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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 black lung benefit trust or private foundation)

OMB No 1545-0047

**2004**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2004 calendar year, or tax year beginning** 9/1/2004 **and ending** 8/31/2005

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C Name of organization**  
California Teachers Association  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
 1705 Murchison Drive  
 City or town State or country ZIP + 4  
 Burlingame CA 94010

**D Employer identification number**  
94-0362310

**E Telephone number**  
650-697-1400

**F Accounting method:**  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**G Website:** www.cta.org

**J Organization type (check only one)**  501(c) ( 5 ) (insert no)  4947(a)(1) or  527

**K Check here**  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 252,748,479

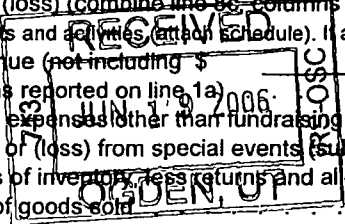
**M Check**  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

**H and I are not applicable to section 527 organizations.**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates \_\_\_\_\_  
**H(c)** Are all affiliates included?  Yes  No  
 (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number 4003

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)**

<b>1</b> Contributions, gifts, grants, and similar amounts received:				
a Direct public support		<b>1a</b>		
b Indirect public support		<b>1b</b>		
c Government contributions (grants)		<b>1c</b>		
d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)		<b>1d</b>		
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		
<b>3</b>	Membership dues and assessments	<b>3</b>		169,275,158
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		63,818
<b>5</b>	Dividends and interest from securities	<b>5</b>		1,240,486
<b>6a</b>	Gross rents	<b>6a</b>	204,045	
<b>6b</b>	Less: rental expenses	<b>6b</b>	27,135	
<b>6c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		176,910
<b>7</b>	Other investment income (describe _____)	<b>7</b>		
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
		77,788,079	2,502,775	
<b>8b</b>	Less: cost or other basis and sales expenses	74,766,386	440,738	
<b>8c</b>	Gain or (loss) (attach schedule)	3,021,693	2,062,037	
<b>8d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>		5,083,730
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
<b>9a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>		
<b>9b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>		
<b>9c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>		
<b>10b</b>	Less: cost of goods sold	<b>10b</b>		
<b>10c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		1,674,118
<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		177,514,220
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>		
<b>17</b>	<b>Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>		202,336,662
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		-24,822,442
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		66,692,162
<b>20</b>	Other changes in net assets or fund balances (attach explanation) . See attached statement	<b>20</b>		1,030,782
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		42,900,502

SCANNED JUL 31 2006



Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 22 of the instructions)

Table with 5 columns: Line number, Description, (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include Grants and allocations, Specific assistance, Benefits paid, Compensation of officers, etc., and Total functional expenses.

Joint Costs. Check [ ] if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [ ] Yes [X] No. If "Yes," enter (i) the aggregate amount of these joint costs \$ n/a; (ii) the amount allocated to Program services \$ n/a; (iii) the amount allocated to Management and general \$ n/a; and (iv) the amount allocated to Fundraising \$ n/a.

Part III Statement of Program Service Accomplishments (See page 25 of the instructions)

Table with 2 columns: Description of program service accomplishments, Program Service Expenses. Row (a) describes the California Teachers Association's purpose: to protect and promote the well-being of its members; to improve the conditions of teaching and learning, to advance the cause of free, universal and quality public education; to ensure that the human dignity and civil rights of all children and youth are protected; and to secure a more just, equitable and democratic society.

