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Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**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)

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

OMB No 1545-0047  
**2005**  
**Open to Public Inspection**

**A For the 2005 calendar year, or tax year beginning 09-01-2005 and ending 08-31-2006**

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

**C Name of organization**  
 California Teachers Association

**D Employer identification number**  
 94-0362310

**E Telephone number**

**F Accounting method**  Cash  Accrual  
 Other (specify) ▶

**G Web site:** ▶ 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 ▶ 213,132,290

◆ **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

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

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

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received				
	<b>a</b>	Direct public support	<b>1a</b>			
	<b>b</b>	Indirect public support	<b>1b</b>			
	<b>c</b>	Government contributions (grants)	<b>1c</b>			
	<b>d</b>	<b>Total</b> (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>		177,799,276	
	<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		96,645	
	<b>5</b>	Dividends and interest from securities	<b>5</b>		1,081,013	
	<b>6a</b>	Gross rents	<b>6a</b>	211,348		
	<b>b</b>	Less rental expenses	<b>6b</b>	220,255		
	<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		-8,907	
	<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		
		32,317,316	<b>8a</b>	51,291		
	<b>b</b>	Less cost or other basis and sales expenses	31,199,445	<b>8b</b>	144,733	
	<b>c</b>	Gain or (loss) (attach schedule)	1,117,871	<b>8c</b>	-93,442	
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>		1,024,429		
<b>9</b>	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
	<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
	<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</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>b</b>	Less cost of goods sold	<b>10b</b>		
	<b>c</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>		1,575,401		
<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		181,567,857		
Expenses	<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>		1,416,537	
	<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>		170,527,209	
Net Assets	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		11,040,648	
	<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		43,162,185	
	<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>		5,854,266	
	<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		60,057,099	

**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 the instructions)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
<b>22</b>	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22</b>				
<b>23</b>	Specific assistance to individuals (attach schedule)	<b>23</b>				
<b>24</b>	Benefits paid to or for members (attach schedule)	<b>24</b>				
<b>25</b>	Compensation of officers, directors, etc . . . . .	<b>25</b>	1,414,932	1,416,537		
<b>26</b>	Other salaries and wages . . . . .	<b>26</b>	45,330,030			
<b>27</b>	Pension plan contributions . . . . .	<b>27</b>	10,349,507			
<b>28</b>	Other employee benefits . . . . .	<b>28</b>	11,767,106			
<b>29</b>	Payroll taxes . . . . .	<b>29</b>	6,139,189			
<b>30</b>	Professional fundraising fees . . . . .	<b>30</b>				
<b>31</b>	Accounting fees . . . . .	<b>31</b>	211,100			
<b>32</b>	Legal fees . . . . .	<b>32</b>	1,188,949			
<b>33</b>	Supplies . . . . .	<b>33</b>	267,784			
<b>34</b>	Telephone . . . . .	<b>34</b>	407,585			
<b>35</b>	Postage and shipping . . . . .	<b>35</b>	433,384			
<b>36</b>	Occupancy . . . . .	<b>36</b>	4,528,937			
<b>37</b>	Equipment rental and maintenance . . . . .	<b>37</b>				
<b>38</b>	Printing and publications . . . . .	<b>38</b>	2,515,135			
<b>39</b>	Travel . . . . .	<b>39</b>	7,941,342			
<b>40</b>	Conferences, conventions, and meetings . . . . .	<b>40</b>	5,245,749			
<b>41</b>	Interest . . . . .	<b>41</b>	1,032,571			
<b>42</b>	Depreciation, depletion, etc (attach schedule) <input checked="" type="checkbox"/>	<b>42</b>	3,467,513			
<b>43</b>	Other expenses not covered above (itemize)					
<b>a</b>		<b>43a</b>				
<b>b</b>		<b>43b</b>				
<b>c</b>		<b>43c</b>				
<b>d</b>		<b>43d</b>				
<b>e</b>		<b>43e</b>				
<b>f</b>		<b>43f</b>				
<b>g</b>		<b>43g</b>				
<b>44</b>	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	170,527,209	0	1,416,537	0

**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  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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

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.

