Department of the Treasury

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)

2009

OMB No 1545-0047

Open to Public ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2009 calendar year, or tax year beginning 09-01-2009 and ending 08-31-2010 D Employer identification number B Check if applicable CALIFORNIA TEACHERS ASSOCIATION use IRS Address change 94-0362310 label or Doing Business As E Telephone number Name change print or type. See Specific (650) 697-1400 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G** Gross receipts \$ 231,820,241 1705 MURCHISON DRIVE Terminated tions. City or town, state or country, and ZIP + 4 BURLINGAME, CA 94010 Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for Dean E Vogel ┌ Yes ┌ No affiliates? 1705 MURCHISON DRIVE BURLINGAME, CA 94010 H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) Tax-exempt status **✓** 501(c) (5) **◄** (insert no) **✓** 4947(a)(1) or **✓** 527 Group exemption number > 4003 K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation 1907 M State of legal domicile CA Summary Briefly describe the organization's mission or most significant activities 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 Activities & Governance civil rights of all children and youth are protected, and to secure a more just, equitable, and democratic society Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 24 Number of independent voting members of the governing body (Part VI, line 1b) . . 21 612 Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary) 0 0 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 0 8 180,744,874 Program service revenue (Part VIII, line 2g) . 184,597,968 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,125,568 -9,738,169 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,009,004 2,346,051 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 176.868.803 186,216,493 12) . 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-Expenses 83,373,700 91,628,282 16a Professional fundraising fees (Part IX, column (A), line 11e) \cdot 0 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 0$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 102,622,219 85,222,496 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 176,850,778 18 185,995,919 19 Revenue less expenses Subtract line 18 from line 12 . -9.127.116 9,365,715 t Assets or nd Balances **Beginning of Current End of Year** Year 160,631,405 174,247,722 20 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) . . 21 62,640,063 60,701,618 22 Net assets or fund balances $\,$ Subtract line 21 from line 20 $\,$ 99,929,787 111,607,659 Part II Signature Block 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 Sian 2011-07-12 Signature of officer Here Gail MMendes secretary-Treasurer Type or print name and title Preparer's identifying number Check if Preparer's signature (see instructions) SHARON ZORBACH Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours DELOITTE TAX LLF if self-employed), address, and ZIP + 4 **Use Only** 225 west santa clara street Phone no (408) 704-4000 san jose, CA 95113

May the IRS discuss this return with the preparer shown above? (see instructions) $\,\cdot\,\,$.

Cat No 11282Y

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

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

2	Did the organization the prior Form 990	, -	ogram services during the year		Yes ▼ No
	If "Yes," describe t	hese new services on Schedu	le O		
3	=	n cease conducting, or make	significant changes in how it co		Yes ✓ No
	If "Yes," describe t	hese changes on Schedule O			
4	Section 501(c)(3)	and 501(c)(4) organizations a	each of the organization's three and section 4947(a)(1) trusts a venue, if any, for each program s	re required to report the amour	•
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	LOCAL SERVICE DELIV professional status of		n bargaining for salaries and individual	and employment rights in keeping w	th the academic and
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
			ernmental relations, acts as the voice I represents members in professional a		ys strategies to enhance the
4c	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
			ic benefits and resources for members, aintains a governance system designe		
4d	Other program se	rvices (Describe in Schedule	0)		
	(Expenses \$	ıncludıng	grants of \$) (Revenue \$)
4e	Total program ser	vice expenses ► \$			
					Form 990 (2009)

art IV	Checklist o	f Reauired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III.	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νο
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes," complete Schedule G, Part I</i>	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		N o
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

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Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	ta 310			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		V	
3 -	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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 (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			1

year

1705 MURCHISON DRIVE BURLINGAME, CA 94010

(650) 552-5528

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 24			
Ь	Enter the number of voting members that are independent 1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
4.0	describe in Schedule O how this is done	12c	Yes	N.
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of th	ne orga	nızatıor	n 🕨
	WEI PAN ACCOUNTING MANAGER			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title A verage hours per week A	Check this box if the organization did		sate any	/ curi	rent	or fo	rmer c	ffice	r, director, trustee	or key employee	
week or director o		A verage hours		tion (ched		I		Reportable compensation	Reportable compensation	Estimated amount of other
See add'l data			Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W-	organizations (W- 2/1099-	from the organization and related
	See add'l data										
											-
	,										

1b Total	•	3,445,676	0	1,087,309

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization -289

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	Yes	

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
schwartzsteinsapirdohrmann & sommers	legal services	1,842,855
beeson tayer & bodline 1404 franklin street 5th floor oakland, CA 94612	legal services	1,156,886
langenkamp & curtis llp po box 13908 sacramento, CA 95853	legal services	802,551
tuttle & mccloskey 750 EAST BULLARD STE 101 FRESNO, CA 93710	LEgal services	783,598
LAWRENCE TRYGSTAD ESQ 1880 CENTURY PARK EAST 1104 LOS angeles, CA 90067	LEgal services	646,243
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►34	who received more than	