**Part IV Balance Sheets** (See page 25 of the instructions.)

		(A)		(B)
		Beginning of year		End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only				
<b>Assets</b>	45 Cash—non-interest-bearing . . . . .	110,797	45	675,652
	46 Savings and temporary cash investments . . . . .	23,075,446	46	15,257,084
	47 a Accounts receivable . . . . .			
	b Less: allowance for doubtful accounts . . . . .	10,764,055	47c	8,845,305
	48 a Pledges receivable . . . . .			
	b Less: allowance for doubtful accounts . . . . .		48c	
	49 Grants receivable . . . . .		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .	60,757	50	44,690
	51 a Other notes and loans receivable (attach schedule) . . See attached statement . . . . .			
	b Less: allowance for doubtful accounts . . . . .		51c	
	52 Inventories for sale or use . . . . .		52	
	53 Prepaid expenses and deferred charges . . . . .	1,120,059	53	2,494,630
	54 Investments—securities (attach schedule) . . . . .	43,395,347	54	39,890,806
	55 a Investments—land, buildings, and equipment: basis . . . . .			
	b Less: accumulated depreciation (attach schedule) . . . . .		55c	
	56 Investments—other (attach schedule) . . . . .		56	
	57 a Land, buildings, and equipment: basis . . . . .	59,009,907		
	b Less: accumulated depreciation (attach schedule) . . . . .	18,326,941	57c	40,682,966
58 Other assets (describe . . . . . )		58		
<b>59 Total assets (add lines 45 through 58) (must equal line 74)</b> . . . . .	<b>117,023,622</b>	<b>59</b>	<b>107,891,133</b>	
<b>Liabilities</b>	60 Accounts payable and accrued expenses . . . . .	8,634,125	60	10,057,915
	61 Grants payable . . . . .		61	
	62 Deferred revenue . . . . .	435,646	62	398,577
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63	
	64 a Tax-exempt bond liabilities (attach schedule) . . . . .		64a	
	b Mortgages and other notes payable (attach schedule) See statement . . . . .	2,389,118	64b	16,175,285
	65 Other liabilities (describe . . . . . )	38,872,571	65	38,097,171
<b>66 Total liabilities (add lines 60 through 65)</b> . . . . .	<b>50,331,460</b>	<b>66</b>	<b>64,728,948</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted . . . . .	66,692,162	67	43,162,185
	68 Temporarily restricted . . . . .		68	
	69 Permanently restricted . . . . .		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>			
	70 Capital stock, trust principal, or current funds . . . . .		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71	
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .		72	
<b>73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)</b> . . . . .	<b>66,692,162</b>	<b>73</b>	<b>43,162,185</b>	
<b>74 Total liabilities and net assets / fund balances (add lines 66 and 73)</b> . . . . .	<b>117,023,622</b>	<b>74</b>	<b>107,891,133</b>	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)**

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	179,262,799
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . . \$ 1,030,782		
(2)	Donated services and use of facilities . . . \$		
(3)	Recoveries of prior year grants . . . \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4) ▶	b	1,030,782
c	Line a minus line b . . . . . ▶	c	178,232,017
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . . \$		
(2)	Other (specify):		
	See attached stmt . . . . \$ -717,797		
	----- \$		
	Add amounts on lines (1) and (2) . . ▶	d	-717,797
e	Total revenue per line 12, Form 990 (line c plus line d) . . . . . ▶	e	177,514,220

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total expenses and losses per audited financial statements . . . ▶	a	203,752,302
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities . . . \$		
(2)	Prior year adjustments reported on line 20, Form 990 . . . . . \$		
(3)	Losses reported on line 20, Form 990 . . . . . \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b . . . . . ▶	c	203,752,302
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . . \$		
(2)	Other (specify):		
	See attached stmt . . . . \$ -1,415,640		
	----- \$		
	Add amounts on lines (1) and (2) . . ▶	d	-1,415,640
e	Total expenses per line 17, Form 990 (line c plus line d) . . . . . ▶	e	202,336,662

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name See attached City schedule	Str ST ZIP	Title Hr/WK		
Name City	Str ST ZIP	Title Hr/WK		
Name City	Str ST ZIP	Title Hr/WK		
Name City	Str ST ZIP	Title Hr/WK		
Name City	Str ST ZIP	Title Hr/WK		
Name City	Str ST ZIP	Title Hr/WK		
Name City	Str ST ZIP	Title Hr/WK		
Name City	Str ST ZIP	Title Hr/WK		
Name City	Str ST ZIP	Title Hr/WK		
Name City	Str ST ZIP	Title Hr/WK		

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions)

Table with 3 columns: Question, Yes, No. Rows include questions 76-92 regarding IRS reporting, expenditures, lobbying, and employee information.

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					169,275,158
95 Interest on savings and temporary cash investments . . . . .			14	63,818	
96 Dividends and interest from securities . . . . .			14	1,240,486	
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .			16	176,910	
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .			18	5,083,730	
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue: a Advertising . . . . .			01	644,505	
b Royalty income . . . . .			15	1,000,905	
c Convention income . . . . .			07	28,708	
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				8,239,062	169,275,158
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					177,514,220

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
94	Refer to California Teachers Association Statement of Mission in Part III - Line (a)

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A				

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
  - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

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

Signature of officer: Dean E. Vogel Date: 06/14/06

Type or print name and title: Dean E. Vogel Secretary-Treasurer

Paid Preparer's Use Only

Preparer's signature: Sharon Zorbach Date: 6/18/06 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Deloitte Tax LLP Preparer's SSN or PTIN (See Gen. Inst. W):