What is the organization's primary exempt purpose? ▶ See Statement of Mission on line (a) below. All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
<b>a</b> The California Teachers Association exists 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.  (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>b</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>c</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>d</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . ▶	

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
Assets	<b>45</b> Cash—non-interest-bearing . . . . .	675,652	<b>45</b>	2,850,329
	<b>46</b> Savings and temporary cash investments . . . . .	15,257,084	<b>46</b>	23,664,777
	<b>47a</b> Accounts receivable . . . . .			
	<b>b</b> Less allowance for doubtful accounts	8,845,305	<b>47c</b>	7,511,756
	<b>48a</b> Pledges receivable . . . . .			
	<b>b</b> Less allowance for doubtful accounts		<b>48c</b>	
	<b>49</b> Grants receivable . . . . .		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .	44,690	<b>50</b>	83,976
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .			
	<b>b</b> Less allowance for doubtful accounts		<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .	2,494,630	<b>53</b>	1,748,434
	<b>54</b> Investments—securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	39,890,806	<b>54</b>	44,321,603
	<b>55a</b> Investments—land, buildings, and equipment basis . . . . .			
	<b>b</b> Less accumulated depreciation (attach schedule) . . . . .		<b>55c</b>	
<b>56</b> Investments—other (attach schedule) . . . . .		<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis	62,821,888			
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	20,694,229	40,682,966	<b>57c</b>	42,127,659
<b>58</b> Other assets (describe <input type="checkbox"/> _____ )		<b>58</b>		
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .	107,891,133	<b>59</b>	122,308,534	
Liabilities	<b>60</b> Accounts payable and accrued expenses . . . . .	10,057,915	<b>60</b>	11,522,781
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .	398,577	<b>62</b>	309,755
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .	16,175,285	<b>64b</b>	10,973,853
	<b>65</b> Other liabilities (describe <input type="checkbox"/> _____ )	38,097,171	<b>65</b>	39,445,046
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .	64,728,948	<b>66</b>	62,251,435	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	<b>67</b> Unrestricted . . . . .	43,162,185	<b>67</b>	60,057,099
	<b>68</b> Temporarily restricted . . . . .		<b>68</b>	
	<b>69</b> Permanently restricted . . . . .		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) <b>must</b> equal line 19, column (B) <b>must</b> equal line 21) . . . . .	43,162,185	<b>73</b>	60,057,099
	<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .	107,891,133	<b>74</b>	122,308,534

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>a</b>	184,970,522
<b>b</b>	Amounts included on line <b>a</b> but not on line 12		
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>	879,540
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>	
<b>4</b>	Other (specify) <input type="checkbox"/> _____	<b>b4</b>	879,540
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	879,540
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	184,090,982
<b>d</b>	Amounts included on line 12, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify) <input type="checkbox"/> _____	<b>d2</b>	-2,523,125
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	879,540
<b>e</b>	<b>Total revenue</b> (line 12) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	181,567,857

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

<b>a</b>	Total expenses and losses per audited financial statements . . . . .	<b>a</b>	174,233,981
<b>b</b>	Amounts included on line <b>a</b> but not on line 17		
<b>1</b>	Donated services and use of facilities . . . . .	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on line 20 . . . . .	<b>b2</b>	
<b>3</b>	Losses reported on line 20 . . . . .	<b>b3</b>	
<b>4</b>	Other (specify) _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	174,233,981
<b>d</b>	Amounts included on line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify) <input type="checkbox"/> _____	<b>d2</b>	-3,706,772
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	-3,706,772
<b>e</b>	<b>Total expenses</b> (line 17) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	170,527,209

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 plans	(E) Expense account and other allowances
See Additional Data Table				

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>	<b>Yes</b>	<b>No</b>
<b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . <b>24</b>		
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . . .	<b>75b</b>	No
<b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? <b>Note.</b> Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization	<b>75c</b>	No
<b>d</b> Does the organization have a written conflict of interest policy? . . . . .	<b>75d</b>	Yes

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
Deborah Harrison 1705 Murchison Dr Burlingame, CA 94010	0	413	0	0
Eric Heins 1705 Murchison Dr Burlingame, CA 94010	0	413	0	0
Joyce Lewke 1705 Murchison Dr Burlingame, CA 94010	0	779	0	0

<b>Part VI Other Information</b> <i>(See the instructions.)</i>	<b>Yes</b>	<b>No</b>
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>76</b>	No
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes	<b>77</b>	No
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>78a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>78b</b>	No
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	<b>79</b>	No
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization? . . . . .	<b>80a</b>	Yes
<b>b</b> If "Yes," enter the name of the organization <b>See Additional Data Table</b> _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b> Enter direct or indirect political expenditures (See line 81 instructions) . . . . . <b>81a</b> _____		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>81b</b>	No