Form 99								Page 9
Part	7111	Statement o	от кечепие		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
mts nts	1a	Federated cam						
gra ĭou	b	•	les 1b					
Hg.	c		ents 1c					
<u> </u>	d	Government grants	s (contributions)					
ons	e	_	s (contributions) 1e ons, gifts, grants, and 1f					
Contributions, gifts, grants and other similar amounts	g	sımılar amounts no Noncash contri						
and a	h		s 1a-1f	▶				
				Business Code				
inua	2a	Membership dues a	and fe	900,099	174,937,094	174,937,094		
Fe ≥	ь	NEA Uniserv fundir	ng	900,099	4,717,001	4,717,001		
<u> 5</u>	С	other		900,099	795,105	795,105		
Program Serwice Revenue	d	Rental incOme from	m aff	531,120	295,674	295,674		
Ē	e							
1100	f	All other progra	am service revenue					
<u>~</u>	g	Total. Add lines	s 2a-2f	▶	180,744,874			
	3		ome (including dividen	. ⊢	2.155.014			2.155.014
	_		ar amounts) stment of tax-exempt bond	⊢	2,155,014			2,155,014
	5		· · · · · · · · ·	· · · · · · · · · · · · · · · ·				
		,	(ı) Real	(II) Personal				
	6a	Gross Rents	16,320					
	Ь	Less rental expenses	11,386					
	c	Rental income or (loss)	4,934					
	d		me or (loss)		4,934			4,934
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	46,536,216	26,700				
	ь	Less cost or other basis and sales expenses	45,567,361	25,001				
	C	Gain or (loss)	968,855	1,699	970,554			970,554
	d 8a		rom fundraising		370,334			370,334
Other Revenue		events (not inc \$	luding s reported on line 1c)					
ţ	b		penses b					
0	C		(loss) from fundraising	events 🏲				
	9a	See Part IV, lin	rom gaming activities ne 19 a					
	b		penses b					
	10a	Net income or (Gross sales of returns and allo		vities				
	ь		a oods sold b					
	С	=	(loss) from sales of inv	entory 🗠				
		Miscellaneous	s Revenue	Business Code				
	11a	ROYALTY INC	O M E	541,800	1,887,336			1,887,336
	Ь	ADVERTISING	<u> </u>	900,099	453,781	453,781		
	c							
	d	All other revenu						
	12	Total revenue	See Instructions .		2,341,117			
		iotal levenue.	See InstructionS .	· · · [186,216,493	181,198,655	0	5,017,838

Part IX Statement of Functional Expenses

o not	other organizations must complete column (A) but are not required to include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		ехрепзез	general expenses	ехрепзез
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
1	Benefits paid to or for members				
	Compensation of current officers, directors, trustees, and key employees	2,888,822			
1	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
,	Other salaries and wages	46,595,386			
	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	21,313,025			
)	Other employee benefits	14,076,353			
)	Payroll taxes	6,754,696			
L	Fees for services (non-employees)				
а	Management				
Ь	Legal	885,306			
	Accounting	195,076			
	Lobbying	,			
	Professional fundraising <i>See Part IV, line 17</i>				
	Investment management fees				
	Other	2,164,044			
_	Advertising and promotion	2,104,044			
	Office expenses	2,271,346			
	Information technology	296,402			
	Royalties	5 400 550			
	Occupancy	5,422,659			
	Travel	8,248,793			
:	Payments of travel or entertainment expenses for any federal, state, or local public officials				
(Conferences, conventions, and meetings	4,827,700			
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	3,500,223			
3	Insurance				
	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	local service delivery	33,945,371			
b	statewide programs	19,656,501			
c	other expenditures	2,901,772			
d	crisis assistance	736,096			
е :	support services	171,207			
f	All other expenses				
5	Total functional expenses. Add lines 1 through 24f	176,850,778			
	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet							
					(A)		(B)		
	l				Beginning of year		End of year		
	1	Cash—non-interest-bearing			327,845		402,036		
	2	Savings and temporary cash investments	•		31,259,366		36,512,143		
	3	Pledges and grants receivable, net	•		6,323,823	3	5,765,079		
	4	Accounts receivable, net	•						
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	ervables from current and former officers, directors, trustees, key employees, and est compensated employees. Complete Part II of						
		Schedule L			35,591	5	32,204		
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of							
		Schedule L	eL						
stess	7	Notes and loans receivable, net				7			
Š	8	Inventories for sale or use				8			
٧	9	Prepaid expenses and deferred charges			1,643,225	9	2,035,880		
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	79,198,090					
	ь	Less accumulated depreciation	10b	26,053,506	52,983,608	10c	53,144,584		
	11	Investments—publicly traded securities		68,057,947	11	76,355,796			
	12	Investments—other securities See Part IV, line 11		12					
	13	Investments—program-related See Part IV, line 11		13					
	14	Intangible assets		14					
	15	Other assets See Part IV, line 11		15					
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			160,631,405	16	174,247,722		
	17	Accounts payable and accrued expenses .			9,261,293	17	10,487,152		
	18	Grants payable				18			
	19	Deferred revenue			485,006	19	939,013		
	20	Tax-exempt bond liabilities				20			
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Schedul	le D .			21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	•						
ei i		persons Complete Part II of Schedule L				22			
	23	Secured mortgages and notes payable to unrelated third parties	·			23			
	24	Unsecured notes and loans payable to unrelated third parties				24			
	25	Other liabilities Complete Part X of Schedule D		50,955,319	25	51,213,898			
	26	Total liabilities. Add lines 17 through 25			60,701,618	26	62,640,063		
-5		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olet e l	ines 27					
Fund Balance		through 29, and lines 33 and 34.							
lar	27	Unrestricted net assets			99,929,787	27	111,607,659		
Ва	28	Temporarily restricted net assets		28					
рu	29	Permanently restricted net assets			29				
F		Organizations that do not follow SFAS 117, check here ▶ ┌ ar	nd com	ıplete					
ē		lines 30 through 34.							
35	30	Capital stock or trust principal, or current funds				30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31			
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32			
Net	33	Total net assets or fund balances			99,929,787	33	111,607,659		
	34	Total liabilities and net assets/fund balances			160,631,405	34	174,247,722		

Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	☐ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

DLN: 93493195009261

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

Political Campaign and Lobbying Activities

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Se	ection 501(c)(3) organizations	that have filed Form 5/68 (election und that have NOT filed Form 5768 (election	n under section 501(h	n)) Complete Part II-B Do n	ot complete Part II-A
	ection 501(c)(4), (5), or (6) org	"Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form	i 990-⊏∠, iine 35a (regard	aing proxy tax), then
Na	me of the organization LIFORNIA TEACHERS ASSOCIATION	garinzatione complete rate in		Employer iden	tification number
				94-0362310	
ar	t I-A Complete if the	organization is exempt unde	r section 501(c) or is a section 527	organization.
1	Provide a description of the	e organization's direct and indirect pol	itical campaign activ	vities in Part IV	
2	Political expenditures			▶	\$
3	V olunteer hours				
Par	t I-B Complete if the	organization is exempt unde	r section 501(c)(3).	
1	Enter the amount of any ex	cise tax incurred by the organization	under section 4955	▶	\$
2	Enter the amount of any ex	cise tax incurred by organization man	agers under section	4955 ►	\$
3	If the organization incurred	l a section 4955 tax, did it file Form 4	720 for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes
ь	If "Yes," describe in Part I	V			
Par	t I-C Complete if the	organization is exempt unde	r section 501(c) except section 501	l(c)(3).
1	Enter the amount directly e	expended by the filing organization for	section 527 exempt	function activities 🕨	\$
2	Enter the amount of the film exempt funtion activities	ng organization's funds contributed to	other organizations	for section 527 ▶	\$
3	Total exempt function expe	enditures Add lines 1 and 2 Enter he	e and on Form 1120	-POL, line 17b	\$
4	Did the filing organization f	ile Form 1120-POL for this year?			☐ Yes ☐ No
5	were made For each organ contributions received that	s and employer identification number ization listed, enter the amount paid fr were promptly and directly delivered immittee (PAC) If additional space is	om the filing organiz to a separate politic	ation's funds Also enter t al organization, such as a	he amount of political
	(a) Name	(b) A ddress	(c) EIN	(d) A mount paid from filing organization's funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
CTA	ABC	1705 MURCHISON DRIVE BURLINGAME, CA 94010	94-1618614		4,160,377
		Í	1	I	

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).									
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,						
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals				
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)							
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)							
c	Total lobbying expenditures (add lines 1a and 18									
d	Other exempt purpose expenditures									
e	Total exempt purpose expenditures (add lines 1	c and 1d)								
f	Lobbying nontaxable amount Enter the amount f									
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir								
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000						
	Over \$1,500,000 but not over \$17,000,000	00								
	Over \$17,000,000									
		•								
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)								
h	Subtract line 1g from line 1a If zero or less, enter	er -0-								
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -								
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No				
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five				
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı				
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total				
2a	Lobbying non-taxable amount									
b	Lobbying ceiling amount (150% of line 2a, column(e))									
c	Total lobbying expenditures									
d	Grassroots non-taxable amount									

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	a)	(b)
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1i						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

DLN: 93493195009261

OMB No 1545-0047

Open to Public

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions.

