	990-T	E	cempt Organization	Bus	siness Income	Tax Retu	rn	OMB N	lo. 1545-0687
Form	330-1		and proxy ta) ndar year 2017 or other tax year begin	(un	der section 6033((e))	806	മ	@47
		For cale	ndar year 2017 or other tax year begin Go to www.irs.gov/Form990				· ·	4	
	tment of the Treesury at Ravenue Service	▶ Do	not enter SSN numbers on this form				c)(3).	Open to P	ublic Inspection for Organizations Only
ĀT	Check box if	200			me changed and see instruction		D Empk	yer identific	ation number
	address changed		· · · · · · · · · · · · · · · · · · ·		-	•	(Emplo	yees' trust, se	e instructions.)
B Ex	empt under section	1	TORRANCE HEALTH ASS	OCIA	TION				
X	1 · .	Print	Number, street, and room or suite no.	lfa P.O	. box, see instructions.		33-0	073515	
	408(e) 220(e)	or							ss activity codes
	408A 530(a)	.,,,,,	3330 LOMITA BLVD				(See in	structions.)	
	529(a)		City or town, state or province, countr	ĺ					
	ok value of all assets	1	TORRANCE, CA 90505	5313	90				
at :	end of year	d of year F Group exemption number (See instructions.) ▶							
1:	27,775,367.	G Che	eck organization type > X 501	(c) co	rporation 501(c	c) trust	401(a)	trust	Other trust
H D	escribe the organiz	zation's p	rimary unrelated business activity. I	PA	RKING LOT RENTAL	- -			
			corporation a subsidiary in an affil					▶	Yes X No
	•		identifying number of the parent co	-	on. D				_
	he books are in can				Telepho	ne number ▶ 31	0-784-	-3708	
Pa	t Unrelated	Trade	or Business Income		(A) Income	(B) Exper			(C) Net
	Gross receipts or							1	•
ь	Less returns and allows		c Batance ▶	1c			: 1		•
2			ule A, line 7)	2			1 %		
3	_		2 from line 1c	3			1,20	1	
4a	•		ittach Schedule D)	4a			. :		
b			Part II, line 17) (attach Form 4797)	4b					
c			trusts	4c			·,		
5			ps and S corporations (attach statement)					1	
6				6				1	
7			come (Schedule E)	7					
8	Interest, annuities, roys	ities, and re	nts from controlled organizations (Schedule F)	8					
9	Investment income of a	section 50	1(c)(7), (9), or (17) organization (Schedule G)	9					
10	Exploited exempt	activity is	ncome (Schedule I)	10					
11	Advertising incon	ne (Sched	iule J)	11			·		
12	Other Income (Se	e instruc	ctions; attach schedule)	-12	92,240.	ATCH 1	- <u>n</u> - 1		92,240.
13			ough 12	13	92,240.				92,240.
Pai			Taken Elsewhere (See inst				Except f	or contrib	outions,
	deduction	s must	be directly connected with t	he ur	related business inco	me.)			
14	Compensation of	officers,	directors, and trustees (Schedule K)				14		
· 💇 15									
22 16	Repairs and main	tenance					<u>16</u>		
₹ 17	Bad debts		· · · · · · · · · · · · · · · · · · ·	··D	ENERVER		17		 .
18	Interest (attach so	chedule)	· · · · · · · · · · · · · · · · · · ·		-X-1.4-1		18	<u> </u>	
118 19 NOC 21 122 123 124 125 126 127	Taxes and license	8	<u>8</u>	• • •		• • • • • • • •	<u>19</u>	}	18,168.
320	Charitable contrib	outions (S	See instructions for limitation n				<u>20</u>	_	
21	Depreciation (atta	ich Form			21 Ø				
11122	Less depreciation	claimed	on Schedule A and elsewhere on h		JUEN. I III		22b	 	
23	Depletion			<u></u>			23	}	
224			compensation plans						
			B					<u> </u>	
CO-			Schedule I),					 	
28			chedule J)					 	23,395.
28 29			s 14 through 28						41,563.
29 30			s 14 through 25						50,677.
								 	30,077.
31 32			on (limited to the amount on line 30 e income before specific deduction						50,677.
32 33			e income before specific deduction ally \$1,000, but see line 33 instruc		_			 	1,000.
33 34			ble Income. Subtract line 33 fr						
J 7			line 32			1.3	8		49,677,
For F	aperwork Reduct	ion Act N	iotice, see instructions.			<u> </u>	Ja	For	m 990-T (2017)
7X274	0 2.000 4545CD 202	20				06/30/18 S	HORT-Y		PAGE