EIN:  Phone no: 415-783-4000

California Teachers Association  
 990 Tax Return Schedule  
 FEIN #94-0362310  
 FYE August 31, 2005

Part I - Statement of Revenue, Expenses and Changes in Net Assets or Balances

Line 8 - Gain or (Loss) From Sales of Assets Other Than Inventory

<u>Description</u>	<u>Gross Proceeds</u>	<u>Basis</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>	<u>Gain/(Loss)</u>
Securities	77,788,079	74,766,386	-	74,766,386	3,021,693
	<u>77,788,079</u>	<u>74,766,386</u>	<u>-</u>	<u>74,766,386</u>	<u>3,021,693</u>
Other	2,502,775	2,086,238	1,645,500	440,738	2,062,037
Total Line 8 - Other	<u>2,502,775</u>	<u>2,086,238</u>	<u>1,645,500</u>	<u>440,738</u>	<u>2,062,037</u>
Total Line 8	<u>80,290,854</u>	<u>76,852,624</u>	<u>1,645,500</u>	<u>75,207,124</u>	<u>5,083,730</u>

Notes:

All furniture and equipment sales represent assets used in the normal course of operations. Because the category represents the aggregate of sales transactions, no acquisition date or date of sale is presented. In addition, all sales were made to unrelated parties. Detailed records are maintained in-house and are available upon request.



California Teachers Association  
990 Tax Return Schedule  
FEIN #94-0362310  
FYE August 31, 2005

Part I - Statement of Revenue, Expenses and Changes in Net Assets or Fund Balances

Line 20 - Other Changes in Net Assets or Fund Balances:

<u>Description</u>	<u>Amount</u>
Unrealized Gain On Investment	1,030,782
	<hr/>
Total - Other Changes in Fund Balance	<u><u>1,030,782</u></u>

California Teachers Association  
990 Tax Return Schedule  
FEIN #94-0362310  
FYE August 31, 2005

Part II - Statement of Functional Expenses

Line 42 - Depreciation, Depletion, etc.

**Depreciation**

<u>Description</u>	<u>Provision</u>	<u>Total Accumulated Depreciation</u>
Building & Improvements	1,080,809	8,381,325
Furniture, Equipment & Automobiles	2,062,153	9,945,616
Total	<u>3,142,962</u>	<u>18,326,941</u>

Provision for depreciation and amortization of property and equipment are computed by the straight - line method over estimated useful lives as follows:

Building	15 to 40 Years
Furniture & Equipment	3 to 10 Years
Automobiles	4 to 5 Years

California Teachers Association  
990 Tax Return Schedule  
FEIN #94-0362310  
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Part II - Statement of Functional Expenses

Line 43(b) - Other Expenses

Description	Total	Program Services	Management & General	Fundraising
Regional Program & Consulting	26,077,341	26,077,341		
Statewide Programs	73,314,075	73,314,075		
Crisis Fund	1,131,645	1,131,645		
Other Expense	4,326,323	4,326,323		
Total Line 43(b)	<u>104,849,384</u>	<u>104,849,384</u>	-	-

California Teachers Association  
990 Tax Return Schedule  
FEIN #94-0362310  
FYE August 31, 2005

Part IV - Balance Sheet

Line 50 - Receivables due from officers, directors, trustees and key employees

Borrower's Name:	David A. Sanchez
Borrower's Title:	Vice President
Original Amount:	46,141
Balance Due:	28,510
Date of Note:	Aug-03
Maturity Date:	Oct-08
Repayments Terms:	\$829.08 per month
Interest Rate:	3%
Loan Purpose:	Auto

	Balance Due
	@ 8/31/05
David A Sanchez	<u>28,510</u>

Borrower's Name:	Barbara Kerr
Borrower's Title:	President
Original Amount:	29,073
Balance Due:	16,180
Date of Note:	Aug-03
Maturity Date:	Nov-07
Repayments Terms:	\$643.51 per month
Interest Rate:	3%
Loan Purpose:	Auto

	Balance Due
	@ 8/31/05
Barbara Kerr	<u>16,180</u>

Total receivables due from officers, directors, trustees @ 8/31/05

44,690

California Teachers Association  
990 Tax Return Schedule  
FEIN #94-0362310  
FYE August 31, 2005