Inspection

	ne of the organization FORNIA TEACHERS ASSOCIATION	Employer identification number			
CALI	OKINIA TEACHERS ASSOCIATION		94-0362310		
Par	organizations Maintaining Donor Actor organization answered "Yes" to Form 99		<u> </u>		
	organization answered Tes to Form 39	(a) Donor advised funds	(b) Funds and other accounts		
	Total number at end of year	, ,	. ,		
	Aggregate contributions to (during year)				
	Aggregate grants from (during year)				
	Aggregate value at end of year				
	Did the organization inform all donors and donor advis	-			
	funds are the organization's property, subject to the o		Yes No		
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the benconferring impermissible private benefit				
ar	Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	o Form 990, Part IV, line 7.		
	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreation of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality easement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	certified historic structure		
			Held at the End of the Year		
а	Total number of conservation easements		2a		
ь	Total acreage restricted by conservation easements		2b		
c	Number of conservation easements on a certified his	toric structure included in (a)	2c		
d	Number of conservation easements included in (c) ac	quired after 8/17/06	2d		
	Number of conservation easements modified, transfe	· · · ·	d by the organization during		
	the taxable year -	rica, released, extinguished, or terminate	a by the organization daming		
	Number of states where property subject to conserva		_		
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		Iling of violations, and Yes No		
	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents during the year 🛌		
	A mount of expenses incurred in monitoring, inspectir	ng, and enforcing conservation easements	during the year ► \$		
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion Yes No		
	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial nents	statements that describes		
art	Organizations Maintaining Collectio		or Other Similar Assets.		
	Complete if the organization answered "	<u> </u>	nt and balance about well-		
_	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public service,		
_	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in	•		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$		
	(ii) Assets included in Form 990, Part X				
<u>!</u>	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS				

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Pari	Till Organizations Maintaining Co	ollections of Ar	t, His	tori	<u>cal Tre</u>	asu	res, or C	<u>)the</u>	<u>r Similar As</u>	sets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check ar	ny of th	ne foll	owing th	at are	e a significa	ant u	se of its collect	:ion	
а	Public exhibition		d	Γ	Loan or	exch	nange progi	rams			
ь	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's content of the organization of the organization's content of the organization of t	ollections and expla	aın hov	w they	/ further	the o	rganızatıor	ı's ex	empt purpose i	n	
5	During the year, did the organization solicit assets to be sold to raise funds rather than									Г Yes	┌ No
Par	t IV Escrow and Custodial Arrang						answere	d "Y	es" to Form 9	90,	
	Part IV, line 9, or reported an ar		-								
	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ons o	r other ass	etsı		┌ Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	/ıng ta	able		Г				
_							_	_	An	nount	
C _	Beginning balance						_	1c			
d	Additions during the year						-	1d			
e	Distributions during the year						-	1e			
f	Ending balance							1f		_	
2a	Did the organization include an amount on F	•	ne 21?							Yes	☐ No
	If "Yes," explain the arrangement in Part XI\										
Pa	rt V Endowment Funds. Complete	(a)Current Year		Mere Prior Y			- orm 990, o Years Back		t IV, line 10. Three Years Back	(e)Four \	ears Back
la	Beginning of year balance	(a) carrent rear	(2)	,		(5)	o rears back	(4)	Timee rears back	(2). 34.	cars back
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
	and programs							_			
f	Administrative expenses							-			
g	End of year balance										
2	Provide the estimated percentage of the year	ir end balance held	as								
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
c	Term endowment ►										
3a	Are there endowment funds not in the posse organization by	ssion of the organiz	zation	that a	re held a	and a	dministere	d for	the	Yes	No
	(i) unrelated organizations								3a(110
	(ii) related organizations								3a(_	
ь	If "Yes" to 3a(II), are the related organization	ns listed as require	d on S	ched	ule R?				3l)	
1	Describe in Part XIV the intended uses of th										
Par	t VI Investments—Land, Building	s, and Equipme	ent. S	ee F	orm 99	0, Pa	rt X, line	10.		1	
	Description of investment				Cost or ot (Investme		(b) Cost or o		(c) Accumulated depreciation	(d) B	ook value
la	Land						9,409	,625			9,409,62
b	Buildings						56,259	,802	15,070,23	0 4	41,189,572
С	Leasehold improvements						840	,849	665,99	9	174,850
d	Equipment										
е	Other						12,687	,814	10,317,27	7	2,370,537

