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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2007

Open to Public Inspection

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

A For the 2007 calendar year, or tax year beginning 09-01-2007 and ending 08-31-2008

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: CALIFORNIA TEACHERS ASSOCIATION. Number and street: 1705 MURCHISON DRIVE. City or town, state or country, and ZIP + 4: BURLINGAME, CA 94010

D Employer identification number: 94-0362310. E Telephone number: (650) 697-1400. F Accounting method: Accrual

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? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number: 4003. M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Web site: WWW.CTA.ORG

J Organization type (check only one): 501(c) (5)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 294,938,386


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

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

Part III 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.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a 1,935,903			
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b 598,635			
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b and c	26 47,004,409			
27 Pension plan contributions not included on lines 25a, b and c	27 13,416,933			
28 Employee benefits not included on lines 25a - 27	28 13,667,594			
29 Payroll taxes	29 6,571,775			
30 Professional fundraising fees	30			
31 Accounting fees	31 141,219			
32 Legal fees	32 1,666,575			
33 Supplies	33 302,990			
34 Telephone	34 260,517			
35 Postage and shipping	35 412,675			
36 Occupancy	36 5,162,628			
37 Equipment rental and maintenance	37			
38 Printing and publications	38 2,647,920			
39 Travel	39 9,313,311			
40 Conferences, conventions, and meetings	40 6,259,948			
41 Interest	41 333,689			
42 Depreciation, depletion, etc (attach schedule) 	42 3,631,915			
43 Other expenses not covered above (itemize)				
a REGIONAL PROGRAM AND CONSULTING	43a 24,572,864			
b STATEWIDE PROGRAMS	43b 27,922,052			
c CRISIS FUND	43c 836,843			
d OTHER EXPENSES	43d 4,092,053			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 170,752,448			

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.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a 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 (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) <input type="checkbox"/>	

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	45 Cash—non-interest-bearing		133,897	45	627,089	
	46 Savings and temporary cash investments		16,899,894	46	33,937,270	
	47a Accounts receivable	47a	6,777,980			
	b Less allowance for doubtful accounts	47b	445,000	10,214,593	47c	6,332,980
	48a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b			48c	
	49 Grants receivable				49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		57,788	50a	78,359	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)		57,788	50b		
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges		2,321,558	53	1,981,879	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		70,509,430	54a	67,015,287	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		28,154	54b		
55a Investments—land, buildings, and equipment basis	55a					
b Less accumulated depreciation (attach schedule)	55b			55c		
56 Investments—other (attach schedule)				56		
57a Land, buildings, and equipment basis	57a	77,733,099				
b Less accumulated depreciation (attach schedule)	57b	24,322,871	52,478,338	57c	53,410,228	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)				58		
59 Total assets (must equal line 74) Add lines 45 through 58		152,643,652	59	163,383,092		
Liabilities	60 Accounts payable and accrued expenses		10,918,724	60	8,473,589	
	61 Grants payable			61		
	62 Deferred revenue		348,168	62	364,471	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a Tax-exempt bond liabilities (attach schedule)			64a		
	b Mortgages and other notes payable (attach schedule)		9,000,000	64b		
	65 Other liabilities (describe <input type="checkbox"/> _____)		49,370,497	65	48,471,176	
66 Total liabilities Add lines 60 through 65		69,637,389	66	57,309,236		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted		83,006,263	67	106,073,856	
	68 Temporarily restricted			68		
	69 Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	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		
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		83,006,263	73	106,073,856	
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		152,643,652	74	163,383,092	

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

a	Total revenue, gains, and other support per audited financial statements	a	193,225,254
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	-7,960,938
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	-7,960,938
c	Subtract line b from line a	c	201,186,192
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	127,245
	Add lines d1 and d2	d	-7,960,938
e	Total revenue (Part I, line 12) Add lines c and d	e	201,313,437

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

a	Total expenses and losses per audited financial statements	a	170,920,356
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	170,920,356
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	-167,908
	Add lines d1 and d2	d	-167,908
e	Total expenses (Part I, line 17) Add lines c and d	e	170,752,448