Part IV - Balance Sheet

Line 54 - Investments - Securities

Marketable Equity Securities	22,479,090
U.S. Government & Corporate Bonds	17,411,716
	<hr/>
Total Line 54	<u>39,890,806</u>

California Teachers Association  
990 Tax Return Schedule  
FEIN #94-0362310  
FYE August 31, 2005

Part IV Balance Sheets

Line 57 - Land, Building and Equipment

	Cost	Accumulated Depreciation/ Amortization	Net Book Value
Land	4,116,357	-	4,116,357
Building and Improvements	37,188,008	8,381,325	28,806,683
Furniture, Equipment & Automobiles	17,705,542	9,945,616	7,759,926
	<u>59,009,907</u>	<u>18,326,941</u>	<u>40,682,966</u>

California Teachers Association  
990 Tax Return Schedule  
FEIN #94-0362310  
FYE August 31, 2005

Part IV - Balance Sheet

Line 64(b) - Mortgages and Other Notes Payable

Mortgage Payable	2,175,285
Notes Payable	14,000,000
Total Mortgages and Other Notes Payable	<u>16,175,285</u>

California Teachers Association  
990 Tax Return Schedule  
FEIN #94-0362310  
FYE August 31, 2005

Part IV - Balance Sheet

Line 65 - Other Liabilities

Accrued Payroll and Related Liabilities	1,022,629
Dues Payable to Affiliated Organizations	14,932,111
Accrued Vacation and Sick Leave	15,839,343
Capital Lease Obligation	1,354,454
Current Portion of Long-Term Obligation	4,948,634
	<hr/>
Total Other Liabilities	<u><u>38,097,171</u></u>



California Teachers Association  
990 Tax Return Schedule  
FEIN #94-0362310  
FYE August 31, 2005

Part IV-A - Reconciliation of Revenue per Audited Financial Statements with Revenue Return

Line D2

Other:

Rental Income Reclassification	176,910
Association for Better Citizenship Reclassification	(2,435,503)
Promotional Revenue Reclassification	1,029,613
Advertising Income Communication Reclassification	644,505
Institute for Teaching Reclassification	<u>(133,322)</u>
	<u><u>(717,797)</u></u>

Part IV-B - Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

Line D2

Other:

Rental Income Reclassification	176,910
Association for Better Citizenship Reclassification	(2,474,901)
Promotional Revenue Reclassification	1,029,613
Advertising Income Communication Reclassification	644,505
Disaster Relief Fund Reclassification	(64,667)
Institute for Teaching Reclassification	<u>(727,100)</u>
	<u><u>(1,415,640)</u></u>

Items Reclassified for 990 Reporting Purposes.

California Teachers Association  
 990 Tax Return Schedule  
 Federal ID #94-0362310  
 FYE 08/31/05

PART V - Compensation of Officers and Directors

	<u>Average Number of Hours Per Week Devoted to Position</u>	<u>Compensation*</u>	<u>Contributions To Employee Benefit Plans**</u>	<u>Expenses***</u>
<b><u>EXECUTIVE OFFICERS</u></b>				
Barbara E Kerr (President) 1705 Murchison Drive Burlingame, CA 94010	40	139,361	61,563	
David A Sanchez (Vice President) 1705 Murchison Drive Burlingame, CA 94010	40	133,071	59,732	
Dean E Vogel (Secretary Treasurer) 1705 Murchison Drive Burlingame, CA 94010	40	130,397	59,526	
<b><u>BOARD OF DIRECTORS****</u></b>				
Larry Allen 1705 Murchison Drive Burlingame, CA 94010	40	15,375	7,727	
Donald Bridge 1705 Murchison Drive Burlingame, CA 94010	40	7,207	2,779	
Paula Caplinger 1705 Murchison Drive Burlingame, CA 94010	40	15,288	7,099	
Larry Carlin 1705 Murchison Drive Burlingame, CA 94010	40	15,678	8,670	
Micaela Cichocki 1705 Murchison Drive Burlingame, CA 94010	40	15,214	7,354	
Tom Conry 1705 Murchison Drive Burlingame, CA 94010	40	15,345	7,975	
Dayton Crummey 1705 Murchison Drive Burlingame, CA 94010	40	15,510	7,990	

California Teachers Association  
 990 Tax Return Schedule  
 Federal ID #94-036231C  
 FYE 08/31/05