53,144,584

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990 Part X line	13	
		(c) Method of valuation	
(a) Description of investment type	(b) Book value	Cost or end-of-year market value	
		·	,
	<u> </u>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III	ne 15.		
	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 1	fie 15.	(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	fie 15.		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PAYROLL AND RELATED LIABILITIES	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PAYROLL AND RELATED LIABILITIES DUES PAYABLE TO AFFILIATED ORGANIZATIONS	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PAYROLL AND RELATED LIABILITIES DUES PAYABLE TO AFFILIATED ORGANIZATIONS ACCRUED VACATION, SICK LEAVE AND OTHER	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PAYROLL AND RELATED LIABILITIES DUES PAYABLE TO AFFILIATED ORGANIZATIONS ACCRUED VACATION, SICK LEAVE AND OTHER RELATED COSTS	5.) (b) A mount 6,660,676 11,870,529 32,648,096		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PAYROLL AND RELATED LIABILITIES DUES PAYABLE TO AFFILIATED ORGANIZATIONS ACCRUED VACATION, SICK LEAVE AND OTHER RELATED COSTS	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PAYROLL AND RELATED LIABILITIES DUES PAYABLE TO AFFILIATED ORGANIZATIONS	5.) (b) A mount 6,660,676 11,870,529 32,648,096		
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PAYROLL AND RELATED LIABILITIES DUES PAYABLE TO AFFILIATED ORGANIZATIONS ACCRUED VACATION, SICK LEAVE AND OTHER RELATED COSTS	5.) (b) A mount 6,660,676 11,870,529 32,648,096		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PAYROLL AND RELATED LIABILITIES DUES PAYABLE TO AFFILIATED ORGANIZATIONS ACCRUED VACATION, SICK LEAVE AND OTHER RELATED COSTS	5.) (b) A mount 6,660,676 11,870,529 32,648,096		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PAYROLL AND RELATED LIABILITIES DUES PAYABLE TO AFFILIATED ORGANIZATIONS ACCRUED VACATION, SICK LEAVE AND OTHER RELATED COSTS	5.) (b) A mount 6,660,676 11,870,529 32,648,096		
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PAYROLL AND RELATED LIABILITIES DUES PAYABLE TO AFFILIATED ORGANIZATIONS ACCRUED VACATION, SICK LEAVE AND OTHER RELATED COSTS	5.) (b) A mount 6,660,676 11,870,529 32,648,096		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PAYROLL AND RELATED LIABILITIES DUES PAYABLE TO AFFILIATED ORGANIZATIONS ACCRUED VACATION, SICK LEAVE AND OTHER RELATED COSTS	5.) (b) A mount 6,660,676 11,870,529 32,648,096		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PAYROLL AND RELATED LIABILITIES DUES PAYABLE TO AFFILIATED ORGANIZATIONS ACCRUED VACATION, SICK LEAVE AND OTHER RELATED COSTS	5.) (b) A mount 6,660,676 11,870,529 32,648,096		
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED PAYROLL AND RELATED LIABILITIES DUES PAYABLE TO AFFILIATED ORGANIZATIONS ACCRUED VACATION, SICK LEAVE AND OTHER RELATED COSTS	5.) (b) A mount 6,660,676 11,870,529 32,648,096		

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
ь	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV) 4b	
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
ь	Prior year adjustments	1
c	Other losses	1
d	Other (Describe in Part XIV) 2d	1
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV)]
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
Par	t XIV Supplemental Information	
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t	

Identifier Return Reference Explanation

additional information

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DLN: 93493195009261

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of	tΙ	ıе	org	ani	zat	ion	1	
CALIFO	RNI	Ά	TE	ACHE	ERS	ASS	SOC	IATIO	NC

Employer identification number

94-0362310

Pa	rt I Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	▼ Travel for companions			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee			
	Independent compensation consultant			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
Ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns					
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ				
David A Sanchez	(ı) (ıı)	133,720 0	0 0	78,584 0	53,801 0	23,445 0	289,550 0	0				
Dean E Vogel	(I) (II)	125,230 0	0	46,158 0	50,187 0	23,350	244,925 0	0				
carolyn DOGGETT	(I) (II)	221,612 0	0	82,509 0	98,589 0	24,300 0	427,010 0	0				
JAMES LCLARK	(ı) (ıı)	212,748 0	0	57,765 0	84,162 0	23,962	378,637 0	0				
JOE NUNEZ	(I) (II)	206,099 0	0	56,339 0	81,414 0	24,174 0	368,026 0	0				
REBECCA A ZOGLMAN	(ı) (ıı)	206,099 0	0	42,273 0	80,832 0	24,174 0	353,378 0	0				
LEONARD L LIPPS	(ı) (ıı)	193,910 0	0	115,379 0	106,098 0	23,746 0	439,133 0	0				
ALICE M O'BRIEN	(1) (11)	206,099 0	0	79,168 0	81,080 0	24,144 0	390,491 0	0				
Michael LBustos	(1) (11)	8 0	0	13,235 0	0	3,902	17,145 0	0				
Dayton CCrummey	(I) (II)	7 0	0	198,009	0	4,631	202,647	0				
Lynette PHenley	(I) (II)	7 0	0	161,974 0	0	4,748	166,729 0	0				
Mıgnon WJackson	(I) (II)	7 0	0	163,553 0	0	4,401	167,961 0	0				
Lloyd NPorter	(ı) (ıı)	7 0	0	182,190 0	0	4,748	186,945 0	0				
joyce lewke	(I) (II)	0	0	24,570 0	0	0	24,570 0	0				
barbara e kerr	(I) (II)	122,988	0	14,088 0	42,596 0	23,306	202,978	0				