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				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	24		
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)	75b		No
c 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 the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	75c		No
d Does the organization have a written conflict of interest policy?	75d	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 (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
BARBARA KERR 1705 MURCHISON DRIVE BURLINGAME, CA 94010	0	131,359	61,295	1,370
LARRY CARLIN 1705 MURCHISON DRIVE BURLINGAME, CA 94010	0	150,000	518	0
BARBARA FERGES 1705 MURCHISON DRIVE BURLINGAME, CA 94010	0	13,494	0	0
DIANE JONES 1705 MURCHISON DRIVE BURLINGAME, CA 94010	0	118,305	437	0
JOYCE LEWKE 1705 MURCHISON DRIVE BURLINGAME, CA 94010	0	24,570	0	0
PIXIE SCHICKELE 1705 MURCHISON DRIVE BURLINGAME, CA 94010	0	96,795	492	0

Part VI Other Information *(See the instructions.)*

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		No
77 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	77		No
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		No
80a 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?	80a	Yes	
b If "Yes," enter the name of the organization <input checked="" type="checkbox"/> See Additional Data Table _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a Enter direct or indirect political expenditures (See line 81 instructions)	81a		
b Did the organization file Form 1120-POL for this year?	81b		No

Part VI Other Information (continued)

Form with multiple sections (82a-91b) containing questions about organization services, compliance, dues, lobbying, and financial accounts. Includes sub-sections like 85c-f and 86a-b.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income or (loss) from real estate, etc.

Note: Line 105 plus line 1e, 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.)

Table with 2 columns: 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.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (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? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

		Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?			

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	2009-01-12 Date
	DANIEL R VAUGHN SECRETARY-TREASURER Type or print name and title	

Paid Preparer's Use Only	Preparer's signature	SHARON ZORBACH	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4				EIN
					Phone no (415) 783-4000

Form 4562-FY

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-

2007

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Name(s) shown on return CALIFORNIA TEACHERS ASSOCIATION

Business or activity to which this form relates

Identifying number

Form 990 Page 2

94-0362310

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Part I election details, including maximum amount, total cost, and dollar limitation.

Table with 13 rows for Part I election details, including description of property, cost, and elected cost.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

Table with 4 rows for Part II special depreciation allowance and other depreciation.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for Section A MACRS depreciation, including deductions for assets placed in service before 2007.

Section B—Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

Table with 7 columns (a-g) for Section B assets, including classification, month placed in service, basis, recovery period, convention, method, and depreciation deduction.

Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

Table with 6 rows for Section C alternative depreciation system assets, including class life, recovery period, and method.

Part IV Summary (see instructions)

Table with 3 rows for Part IV summary, including listed property amount, total depreciation, and section 263A costs.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for special depreciation and business use percentages.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-36 cover total miles driven and personal use availability.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table with 2 columns: Yes, No. Rows 37-41 cover policy statements and requirements for vehicle use by employees.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44 for amortization calculations.

Additional Data**Software ID:****Software Version:****EIN:** 94-0362310**Name:** CALIFORNIA TEACHERS ASSOCIATION**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

(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
DAVID SANCHEZ 1705 MURCHISON DRIVE BURLINGAME, CA 94010	PRESIDENT 40 00	143,199	72,021	36,608
DANIEL VAUGHN 1705 MURCHISON DRIVE BURLINGAME, CA 94010	SECRETARY- TREASURER 40 00	127,993	66,632	39,100
DEAN VOGEL 1705 MURCHISON DRIVE BURLINGAME, CA 94010	VICE PRESIDENT 40 00	134,335	68,999	32,010
LARRY E ALLEN 1705 MURCHISON DRIVE BURLINGAME, CA 94010	DIRECTOR 1 00	1,580	6,950	16,590
DONALD L BRIDGE 1705 MURCHISON DRIVE BURLINGAME, CA 94010	DIRECTOR 1 00	1,580	7,184	16,590
MICHAEL BUSTOS 1705 MURCHISON DRIVE BURLINGAME, CA 94010	DIRECTOR 1 00	506	1,111	5,112
TYRONE CABELL 1705 MURCHISON DRIVE BURLINGAME, CA 94010	DIRECTOR 1 00	1,517	6,721	16,212
PAULA CAPLINGER 1705 MURCHISON DRIVE BURLINGAME, CA 94010	DIRECTOR 40 00	138,500	5,710	15,015
MICAELA CICHOCKI 1705 MURCHISON DRIVE BURLINGAME, CA 94010	DIRECTOR 1 00	1,683	6,983	18,852
THOMAS CONRY 1705 MURCHISON DRIVE BURLINGAME, CA 94010	DIRECTOR 40 00	70,059	7,013	16,004