Part VI Other Information (continued)

Yes No

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2005
91a The books are in care of
91b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country?
91c At any time during the calendar year, did the organization maintain an office outside of the United States?
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041



**Part VII Analysis of Income-Producing Activities** (See 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	
<b>93</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .					177,799,276
<b>95</b> Interest on savings and temporary cash investments			14	96,645	
<b>96</b> Dividends and interest from securities . . . . .			14	1,081,013	
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property . . . . .					
<b>b</b> non debt-financed property . . . . .			16	-8,907	
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	1,024,429	
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> Advertising			01	525,660	
<b>b</b> Royalty income			15	1,034,074	
<b>c</b> Convention income			07	15,667	
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .				3,768,581	177,799,276
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					181,567,857

**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 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 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
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See 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).

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.

**Please Sign Here**

Signature of officer: \_\_\_\_\_ Date: 2007-06-25

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

**Paid Preparer's Use Only**

Preparer's signature: Sharon Zorbach Date: 2007-06-07 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Deloitte Tax LLP, 50 Fremont Street, San Francisco, CA 94105

Preparer's SSN or PTIN (See Gen Inst W): \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no: (415) 783-4000

**Additional Data****Software ID:** 05000250**Software Version:** 3.2.27**EIN:** 94-0362310**Name:** California Teachers Association**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Barbara E Kerr 1705 Murchison Dr Burlingame, CA 94010	President 040 00	142,440	65,256	0
David A Sanchez 1705 Murchison Dr Burlingame, CA 94010	Vice President 040 00	137,861	63,721	0
Dean E Vogel 1705 Murchison Dr Burlingame, CA 94010	Secretary-Treasurer 040 00	138,556	64,248	0
Larry Allen 1705 Murchison Dr Burlingame, CA 94010	Board of Director 040 00	15,478	8,397	0
Donald Bridge 1705 Murchison Dr Burlingame, CA 94010	Board of Director 040 00	15,371	8,056	0
Paula Caplinger 1705 Murchison Dr Burlingame, CA 94010	Board of Director 040 00	15,357	7,483	0
Larry Carlin 1705 Murchison Dr Burlingame, CA 94010	Board of Director 040 00	15,924	9,099	0
Micaela Cichocki 1705 Murchison Dr Burlingame, CA 94010	Board of Director 040 00	15,306	7,760	0
Tom Conry 1705 Murchison Dr Burlingame, CA 94010	Board of Director 040 00	15,413	8,397	0
Dayton Crummey 1705 Murchison Dr Burlingame, CA 94010	Board of Director 040 00	15,579	8,393	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Don Dawson 1705 Murchison Dr Burlingame, CA 94010	Board of Director 040 00	5,063	724	0
Michael Green 1705 Murchison Dr Burlingame, CA 94010	Board of Director 040 00	15,505	8,466	0
Dian Hasson 1705 Murchison Dr Burlingame, CA 94010	Board of Director 040 00	15,570	8,466	0
Lynette Henley 1705 Murchison Dr Burlingame, CA 94010	Board of Director 040 00	15,302	7,627	0
David Hernandez 1705 Murchison Dr Burlingame, CA 94010	Board of Director 040 00	15,320	8,047	0
Mignon Jackson 1705 Murchison Dr Burlingame, CA 94010	Board of Director 040 00	15,420	8,079	0
Dianne Jones 1705 Murchison Dr Burlingame, CA 94010	Board of Director 040 00	15,418	7,678	0
Marc Knapp 1705 Murchison Dr Burlingame, CA 94010	Board of Director 040 00	15,451	8,007	0
Mary Rose Ortega 1705 Murchison Dr Burlingame, CA 94010	Board of Director 040 00	15,329	8,000	0
Cynthia Pena 1705 Murchison Dr Burlingame, CA 94010	Board of Director 040 00	15,302	7,627	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Lloyd Porter 1705 Murchison Dr Burlingame, CA 94010	Board of Director 040 00	15,505	8,273	0
Pixie Schickele 1705 Murchison Dr Burlingame, CA 94010	Board of Director 040 00	15,418	7,678	0
Jaye Bonnie Shatun 1705 Murchison Dr Burlingame, CA 94010	Board of Director 040 00	15,465	8,182	0
Daniel R Vaughn 1705 Murchison Dr Burlingame, CA 94010	Board of Director 040 00	15,334	8,146	0
Robert Nichols 1705 Murchison Dr Burlingame, CA 94010	Board of Director 040 00	12,784	7,309	0
Carolyn Doggett 1705 Murchison Dr Burlingame, CA 94010	Executive Director 040 00	222,416	83,926	0

**Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:**

Name of the Organization	Exempt	Nonexempt
CTA Institute For Teaching	X	
Martin Luther King Jr Memorial Scholarship Fund	X	
CTA Economic Benefits Trust	X	
CTA Association for Better Citizenship	X	
CTA Disaster Relief Fund	X	
The Memorial Education Awards Fund	X	

## TY 2005 Depreciation and Depletion Schedule

**Name:** California Teachers Association

**EIN:** 94-0362310

**Software ID:** 05000250

**Software Version:** 3.2.27

Asset	Amount
Buildingandimprovements	1,213,156
Furniture,equipmentandautomobiles	2,254,357

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2005 Gain/Loss from Sale of Other Assets Schedule

**Name:** California Teachers Association

**EIN:** 94-0362310

**Software ID:** 05000250

**Software Version:** 3.2.27

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Sales Expenses	Total (net)	Accumulated Depreciation
Gross proceeds - equipment					51,291	1,244,884			1,100,151

**TY 2005 Gain/Loss from Sale of Public Securities Schedule**

**Name:** California Teachers Association

**EIN:** 94-0362310

**Software ID:** 05000250

**Software Version:** 3.2.27

**Gross Sales Price:** 32,317,316

**Basis:** 31,199,445

**Sales Expenses:**

**Total (net):** 1,117,871



## TY 2005 Investments - Securities Schedule

**Name:** California Teachers Association

**EIN:** 94-0362310

**Software ID:** 05000250

**Software Version:** 3.2.27

Description	Book Value	Cost/FMV
Marketable equity securities	31,730,980	F
U.S. government & corporate bonds	12,590,623	F

## TY 2005 Mortgages and Notes Payable Schedule

**Name:** California Teachers Association

**EIN:** 94-0362310

**Software ID:** 05000250

**Software Version:** 3.2.27

**Total Mortgage Amount:** 24000000

<b>Item No.</b>	1
<b>Lender's Name</b>	Union Bank of California
<b>Lender's Title</b>	Union Bank of California
<b>Relationship to Insider</b>	None
<b>Original Amount of Loan</b>	10000000
<b>Balance Due</b>	1973853
<b>Date of Note</b>	1999-05
<b>Maturity Date</b>	2014-07
<b>Repayment Terms</b>	P&I over 15 yrs
<b>Interest Rate</b>	
<b>Security Provided by Borrower</b>	Mortgage loan - secured by land/building
<b>Purpose of Loan</b>	Mortgage loan
<b>Description of Lender Consideration</b>	Cash
<b>Consideration FMV</b>	10000000

## TY 2005 Other Changes in Net Assets Schedule

**Name:** California Teachers Association

**EIN:** 94-0362310

**Software ID:** 05000250

**Software Version:** 3.2.27

Description	Amount
Unrealized gain on investment	879,540
Financial Statement Restatement - net assets, unrestricted-prior period adjustment	4,974,726

**TY 2005 Other Expenses  
Not Included Schedule**

**Name:** California Teachers Association

**EIN:** 94-0362310

**Software ID:** 05000250

**Software Version:** 3.2.27

Description	Amount
Rental income/advertising income reclassification	516,743
Deconsolidate subsidiary - CTA Association For Better Citizenship reclassification	4,256,185
Deconsolidate subsidiary - CTA Institute For Teaching reclassification	925,350
Deconsolidate subsidiary - CTA Disaster Relief Fund reclassification	91,721
Royalty revenue reclassification	1,049,741

## TY 2005 Other Investment Income Schedule

**Name:** California Teachers Association

**EIN:** 94-0362310

**Software ID:** 05000250

**Software Version:** 3.2.27

Description	Amount

## TY 2005 Other Liabilities Schedule

**Name:** California Teachers Association

**EIN:** 94-0362310

**Software ID:** 05000250

**Software Version:** 3.2.27

Description	Beginning of Year Amount	End of Year Amount
Accrued payroll and related liabilities	1,022,629	3,530,362
Dues payable to affiliated organizations	14,932,111	16,384,703
Accrued vacation and sick leave	15,839,343	12,893,425
Capital lease obligation	1,354,454	1,078,786
Current portion of long-term obligation	4,948,634	5,557,770