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
	Part I, Line 1a	The association provides gross-up payments to officers, board members, and employees on certain taxable payments
	Part I, Line 1a	The association reimburses certain employees including officers limited wellness related expenses generally up to \$1,000 a year
Supplemental Information		THE OFFICERS AND BOARD OF DIRECTORS OF THE ASSOCIATION ARE RELEASED EDUCATORS THEIR RESPECTIVE SCHOOL DISTRICTS PAY THEIR SALARY UNDER THEIR REGULAR EMPLOYMENT CONTRACTS THE ASSOCIATION ARRANGES TO REIMBURSE SALARY AND BENEFIT COST TO THE SCHOOL DISTRICTS THE SCHOOL DISTRICTS BILL THE ASSOCIATION AS ALLOWED BY THE CALIFORNIA EDUCATION CODE IN AMOUNTS RANGING FROM BASIC SUBSTITUTE COST TO FULLY LOADED REGULAR SALARY INCLUDING BENEFITS

Schedule J (Form 990) 2009

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OMB No 1545-0047

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Internal Revenue Service

Name of the organization **Employer identification number** CALIFORNIA TEACHERS ASSOCIATION

							94	1-03623	10		
art I Excess Benefit Trar											
Complete If the organizat	on ans	wered "Y	es" on Form 990,	Part IV, line 25a	or 2	5b, or	Form 9	990-EZ,	Part V , line		
1 (a) Name of disqu	ualıfıed	person		(b) Desc	rıp	tion of	transa	iction		(c) Co	rrected
				(2, 2 00						Yes	No
											-
2 Enter the amount of tax impose	ed on th	ie organi	zation managers o	or disqualified pers	ons	durin	g the y	ear unde	r		
section 4958							•	🕨	* \$		
3 Enter the amount of tax, if any,	on line	2, abov	e, reimbursed by t	he organization .				🕨	\$		
									-		
art II Loans to and/or F											
Complete if the organiz	ation a	ns we re d	"Yes" on Form 99	0, Part IV, line 26	, or	Form	990-E				
	(b) Lo	oan to				(a) I =		(f)		(\ \\/ -: ++	
a) Name of interested person and	1	m the	(c)O riginal	(d)Balance due	١,	(e) I r default		A ppro		(g) Writta agreemei	
purpose	organız	zation?	principal amount	: (d) Darance ade				commit		ag. 000.	
	То	From			Y	es	No	Yes	No	Yes	No
MES CLARK											
JTO LOAN		X	20,80	7,142			Νo	Yes		Yes	
AIL MENDES											
JTO LOAN		×	32,60	17,436			Νo	Yes		Yes	
AVID SANCHEZ			52,00	1,,130			-110	1		, 05	
WID SANGILL											
JTO LOAN		Х	47,75	7,626			Νo	Yes		Yes	
								<u> </u>			
tal			🕨 \$	32,204							
art IIII Grants or Assistan											
Complete if the orga	nızatıo						' .				
(a) Name of interested pers	on	(Ь		veen interested pe	rsor	ו ו	(c) A m	ount of g	rant or type	ofassis	tance
			and the o	rganızatıon							
	•			D							
Part IV Business Transact Complete if the orga					<i>,</i> ı.	ne 20	22 201	0 0 20	C		
Complete if the orga	ınzatı0			UIIII 770, PAIL IN	, 11	T 28	oa, 20	J, UI 28	С.	(a) C!	
			Relationship een interested	(c) A mount of						lorgan	narıng o ızatıon'
(a) Name of interested persor	1	1	son and the	transaction		(d)	Descr	iption of	transaction	, ı -	nues?
			rganization							Yes	No
alifornia casualty		Key em	ployee is on the	425,6	594	4 business auto liability insurance					Νο
·			f california	- , -			iiums				
		casualt	у			1					
		1				1					1

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As Filed Data -

DLN: 93493195009261

94-0362310

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

Name of the organization

CALIFORNIA TEACHERS ASSOCIATION

Department of the Treasury Internal Revenue Service

(Form 990)

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Supplemental Information to Form 990

► Attach to Form 990. **Employer identification number**

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The members of the California Teachers Association vote for delegates to the State Council of Education The delegates of the State Council of Education elect the CTA Board of Directors and the CTA Officers

DLN: 93493195009261

OMB No 1545-0047

2009

2009

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

Name of the organization

CALIFORNIA TEACHERS ASSOCIATION

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.
 ► See separate instructions.