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

(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
DAYTON CRUMMEY 1705 MURCHISON DRIVE BURLINGAME, CA 94010	DIRECTOR 1 00	1,954	6,726	17,722
DON DAWSON 1705 MURCHISON DRIVE BURLINGAME, CA 94010	DIRECTOR 1 00	1,805	7,015	16,590
DANA DILLON 1705 MURCHISON DRIVE BURLINGAME, CA 94010	DIRECTOR 1 00	1,655	6,768	18,090
MICHAEL GREEN 1705 MURCHISON DRIVE BURLINGAME, CA 94010	DIRECTOR 40 00	86,445	6,909	14,316
JAMES GROTH 1705 MURCHISON DRIVE BURLINGAME, CA 94010	DIRECTOR 1 00	1,650	6,298	17,082
DIAN D HASSON 1705 MURCHISON DRIVE BURLINGAME, CA 94010	DIRECTOR 1 00	1,833	6,359	18,818
ERIC HEINS 1705 MURCHISON DRIVE BURLINGAME, CA 94010	DIRECTOR 1 00	1,762	6,867	18,319
LYNETTE P HENLEY 1705 MURCHISON DRIVE BURLINGAME, CA 94010	DIRECTOR 1 00	1,500	6,726	16,350
MIGNON JACKSON 1705 MURCHISON DRIVE BURLINGAME, CA 94010	DIRECTOR 1 00	1,671	6,312	16,866
CYNTHIA A PENA 1705 MURCHISON DRIVE BURLINGAME, CA 94010	DIRECTOR 1 00	1,579	6,749	17,302

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

(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
LUIS MARTIN MEEDEN 1705 MURCHISON DRIVE BURLINGAME, CA 94010	DIRECTOR 1 00	1,467	6,716	16,239
GEORGE MELENDEZ 1705 MURCHISON DRIVE BURLINGAME, CA 94010	DIRECTOR 1 00	637	1,256	6,538
MARY ROSE ORTEGA 1705 MURCHISON DRIVE BURLINGAME, CA 94010	DIRECTOR 1 00	1,620	6,454	17,074
LLOYD PORTER 1705 MURCHISON DRIVE BURLINGAME, CA 94010	DIRECTOR 1 00	1,837	6,823	17,225
JAMES ROGERS 1705 MURCHISON DRIVE BURLINGAME, CA 94010	DIRECTOR 1 00	1,458	6,710	16,164
JAYE BONNIE SHATUN 1705 MURCHISON DRIVE BURLINGAME, CA 94010	DIRECTOR 1 00	1,688	6,981	17,075
MICHAEL STONE 1705 MURCHISON DRIVE BURLINGAME, CA 94010	DIRECTOR 1 00	969	2,517	10,704
CAROLYN DOGGETT 1705 MURCHISON DRIVE BURLINGAME, CA 94010	EXECUTIVE DIRECTOR 40 00	228,988	106,428	29,928

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	

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

TY 2007 Gain/Loss from Sale of Other Assets Schedule

Name: CALIFORNIA TEACHERS ASSOCIATION

EIN: 94-0362310

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
FIXED ASSETS	1900-01	PURCHASED	1900-01		1,778,557	2,229,521		0	1,427,849	1,878,813

TY 2007 Gain/Loss from Sale of Public Securities Schedule**Name:** CALIFORNIA TEACHERS ASSOCIATION**EIN:** 94-0362310**Gross Sales Price:** 94,616,430**Basis:** 93,054,276**Sales Expenses:** 0**Total (net):** 1,562,154

TY 2007 Land etc. Schedule

Name: CALIFORNIA TEACHERS ASSOCIATION

EIN: 94-0362310

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
LAND	9,088,675		9,088,675
BUILDINGS AND BULIDING IMPROVEMENTS	52,828,126	12,103,806	40,724,320
FURNITURE EQUIPMENT AUTOMOBILES	15,816,298	12,219,065	3,597,233