Par	t III Tax Computation			
35	Organizations Taxable as Corporations. See instructions for tax computation. Controlled grou	р		-
	members (sections 1561 and 1563) check here X See Instructions and:	`		
` a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	1.		
_	(1) \$ (2) \$ (3) \$ 250,000.			
			1	
U	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	_	1	
	(2) Additional 3% tax (not more than \$100,000)	$\exists a_{a_{a_{a_{a_{a_{a_{a_{a_{a_{a_{a_{a_{a$		10,432.
	Income tax on the amount on line 34	▶ 350	' 	10,432.
36	Trusts Taxable at Trust Rates. See Instructions for tax computation. Income tax			
	the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041)			
37	Proxy tax. See instructions	▶ 37	 	
38	Alternative minimum tax	. 38	 	
39	Tax on Non-Compliant Facility Income. See instructions	/ i 39		
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	<u> </u>		10,432.
Par	t IV Tax and Payments			
41 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a]	
ь	1440		1	
	General business credit. Attach Form 3800 (see instructions)			
d		7		
	Total credits. Add lines 41s through 41d	419	.	
42	Total credits. Add lines 41a through 41d	5 42	- i	10,432.
43	Other town Check Kirms Services Service	1 42	+	10/1021
	Subtract line 41e from line 40	0 43	 	10,432.
44	Total tax. Add lines 42 and 43.	8 4		10,432.
	Payments: A 2016 overpayment credited to 2017	ᅱ	1	
		ᅼ		
C	Tax deposited with Form 8868	⊣		
đ	Foreign organizations: Tax paid or withheld at source (see instructions)			
8	Backup withholding (see instructions)			
f	Credit for small employer health insurance premiums (Attach Form 8941)			
g	Other credits and payments: Form 2439	- [.	1.	
	Form 4136 Other Total ▶ 45g			
46	Total payments. Add lines 45a through 45g	1 46°		18,500.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	474		
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	▶ 48		
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49		8,068.
538 <u> </u>	Enter the amount of line 49 you want: Credited to 2018 estimated tax >8,068.	► 50\		
Par				
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature		r authority	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization	may hs	we to file	100
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the	a foreic	in country	
	here >		jii oodiita y	1 _x
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for			X
	If YES, see instructions for other forms the organization may have to file.	reign tru	st/	
				.
<u> </u>	Enter the amount of tax-exempt interest received or accrued during the tax year > \$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	- best of	bassidadaa	
Sian	true correct and complete. Declaration of preparary (other then temperary is besend on all information of which prepares has now becaused as	J Dest Of	my knowledge	and Denes, It is
Sign		May the	IRS discuss	this return
Here		with the	preparer sh	nown_below
		see Instruc	etions)? X Y	es No
Paid	Print/Type preparers name Preparers signature Date Ch	eck 📖	if PTIN	
Prep	RARA ADAMS / CEG LICELY COTOTIS sel	f-employe		23315
Use	Only Firm's name PERNSI & TOUNG U.S. LLP	n's EIN	34-6565	596
		one no.	949-794	-2300

Form 990-T (2017)



Form 990-T (2017)	TORRE		1 1				Page 3	
Schedule A - Cost of G	ioods Sold. Er	nter metho	d of inventory valuation	>				
1 Inventory at beginning of					ar	6		
2 Purchases	·				d. Subtract line			
3 Cost of labor	3		6 from	line 5. En	iter here and in			
4a Additional section 263A			Part I, line	2		7		
(attach schedule)	4a				section 263A (w	ith respect to Yo	es No	
b Other costs (attach sched			property	property produced or acquired for resale) apply				
5 Total. Add lines 1 through			to the org	anization? .			N/A	
Schedule C - Rent Incom (see instructions)	e (From Real P	roperty a	nd Personal Property	Leased V	Vith Real Proper	ty)		
1. Description of property								
(1)						· · · · · · · · · · · · · · · · · · ·		
(2)	·							
(3)								
(4)					T			
	2. Rent recei	ved or accru	ed					
(a) From personal property (if the for personal property is more t more than 50%	from real and personal property age of rent for personal property r if the rent is based on profit or	exceeds	3(a) Deductions directly connected with the Income in columns 2(a) and 2(b) (attach schedule)					
(1)						-		
(2)								
(3)						· · · · · · · · · · · · · · · · · · ·		
(4)								
Total			(b) Total deducation	_				
(c) Total Income. Add totals of o	-	(b) Total deductions. Enter here and on page 1,						
here and on page 1, Part I, line					Part I, line 6, colum			
Schedule E - Unrelated D	ebt-Financed I	ncome (se	e instructions)					
•	2. Gross income from or		. Deductions directly connected with or allocable to debt-financed property					
1. Description of de	bt-financed property		allocable to debt-financed property	(a) Straight line depreciation		(b) Other deductions		
			property	(atta	ch schedule)	(attach schedule)		
(1)								
(2)								
(3)								
(4)	E Avenue editor	tod basks						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)			6. Column 4 divided by column 5	7. Gross (column	7. Gross income reportable (column 2 x column 6) 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))			
(1)			%					
(2)			%					
(3)			%			· · · · · · · · · · · · · · · · · · ·		
(4)			%					
					e and on page 1, e 7, column (A).	Enter here and on pa Part I, line 7, column	age 1, 1 (B).	
Totale			_					