Open to Public Inspection

Employer identification number

						94-	0362310		
Part I Identification of Disregarded Entities (Complete I	f the organization ai	nswe	ered "Yes" on	Forr	m 990, Par	t IV, line	33.)		
(a) Name, address, and EIN of disregarded entity			(c) domicile (state eign country)	Tota	(d) al income	(e) End-of-year assets		(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the tax		e or	ganızatıon an	iswer	ed "Yes" o	n Form	990, Part	IV, line 3	34 because it had one
(a) Name, address, and EIN of related organization	(b) Primary activity		(c) Legal domicile (state or foreign country)		(d) Exempt Code			ty status	(f) Direct controlling entity
cta martın luther kıng jr memorial scholarship fund	1								
1705 murchison drive	provides scholarships		CA		501(c)	:)(3)		7	N/A
burlingame, CA 94010 23-7092497									
cta economic benefits trust									
1705 murchison drive	provides benefits for members		CA	501(c)		.(c)(9)			N/A
burlingame, CA 94010 94-6665696									
cta association for better citizenship									
1705 murchison drive	political action committee		CA			527			N/A
burlingame, CA 94010 94-1618614									
cta institute for teaching									
1705 murchison drive	Build community involvement and provide		CA		501(c)	(3)		7	N/A
burlingame, CA 94010 95-6207990	training to members								
the memorial education awards fund									
1705 murchison drive	Provide visual art and ess awards	say	CA		501(c)	(3)		7	N/A
burlingame, CA 94010 91-1992552	uwaras								
cta foundation for teaching and learning									
1705 murchison drive	Provides grants, scholarships, and disaster	.	CA		501(c)	(3)		7	N/A
burlingame, CA 94010 26-3387057	relief								
cta disaster relief fund									
1705 murchison drive	Provides disaster relief to members		CA		501(c)	(3)		7	N/A
burlingame, CA 94010 71-0891612	incliners								

					s a Partnership (0 d as a partnership o			wered "	Yes" o	on For	m 990, I	Part IV, line	34	
(a) Name, address, a related organi		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end asset	-of-year	(h Disprop allocat	rtionate	Code amount ır Sched	(i) V—UBI In box 20 of ule K-1 In 1065)	(j Gener mana partr	al or ging
									Yes	No			Yes	No
					s a Corporation o s treated as a corpo				nswer	ed "Y	es" on Fo	orm 990, P	art IV,	
Name, address	(a) s, and EIN o	f related organization	(b) Primary a		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of Incon	f total	Sh end-	(g) pare of of-year ssets	(h) Percentag ownership		

(6)

Par	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV,	line 34, 35, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
1 Du	ring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-I'	√ ?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No
b	Gift, grant, or capital contribution to other organization(s)		1b		No
c	Gift, grant, or capital contribution from other organization(s)		1 c		No
d	Loans or loan guarantees to or for other organization(s)		1d		No
e	Loans or loan guarantees by other organization(s)		1e		No
f	Sale of assets to other organization(s)		1 f		No
g	Purchase of assets from other organization(s)		1 g		No
h	Exchange of assets		1h		No
i i	ease of facilities, equipment, or other assets to other organization(s)		1 i		No
j	ease of facilities, equipment, or other assets from other organization(s)		1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)		1k		No
1 1	erformance of services or membership or fundraising solicitations by other organization(s)		11		No
m	Sharing of facilities, equipment, mailing lists, or other assets		1m		No
n	Sharing of paid employees		1 n		No
o	Reimbursement paid to other organization for expenses		10		No
р	Reimbursement paid by other organization for expenses		1 p	Yes	<u></u>
					<u> </u>
q	O ther transfer of cash or property to other organization(s)		1 q		No
r	Other transfer of cash or property from other organization(s)		1 r		No
2	f the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationship	ps and transaction thres	holds		
	(a)	(b) Transaction	(c)	
	Name of other organization	type(a-r)	Amount	involve	.d
(1) CT	INSTITUTE FOR TEACHING	Р		93	6,406
(2) CT/	Economic Benefits Trust	Р		1,22	0,343
(3)				-	
(4)					
(5)					

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets		ortionate nons?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	ag ing tner?
			Yes	No		Yes	No		Yes	No
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Software ID: Software Version:

EIN: 94-0362310

Name: CALIFORNIA TEACHERS ASSOCIATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

- Torin 550, Schedule R, Fait II Ident	incution of iterate				
(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity
cta martin luther king jr memorial scholarship fund	provides scholarships	CA	501(c) (3)	7	N/A
1705 murchison drive burlingame, CA94010 23-7092497					
cta economic benefits trust 1705 murchison drive burlingame, CA94010 94-6665696	provides benefits for members	CA	501(c) (9)		N/A
cta association for better citizenship 1705 murchison drive burlingame, CA94010 94-1618614	political action committee	CA	527		N/A
cta institute for teaching 1705 murchison drive burlingame, CA94010 95-6207990	Build community involvement and provide training to members	CA	501(c) (3)	7	N/A
the memorial education awards fund 1705 murchison drive burlingame, CA94010 91-1992552	Provide visual art and essay awards	CA	501(c) (3)	7	N/A
cta foundation for teaching and learning 1705 murchison drive burlingame, CA94010 26-3387057	Provides grants, scholarships, and disaster relief	CA	501(c) (3)	7	N/A
cta disaster relief fund 1705 murchison drive burlingame, CA94010 71-0891612	Provides disaster relief to members	СА	501(c) (3)	7	N/A

