
	12	Total revenue. See instructions	▶	422,249.		146	3,990.		

Part IX Statement of Functional Expenses

	tion 501(c)(3) and 501(c)(4) organizations mu		s All other organizati	one must complete colu	ımn (Δ)
oe C	' Check if Schedule O contains a resp				
_		(A)	(B)		(D)
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
ω,	50, and 100 or Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	2 400			
	organizations in the United States See Part IV, line 21 .	2,400.			
2	Grants and other assistance to individuals in	10 540			
	the United States See Part IV, line 22	10,549.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	118,784.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	q			
7	Other salaries and wages	o			
	Pension plan accruals and contributions (include section				
-	401(k) and 403(b) employer contributions)	38,309.			
9	Other employee benefits	41,391.			
	Payroll taxes	9,524.			
	Fees for services (non-employees)				
	Management	43,838.			
	Legal	0			
	Accounting	11,924.			
	Lobbying	0	· · · · · · · · · · · · · · · · · · ·		
	Professional fundraising services See Part IV, line 17.	o	· · · · · · · · · · · · · · · · · · ·		
	Investment management fees	0			
	Other (If line 11g amount exceeds 10% of line 25, column				· · · · · · · · · · · · · · · · · · ·
9	(A) amount, list line 11g expenses on Schedule O)	o			
12	Advertising and promotion	2,112.			
	Office expenses	1,316.			· · · · · · · · · · · · · · · · · · ·
	Information technology	0			
	Royalties	0			
	Occupancy	38,743.			
	Travel	0	=		
	Payments of travel or entertainment expenses	······································			
. •	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	5,721.			
	Interest	0			
	Payments to affiliates	Ö			•
	Depreciation, depletion, and amortization	2,810.			
	Insurance	0			
	Other expenses Itemize expenses not covered	1			
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule (O)				
а	MEMBERSHIP EXPENSE	2,322.	•		
	EQUIPMENT EXPENSE	7,512.			
_	LEADERSHIP	1,900.		- 1	
-	COMMUNICATION	1,136.			
-	All other expenses	5,948.			
	Total functional expenses Add lines 1 through 24e	346,239.			
	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ If				
	following SOP 98-2 (ASC 958-720)	o			

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Form 990 (2013)

orm 990 Part X	· · · · · · · · · · · · · · · · · · ·		Page 11
`	Check if Schedule O contains a response or note to any line in this Pa	rt X	
		(A) Beginning of year	(B) End of year
1	Cash - non-interest-bearing	397,557. 1	476,264.
2	Savings and temporary cash investments	141,320. 2	141,358.
3	Pledges and grants receivable, net	0 3	(
4	Accounts receivable, net	0 4	(
5	Loans and other receivables from current and former officers, directors,		
	trustees, key employees, and highest compensated employees		
	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0 5	(
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0 6	(
\$ 7	Notes and loans receivable, net	0 7	(
Assets 2 8	Inventories for sale or use	C 8	(
و ا	Prepaid expenses and deferred charges	1,359. g	1,284
1 -	Land, buildings, and equipment cost or		
	other basis Complete Part VI of Schedule D 194, 291.		
b	Less accumulated depreciation	83,724. 10c	80,914.
11	Investments - publicly traded securities		(
12	Investments - other securities See Part IV, line 11		(
13	Investments - program-related See Part IV, line 11	Q 13	(
14	Intangible assets		(
15	Other assets See Part IV, line 11		(
16	Total assets. Add lines 1 through 15 (must equal line 34)	623,960. 16	699,820
17	Accounts payable and accrued expenses	1,017.17	867
18	Grants payable	Q 18	
19	Deferred revenue	Q 19	(
20	Tax-exempt bond liabilities	Q 20	· · · · · · · · · · · · · · · · · · ·
1	Escrow or custodial account liability Complete Part IV of Schedule D	Q 21	
21 22	Loans and other payables to current and former officers, directors,		
<u> </u>	trustees, key employees, highest compensated employees, and		
ןבֿ	disqualified persons Complete Part II of Schedule L	Q 22	
23	Secured mortgages and notes payable to unrelated third parties	0 23	(
24	Unsecured notes and loans payable to unrelated third parties	0 24	(
25	Other liabilities (including federal income tax, payables to related third		
	parties, and other liabilities not included on lines 17-24) Complete Part X		
	of Schedule D	Q 25	(
26	Total liabilities. Add lines 17 through 25	1,017.26	867.
	Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34.		
E 27	Unrestricted net assets	27	
g 28	Temporarily restricted net assets	28	
29	Permanently restricted net assets	29	
or Fund Balances	Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34.		
္က 30	Capital stock or trust principal, or current funds	d 30	(
31	Paid-in or capital surplus, or land, building, or equipment fund	Q 31	(
ຊັ∣ ຊາ	Retained earnings, endowment, accumulated income, or other funds	622,943. 32	698,953.
₹ 33	Total net assets or fund balances	622,943.33	698,953.
34	Total liabilities and net assets/fund balances	623,960.34	699,820.
			Form 990 (2013