TY 2007 Other Changes in Net Assets Schedule**Name:** CALIFORNIA TEACHERS ASSOCIATION**EIN:** 94-0362310

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	-7,960,938
DECONSOLIDATE SUBSIDIARY- CTA ASSOCIATION FOR BETTER CITIZENSHIP REV-EXP	467,542

**TY 2007 Other Expenses
Not Included Schedule**

Name: CALIFORNIA TEACHERS ASSOCIATION

EIN: 94-0362310

Description	Amount
DECONSOLIDATE SUBSIDIARY- CTA ASSC FOR BETTER CITIZENSHIP RECLASSIFICATION	-1,473,450
DECONSOLIDATE SUBSIDIARY-CTA INSTITUTE FOR TEACHING RECLASSIFICATION	-549,054
DECONSOLIDATE SUBSIDIARY-CTA DISASTER RELIEF FUND	-239,873
ROYALTY REVENUE AND CONVENTION INCOME RECLASSIFICATION	1,571,364
ADVERTISING INCOME RECLASSIFICATION	459,570
RENTAL INCOME RECLASSIFICATION	63,535

TY 2007 Other Liabilities Schedule**Name:** CALIFORNIA TEACHERS ASSOCIATION**EIN:** 94-0362310

Description	Beginning of Year Amount	End of Year Amount
ACCRUED PAYROLL AND RELATED LIABILITIES	1,373,362	1,488,466
DUES PAYABLE TO AFFILIATED ORGINIZATIONS	19,528,771	17,151,544
ACCRUED VACATION SICK LEAVE AND OTHER RELATED COSTS	21,695,752	23,165,053
CAPITAL LEASE OBLIGATION	657,303	173,463
CURRENT PORTION OF LONG TERM DEBT	6,115,309	6,492,650

**TY 2007 Other Receivables
from Officers Schedule**

Name: CALIFORNIA TEACHERS ASSOCIATION

EIN: 94-0362310

Travel Advance to Officers:

Item No.	1
Borrower's Name	DAVID SANCHEZ
Borrower's Title	PRESIDENT
Original Amount of Loan	47752
Balance Due	27146
Date of Note	2006-05
Maturity Date	2011-05
Repayment Terms	\$858.03 PER MONTH
Interest Rate	3.0000
Security Provided by Borrower	NONE
Purpose of Loan	AUTO LOAN
Description of Lender Consideration	AUTO LOAN
Consideration FMV	47752

Item No.	2
Borrower's Name	CAROLYN DOGGETT
Borrower's Title	EXECUTIVE DIRECTOR
Original Amount of Loan	47910
Balance Due	10165
Date of Note	2006-09
Maturity Date	2009-09
Repayment Terms	\$860.88 PER MONTH
Interest Rate	3.0000
Security Provided by Borrower	NONE
Purpose of Loan	AUTO LOAN
Description of Lender Consideration	AUTO LOAN
Consideration FMV	47910

Item No.	3
Borrower's Name	DANIEL R VAUGHN
Borrower's Title	SECRETARY-TREASURER
Original Amount of Loan	43051
Balance Due	41048
Date of Note	2008-06
Maturity Date	2013-06
Repayment Terms	\$773.56 PER MONTH
Interest Rate	3.0000
Security Provided by Borrower	NONE
Purpose of Loan	AUTO LOAN
Description of Lender Consideration	AUTO LOAN
Consideration FMV	43051

**TY 2007 Other Revenues
Not Included Schedule****Name:** CALIFORNIA TEACHERS ASSOCIATION**EIN:** 94-0362310

Description	Amount
DECONSOLIDATE SUBSIDIARY- CTA ASSC FOR BETTER CITIZENSHIP RECLASSIFICATION	-1,940,993
DECONSOLIDATE SUBSIDIARY-CTA INSTITUTE FOR TEACHING RECLASSIFICATION	-26,232
RENTAL INCOME RECLASSIFICATION	63,536
ROYALTY REVENUE AND CONVENTION INCOME RECLASSIFICATION	1,571,364
ADVERTISING INCOME RECLASSIFICATION	459,570