**TY 2005 Other Receivables  
from Officers Schedule**

**Name:** California Teachers Association

**EIN:** 94-0362310

**Software ID:** 05000250

**Software Version:** 3.2.27

**Travel Advance to Officers:** 170876

<b>Item No.</b>	1
<b>Borrower's Name</b>	David A Sanchez
<b>Borrower's Title</b>	Vice President
<b>Original Amount of Loan</b>	47752
<b>Balance Due</b>	45530
<b>Date of Note</b>	2006-05
<b>Maturity Date</b>	2011-05
<b>Repayment Terms</b>	\$858.03/month
<b>Interest Rate</b>	0000000.0300
<b>Security Provided by Borrower</b>	None
<b>Purpose of Loan</b>	auto loan
<b>Description of Lender Consideration</b>	auto loan
<b>Consideration FMV</b>	47752

<b>Item No.</b>	2
<b>Borrower's Name</b>	Barbara Kerr
<b>Borrower's Title</b>	President
<b>Original Amount of Loan</b>	29073
<b>Balance Due</b>	8843
<b>Date of Note</b>	2003-08
<b>Maturity Date</b>	2007-11
<b>Repayment Terms</b>	\$643.51/month
<b>Interest Rate</b>	0000000.0300
<b>Security Provided by Borrower</b>	None
<b>Purpose of Loan</b>	auto loan
<b>Description of Lender Consideration</b>	auto loan
<b>Consideration FMV</b>	29073

<b>Item No.</b>	3
<b>Borrower's Name</b>	Carolyn Doggett
<b>Borrower's Title</b>	Exec. Director
<b>Original Amount of Loan</b>	47910
<b>Balance Due</b>	29603
<b>Date of Note</b>	2004-09
<b>Maturity Date</b>	2009-09
<b>Repayment Terms</b>	\$860.88/month
<b>Interest Rate</b>	0000000.0300
<b>Security Provided by Borrower</b>	None
<b>Purpose of Loan</b>	auto loan
<b>Description of Lender Consideration</b>	auto loan
<b>Consideration FMV</b>	47910

<b>Item No.</b>	4
<b>Borrower's Name</b>	David A Sanchez
<b>Borrower's Title</b>	Vice President
<b>Original Amount of Loan</b>	46141
<b>Balance Due</b>	
<b>Date of Note</b>	2003-08
<b>Maturity Date</b>	2008-10
<b>Repayment Terms</b>	\$829.08/month
<b>Interest Rate</b>	0000000.0300
<b>Security Provided by Borrower</b>	None
<b>Purpose of Loan</b>	auto loan
<b>Description of Lender Consideration</b>	Loan paid off and new loan executed (see Line 1)
<b>Consideration FMV</b>	46141



**TY 2005 Other Revenues  
Not Included Schedule****Name:** California Teachers Association**EIN:** 94-0362310**Software ID:** 05000250**Software Version:** 3.2.27

<b>Description</b>	<b>Amount</b>
Rental income/miscellaneous/advertising revenue reclassification	555,630
Deconsolidate subsidiary - CTA Association For Better Citizenship reclassification	4,025,550
Deconsolidate subsidiary - CTA Institute For Teaching reclassification	4,920
Deconsolidate subsidiary - CTA Disaster Relief Fund reclassification	98,026
Royalty revenue reclassification	1,049,741

Form **8453-EO**

# Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2006, or tax year beginning \_\_\_\_\_, 2006, and ending \_\_\_\_\_, 20\_\_\_\_\_

# 2006

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

Name of exempt organization

**CALIFORNIA TEACHERS ASSOCIATION**

Employer identification number

**94 : 0362310**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (that is, do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>181,567,857</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____

## Part II Declaration of Officer

- 6  I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment
- If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here

*Pearl E. Unger*  
Signature of officer

06/25/07  
Date

Secretary-Treasurer  
Title

## Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature ▶ _____	Date _____	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN _____
	Firm's name (or yours if self-employed), address, and ZIP code ▶ _____	EIN _____	Phone no. ( ) _____		

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ <i>Sharon Zebach</i>	Date <u>6/29/07</u>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <u>P00125475</u>
	Firm's name (or yours if self-employed), address, and ZIP code ▶ <u>Deloitte Tax LLP</u> <u>50 Fremont Street, San Francisco, CA 94105</u>	EIN <u>86-1065772</u>	Phone no. ( 415 ) <u>783-4000</u>	