Form **990** (2013)

TORRANCE TEACHERS ASSOCIATION

Form 990 (2013) Page **12 Reconciliation of Net Assets** Part XI Check if Schedule O contains a response or note to any line in this Part XI 422,249. 1 1 346,239. 2 2 76,010. 3 3 622,943. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 0 5 0 6 0 7 0 8 0 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 698,953. Part XII Financial Statements and Reporting Yes No 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 Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Х 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Х Separate basis Both consolidated and separate basis Consolidated basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight Х 2c of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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

Form 990 (2013)

3a

3b

Х

SCHEDULE D (Form 990)

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

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

TOF	RRANCE TEACHERS ASSOCIATION	95-2081589							
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accomplete if the organization answered "Yes" to Form 990, Part IV, line 6	counts.							
	(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 do	onor advised							
•	funds are the organization's property, subject to the organization's exclusive legal control?								
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds								
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any of								
	conferring impermissible private benefit?								
Pai	Conservation Easements. Complete if the organization answered "Yes" to Form	990. Part IV. line 7							
1	Purpose(s) of conservation easements held by the organization (check all that apply)								
		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							
а	Total number of conservation easements	2a							
b		2b							
С	•	2c							
d									
	historic structure listed in the National Register	2d							
3	Number of conservation easements modified, transferred, released, extinguished, or terminate								
	tax year ▶								
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	dling of							
	violations, and enforcement of the conservation easements it holds?	Yes No							
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easer	ments during the year							
	>								
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	s during the year							
	▶ \$								
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect	tion 170(h)(4)(B)							
	(i) and section 170(h)(4)(B)(ii)?	Yes No							
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	expense statement, and							
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	I statements that describes the							
	organization's accounting for conservation easements								
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other S	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 re-	venue statement and balance sheet							
	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, educa public service, provide, in Part XIII, the text of the footnote to its financial statements that described in the control of the control of the footnote to its financial statements.	ation, or research in furtherance of the stress 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								
а	Revenues included in Form 990, Part VIII, line 1								
_b	Assets included in Form 990, Part X								
For	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2013							

Page 2

Par	Organizations Maintaining Colle	ections of Art, H	istorical T	reasures	, or Otl	her Similar	Assets (contin	ued)
3	' Using the organization's acquisition, acces collection items (check all that apply)	ssion, and other re	cords, chec	k any of ti	ne follow	ving that are	a significa	ınt use	of its
а	Public exhibition	d	Loan	or exchang	je prograi	ms			
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's	collections and ex	olain how	they furthe	er the or	ganization's e	xempt pu	rpose	n Part
	XIII					9			
5	During the year, did the organization solicit						[] .		-
_	assets to be sold to raise funds rather than t							/es	No_
Par	t IV Escrow and Custodial Arrangem or reported an amount on Form 9			ization ar	swered	"Yes" to For	m 990, P	art IV,	line 9,
1a	Is the organization an agent, trustee, custod	lian or other intermi	ediary for co	ontributions	or other	r assets not			
	included on Form 990, Part X?						🗀	∕es [No
b	If "Yes," explain the arrangement in Part XIII	and complete the	following tal	ole				_	
						Amo	unt		
С	Beginning balance			10	;				
d	Additions during the year			10	1				
	Distributions during the year							-	
f	Ending balance			11	:	· dava			
2a	Did the organization include an amount on	Form 990, Part X, li	ne 21?					res	No
b	If "Yes," explain the arrangement in Part XIII	Check here if the	explanation	has been	provided	ın Part XIII			
	t V Endowment Funds. Complete if								
			Prior year	(c) Two ye		(d) Three years		Four year	ırs back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,					· · · · · · · · · · · · · · · · · · ·			
	and losses								
d	Grants or scholarships								
	Other expenditures for facilities			 -					
	and programs								
f	Administrative expenses								
g	End of year balance			 					
2	Provide the estimated percentage of the cui	rent vear end halai	nce (line 1a	column (a)) held as	<u>. </u>	- 		
a	Board designated or quasi-endowment	%	ice (iiiie 19	, column (a)) Hold as				
	Permanent endowment ▶ %								
	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the poss	•	uzation that	are held a	nd admir	nistered for the	.		
	organization by							Ye	s No
	(i) unrelated organizations						3.	n(i)	3 140
	(ii) related organizations							(ii)	
b	If "Yes" to 3a(II), are the related organization							b	
4	Describe in Part XIII the intended uses of the	•					· · · · _		<u> </u>
7	tVI Land, Buildings, and Equipment.	- 519011120110113 611	u						
rai	Complete if the organization ans	wered "Yes" to Fo	orm 990, P	art IV, line	11a Se	ee Form 990	, Part X,	line 10)
	Description of property	(a) Cost or other basi	s (b) Cost	or other basis	(c) Acc	cumulated		ok value	
10	Land	(investment)	(9	18,912		eciation		10	,912.
1a	Land			26,089		26 000			, 912.
b	Buildings			20,009	 	26,089			
С	Leasehold improvements			26 172	 	26 172			
đ	Equipment			36,173		36,173			-000
<u>e</u>	Other	<u> </u>		113,117		51,115			,002.
Tota	I. Add lines 1a through 1e (Column (d) mus.	t equal ⊢orm 990, P	art X, colum	n (B), line 1	U(c))	▶	_	80	,914.