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Total dividends-received deductions included in column 8

Schedule F - Interest, Ann	uities, Royalties	s, and Re	nts Fr	om Contro	<u>lled</u> Or	ganiza	tions (see	<u>e instructio</u>	ns)		
•		Exe	empt Co	ontrolled Or	ganizati	ons					
Name of controlled organization	2. Employer identification numb	28F		unrelated income (see instructions) 4. Total of spec		•				6. Deductions directly connected with income in column 5	
(1)					1						
(2)											
(3)										<u> </u>	
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income	8. Net unrelated income (loss) (see instructions)			Total of specifications are considered to the contract of the		Inclu	10. Part of column 9 that is included in the controlling organization's gross income			Deductions directly nected with income in column 10	
(1)				_							
(2)											
(3)											
(4)			_	-							
Totals					▶ ') Orga	Ente Part	columns 5 ar here and on I, line 8, colu	page 1, ımn (A).	Enti	d columns 6 and 11. or here and on page 1, 11, line 8, column (B).	
1. Description of income	2. Amount of income			3. Deduction directly contact sci	tions	4.0		et-asides a schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)		·							1.		
(2)											
(3)											
(4)	T		[_					· - ·	
Totals		olumn (A).			· v			• •		Enter here and on page 1 Part I, line 9, column (B).	
Schedule I - Exploited Ex	empt Activity in	come, O	ther Th	<u>ian Advert</u>	ising In	come	see instru	uctions)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expe direc connecto product unrek business	ctly ed with lion of ated	4. Net incor from unrelat or business 2 minus co If a gain, o cols. 5 thro	ted trade (column lumn 3), ompute	from a	ss Income ctivity that unrelated ss income	6. Exper attributa columi	ble to	7. Excess exampt expenses (column 6 minus column 5, but not more than column 4).	
(1)				<u> </u>				-			
(2)								i			
(3)								†		<u> </u>	
(4)	1					-					
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, line 10, c	Part I,	3, 1, 2		a			· ·	Enter here and on page 1, Part il, line 26.	
Schedule J - Advertising Ir	ncome (see instr	uctions)								-	
Part I Income From Per	iodicals Report	ed on a	Consol	idated Bas	sis						
1. Name of periodical	2. Gross advertising Income	3. Dir advertisin	-	4. Advertigation or (los 2 minus co a gain, co cols. 5 thro	is) (col. ol. 3). If mpute		rculation come	6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)			·····		•••						
(2)				1	.					7	
(3)				7 · · ·	•					7 ·	
(4)				1.	-					1 :	
Totals (carry to Part II line (5))											

Form **990-T** (2017)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1) (2) (3)		ıncome	advertising costs	2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	costs (column 6 minus column 5, but not more than column 4).
(3)						•	<u> </u>
· /							
(4)	-						
Totals from Part I	▶						
Totals, Part II (lines 1-5	ı	nter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).		alatina sasa Marina sasa		Enter here and on page 1, Part II, line 27.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to . business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1 Part II line 14	7		

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	<u>ATTACHMENT</u>	1	
			ı
_			ı
i			
		92,240.	ı

PARKING REVENUE

PART I - LINE 12 - OTHER INCOME

92,240.

PART I - LINE 12 - OTHER INCOME

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PURCHASED SERVICE 10,951.
TAX PREP FEES 5,047.
UTILITIES 4,409.
MISCELLANEOUS 2,988.

PART II - LINE 28 - OTHER DEDUCTIONS 23,395.