PART V - Compensation of Officers and Directors

	Average Number of Hours Per Week Devoted to Position	Compensation*	Contributions To Employee Benefit Plans**	Expenses***
Michael Green 1705 Murchison Drive Burlingame CA 94010	40	15,436	8,080	
Deborah Harrison 1705 Murchison Drive Burlingame, CA 94010	40	12,856	6,998	
Dian Hasson 1705 Murchison Drive Burlingame, CA 94010	40	15,451	7,648	
Eric Heins 1705 Murchison Drive Burlingame CA 94010	40	14,039	7,148	
Lynette Henley 1705 Murchison Drive Burlingame CA 94010	40	15,234	7,244	
David Hernandez 1705 Murchison Drive Burlingame, CA 94010	40	15,234	7,622	
Mignon Jackson 1705 Murchison Drive Burlingame CA 94010	40	15,345	7,596	
Dianne Jones 1705 Murchison Drive Burlingame CA 94010	40	15,349	7,319	
Marc Knapp 1705 Murchison Drive Burlingame, CA 94010	40	7,232	2,716	
Joyce Lewke 1705 Murchison Drive Burlingame, CA 94010	40	12,991	7,490	
Robert Nichols 1705 Murchison Drive Burlingame, CA 94010	40	15,322	7,104	

California Teachers Association  
 990 Tax Return Schedule  
 Federal ID #94-0362310  
 FYE 08/31/05

PART V - Compensation of Officers and Directors

	Average Number of Hours Per Week Devoted to Position	Compensation*	Contributions To Employee Benefit Plans**	Expenses***
Mary Rose Ortega 1705 Murchison Drive Burlingame, CA 94010	40	4,593	1,527	
Cynthia Pena 1705 Murchison Drive Burlingame, CA 94010	40	15,234	7,244	
Lloyd Porter 1705 Murchison Drive Burlingame, CA 94010	40	15,436	7,888	
Pixie Schickele 1705 Murchison Drive Burlingame, CA 94010	40	15,322	7,104	
Jaye Bonnie Shatun 1705 Murchison Drive Burlingame, CA 94010	40	15,345	7,769	
Daniel R Vaughn 1705 Murchison Drive Burlingame, CA 94010	40	15,265	7,724	

EXECUTIVE DIRECTOR

Carolyn Doggett 1705 Murchison Drive Burlingame, CA 94010	40	215,575	85,666	
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\* In addition to wages, compensation figure includes reportable travel and automobile allowances

\*\* Includes health, retirement and other employee benefit plan contributions

\*\*\* There were no expense account items or allowances reported as income on the individual's separate income tax return other than those already included above

\*\*\*\* Board members also receive compensation from their respective school districts CTA reimburses the school districts for release time

California Teachers Association  
990 Tax Return Schedule  
FEIN #94-0362310  
FYE August 31, 2005

Part VI - Other Information

Line 80(b) - Related Organizations

Exempt Organizations

CTA Institute For Teaching 95-6207990  
1705 Murchison Drive  
Burlingame, Ca. 94010

Martin Luther King Jr. Memorial Scholarship  
Fund 23-7092497  
1705 Murchison Drive  
Burlingame, Ca. 94010

CTA Economic Benefits Trust 94-6665696  
1705 Murchison Drive  
Burlingame, Ca 94010

CTA Association for Better Citizenship 94-1618614  
1705 Murchison Drive  
Burlingame, Ca. 94010

CTA Disaster Relief Fund 71-0891612  
1705 Murchison Drive  
Burlingame, Ca. 94010

The Memorial Education Awards Fund 91-1992552  
1705 Murchison Drive  
Burlingame, Ca. 94010

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box  **X**
- **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

ENVELOPE - APD n a 2006

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>California Teachers Association</b>	Employer identification number <b>94-0362310</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1705 Murchison Drive</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Burlingame, CA 94010</b>	

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

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 4720                                |                                    |

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

- The books are in the care of **Wei Pan, Accounting Manager**  
Telephone No. **650-697-1400** FAX No. **650-552-5011**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the **whole group**, check this box  . If it is for **part of the group**, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 7/15/2006

5 For calendar year \_\_\_\_\_, or other tax year beginning 9/1/2004, and ending 8/31/2005

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

7 State in detail why you need the extension More time is requested to acquire all information needed to complete and file an accurate return.

8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ NONE

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ NONE

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ NONE

**Signature and Verification**

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

Signature Dean E. Vogel Dean E. Vogel Title Secretary-Treasurer Date 04/03/06

**Notice to Applicant—To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
- Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ EXTENSION APPROVED

**Alternate Mailing Address** — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