Schedule D (Form 990) 2013

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Part VII	Investments - Other Securities.	!"Vaa" ta Earm 000	Part IV June 11h See Form 000	Part V. lino 12
	Complete if the organization answered	·		
	(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			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				· · · · · · · · · · · · · · · · · · ·
<u>(F)</u> (G)				
(H)				
	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related.	<u> </u>	<u> </u>	
	Complete if the organization answered	l "Yes" to Form 990,	, Part IV, line 11c See Form 990,	Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)				
(2)				
_(3)				
(4)				
(5)				
(6)				
(8)			<u> </u>	
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.		· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization answered	l "Yes" to Form 990.	, Part IV, line 11d See Form 990,	Part X, line 15
	(a)	Description		(b) Book value
(1)			<u> </u>	
(2)				
(3)				
(4)		 		
(5)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col (B) I	ıne 15)		
Part X	Other Liabilities. Complete if the organization answered line 25	l "Yes" to Form 990	, Part IV, line 11e or 11f See Forr	n 990, Part X,
1.	(a) Description of liability	(b) Book valu	e	
	ral income taxes			
(2)				
(3)				
_(4)				
(5)				
_(6)				
(7)				
(8)				
(9)	nn (b) must equal Form 990, Part X, col (B) line 25)	•		
· otal. (Coldil	m (b) must equal i onn 330, mait A, cor (b) iiile 23)			

2. Liability for uncertain tax positions. In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

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Schedule D (Form 990) 2013

Part >	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	rn.	
1	Total revenue, gains, and other support per audited financial statements	1	422,249.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	-	
	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b	1	
c	Recoveries of prior year grants 2c	┪	
d	Other (Describe in Part XIII)	┪ ┃	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	422,249.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII) 4b	1	
	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		422,249.
Part 2	· · · · · · · · · · · · · · · · · · ·		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements	1	346,239.
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities 2a		
	Prior year adjustments 2b	1	
С	Other losses 2c	1	
d	Other losses Other (Describe in Part XIII) Add lines 2a through 2d	1	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	346,239.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII)	7	
	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	346,239.
Provide	Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, F XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part V, line mation	4, Part X, line
			_ _
104		Sahadı	de D /Form 990) 2013

Part XIII Supplemental Information (continued)

SCHEDULE (Forn

Grants and Other Assistance to Organizations,

OMB No 1545-0047 2013

Open to Public Inspection tification number ٥

(Form 990)	Governments, and Individuals in the United States	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	
		Open to
Department of the Treasury Internal Revenue Service	▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	lusbed
Name of the organization		Employer identification number
TORRANCE TEACH	TORRANCE TEACHERS ASSOCIATION	95-2081589
Part General li	Part I General Information on Grants and Assistance	
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
the selection crit	the selection criteria used to award the grants or assistance?	X Yes
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	

Partill Grants and Other Assistance to Governments and Organizations in the United States. Complete it the organization answered if estimments and profit and part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	overnments at received n	and Organiza ∩ore than \$5,0	itions in the Unit 000. Part II can be	ed states. com e duplicated if ad	ind Organizations in the United States. Complete if the organization at ore than \$5,000. Part II can be duplicated if additional space is needed	eeded	es to rorm 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(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
-(1)							
(3)							
(4)							
(5)							
(9)							
(7)					:		
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	overnment or d in the line	ganizations liste	ed in the line 1 tabl			A A	
<u> </u>	structions for	. Form 990.				Schedi	Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013)	7
Part III	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	•

95-2081589

	(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 нісн	HIGH SCHOL SCHOLARSHIP	.8	8,000.			
2 TORRA	2 TORRANCE ADULT SCHOOL	5	2,549.			
ေ						
4						
5						
9						
7						
Part IV	Supplemental Information. Complete this part information		vide the informat	ion required in	Part I, line 2, Part III, o	to provide the information required in Part I, line 2, Part III, column (b), and any other additional

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Open to Public **Inspection**

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.

Name of the organization Employer identification number TORRANCE TEACHERS ASSOCIATION 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 EXECUTIVE DIR	RECTOR.				
			ATTACHMENT 1		
FORM 990, PART VIII - INVESTMENT INCOM	1E			<u>. </u>	
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE	
INTEREST INCOME	14	6.	146.		
TOTALS	14	6.	146.		
FORM 990, PART VIII - FUNDRAISING EVEN	NTS		ATTACHMENT 2		
DESCRIPTION	GROSS INCOME	DIRECT EXPENSE		NET INCOME	
FUNDRAISING	5,0	41.	4,657.	384.	
TOTALS =	5,0	41.	4,657.	384.	