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		The members of the California Teachers Association vote for delegates to the State Council of Education The delegates of the State Council of Education elect the CTA Board of Directors and the CTA Officers

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		The members of the California Teachers Association vote for delegates to the State Council of Education The delegates of the State Council of Education elect the CTA Board of Directors and the CTA Officers State Council approves certain decisions outlined in the organization's bylaws and/or standing rules including but not limited to the approval of the annual budget

Software ID: Software Version:

EIN: 94-0362310

Name: CALIFORNIA TEACHERS ASSOCIATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) Average hours per		(C tion (hat a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
Larry EAllen Director	40 00	Х						20,728	0	6,574			
Donald LBridge Director	40 00	Х						20,561	0	6,818			
Tyrone V Cabell Director	40 00	x						20,430	0	6,364			
Mıcaela Cıchockı Dırector	40 00	Х						20,976	0	6,681			
Don SDawson Director	40 00	Х						23,381	0	6,574			
Dana A Dillon Director	40 00	Х						20,336	0	6,364			
James A Groth Director	40 00	Х						21,221	0	6,139			
Dian DHasson Director	40 00	Х						22,655	0	5,900			
Eric CHeins Director	40 00	Х						24,412	0	6,574			
Cynthia A Pena Director	40 00	Х						20,408	0	6,364			
Luis MMeeden Director	40 00	Х						19,442	0	6,364			
George DMelendez Dırector	40 00	Х						24,542	0	6,574			
Mary RO rtega Director	40 00	Х						20,724	0	5,900			
James MRogers Director	40 00	Х						21,421	0	6,364			
Jaye BShatun Director	40 00	Х						22,410	0	6,574			
Michael DStone Director	40 00	Х						23,413	0	6,818			
David A Sanchez President	40 00	Х		х				212,304	0	77,246			
Dean E Vogel Vice-President	40 00	Х		х				171,388	0	73,537			
Gail MMendes Sec-Treasurer	40 00	Х		х				97,534	0	50,658			
Marc R Sternberger DIRECTOR	40 00	Х						15,870	0	4,785			
Curtis L Washington Director	40 00	Х						12,929	0	4,005			
Elana M Davidson Director	40 00	Х						12,453	0	4,005			
David B Goldberg director	40 00	Х						11,920	0	4,005			
ERNEST T BOYD DIREctor	40 00	Х						3,575	0	1,115			
carolyn DOGGETT executive director	40 00				х			304,121	0	122,889			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) (C) A verage Position (check all that apply)							(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
JAMES LCLARK DEPUTY EXECUTIVE DIRECTOR	40 00					Х		270,513	0	108,124
JOE NUNEZ ASSOCIATE EXECUTIVE DIRECT	40 00					×		262,438	0	105,588
REBECCA A ZOGLMAN ASSOCIATE EXECUTIVE DIRECT	40 00					x		248,372	0	105,006
LEONARD L LIPPS ASSISTANT EXECUTIVE DIRECTOR	40 00					x		309,289	0	129,844
ALICE M O'BRIEN AssOC ExC Dir/Chief COUNSEL	40 00					×		285,267	0	105,224
Michael LBustos former board of Director							х	13,243	0	3,902
Dayton CCrummey former board of Director							х	198,016	0	4,631
Lynette PHenley former board of Director							х	161,981	0	4,748
Mıgnon WJackson former board of Dırector							х	163,560	0	4,401
Lloyd NPorter former board of Dırector							х	182,197	0	4,748
joyce lewke FORMER BOARD OF director							х	24,570	0	0
barbara e kerr former president							х	137,076	0	65,902

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
local service delivery	33,945,371			
statewide programs	19,656,501			
other expenditures	2,901,772			
crisis assistance	736,096			
support services	171,207			

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The 990 is prepared by an independent public accounting firm. It is reviewed internally. A copy of the 990 is provided to the board prior to filing

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The CTA Conflict of Interest Policy was adopted by the Board of Directors in 1994. Employees are required to disclose to the Association any current or contemplated activity, interest or relationship on the employee's or immediate family member which might create or appear to create a conflict of interest under the terms and provision of the policy

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Executive Officer and Management compensation policy adopted by the Board of Directors and review ed annually Compensation adjustments for Officers and Managers are based on change to teacher average salary in the State of California

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		No documents available to the public except those prescribed by State and Federal regulations

ldentifier	Return Reference	Explanation
		Form 990, Part XI, Line 2c The process to select an independent auditor did not change from the prior year