

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2020

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation): Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Form 990 Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 09-01-2020, and ending 08-31-2021

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

C Name of organization: UNITED TEACHERS LOS ANGELES. Doing business as: Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 3303 WILSHIRE BLVD. City or town, state or province, country, and ZIP or foreign postal code: LOS ANGELES, CA 900101704

D Employer identification number: 95-2635019. E Telephone number: (213) 487-5560. G Gross receipts \$ 56,564,607

F Name and address of principal officer: ALEX OROZCO, 3303 WILSHIRE BLVD, LOS ANGELES, CA 900101704

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c)(5) (insert no.) 4947(a)(1) or 527

J Website: WWW.UTLA.NET

K Form of organization: Other LABOR UNION

L Year of formation: 1970. M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: LABOR ORGANIZATION ACTIVITIES

Table with 2 columns: Description, Amount. Rows 2-7b: 2 Check this box if discontinued operations, 3 Number of voting members (46), 4 Number of independent voting members (39), 5 Total number of individuals employed (79), 6 Total number of volunteers (39), 7a Total unrelated business revenue (60), 7b Net unrelated business taxable income (0)

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12: 8 Contributions and grants (0), 9 Program service revenue (48,263,188), 10 Investment income (313,100), 11 Other revenue (26,149), 12 Total revenue (48,602,437)

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19: 13 Grants and similar amounts paid (14,750), 14 Benefits paid (0), 15 Salaries (11,238,990), 16a Professional fundraising fees (0), 16b Total fundraising expenses (0), 17 Other expenses (34,789,220), 18 Total expenses (46,042,960), 19 Revenue less expenses (2,559,477)

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets (47,789,993), 21 Total liabilities (9,916,244), 22 Net assets or fund balances (37,873,749)

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.

Sign Here: Signature of officer: ALEX OROZCO TREASURER. Date: 2022-07-14

Paid Preparer Use Only: Print/Type preparer's name: VASQUEZ & CO LLP. Preparer's signature, Date, Check if self-employed, PTIN: P00576936. Firm's name, Firm's EIN: 33-0700332. Firm's address: 655 N CENTRAL AVE STE 1550, GLENDALE, CA 91203. Phone no. (213) 873-1700

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

LABOR ORGANIZATION ACTIVITIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)

REPRESENTS ALL TEACHERS AND OTHER SUPPORT SERVICE PERSONNEL EMPLOYED BY THE LOS ANGELES UNIFIED SCHOOL DISTRICT. NEGOTIATE LABOR CONTRACT TO IMPROVE THEIR WAGES, BENEFITS, AND WORKING CONDITIONS. KEEP THEM INFORMED OF MATTERS RELATED TO THEIR WORKING CONDITIONS. REPRESENT THEM IN LABOR DISPUTES AND ADVOCATE FOR THEIR RIGHTS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e **Total program service expenses** ▶

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b	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? <i>If "Yes," complete Schedule D, Part VII</i>	Yes	
c	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? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d	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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f	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 (ASC 740)?	Yes	
12a	Did the organization obtain a separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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 "Yes," complete Schedule G, Part I</i> (see instructions)		No
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 "Yes," complete Schedule G, Part II</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, with sub-questions and corresponding answer boxes (e.g., 2a, 2b, 3a, 3b, etc.).

If "Yes," complete Form 4720, Schedule O.

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. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (46), 1b (39), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section 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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: HARRY MAR 3303 WILSHIRE BLVD LOS ANGELES, CA 900101701 (213) 487-5560

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL ALEX CAPUTO-PEARL NEA VICE PRESIDENT	40.00 3.00	X		X				128,421	0	32,352
(2) CECILY MYART-CRUZ PRESIDENT	40.00 2.00	X		X				127,968	0	34,662
(3) JUAN RAMIREZ AFT VICE PRESIDENT	40.00 3.00	X		X				128,805	0	34,211
(4) GLORIA MARTINEZ ELEMENTARY V.P.	40.00 1.00	X		X				128,415	0	32,864
(5) ARLENE INOUYE SECRETARY	40.00 1.00	X		X				128,379	0	34,661
(6) DAVID ALEX OROZCO TREASURER	40.00 1.00	X		X				128,103	0	34,243
(7) JULIE VAN WINKLE SECONDARY V.P.	40.00 1.00	X		X				133,677	0	34,123
(8) FLOWERS LEE GEORGIA J DIRECTOR	40.00	X						0	0	0
(9) JIMENEZ ROSA DIRECTOR	1.00	X						0	0	0
(10) MANDEL SCOTT M DIRECTOR	1.00	X						0	0	0
(11) MC AFEE JENNIFER S DIRECTOR	1.00	X						0	0	0
(12) MIRANDA MARIA R DIRECTOR	1.00	X						0	0	0
(13) NEWBORN BRUCE J DIRECTOR	1.00	X						0	0	0
(14) TAMAYO ADRIAN A DIRECTOR	1.00	X						0	0	0
(15) WEBSTER STACIE L DIRECTOR	1.00	X						0	0	0
(16) KOGAN MATTHEW DIRECTOR	1.00	X						0	0	0
(17) ORTEGA CHERYL L DIRECTOR	1.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) AVILA-HERNANDEZ ANIBAL DIRECTOR	1.00	X					0	0	0	
(19) MUSKRATH MARK M DIRECTOR	1.00	X					0	0	0	
(20) RODRIGUEZ CLAUDIA DIRECTOR	1.00	X					0	0	0	
(21) CHAGOYA-GONZALEZ MARCELA DIRECTOR	1.00	X					0	0	0	
(22) GUNNELL INGRID M DIRECTOR	1.00 2.00	X					0	0	0	
(23) TAMAYO YOLANDA Y DIRECTOR	1.00	X					0	0	0	
(24) BROWN BRENDA L DIRECTOR	1.00	X					0	0	0	
(25) DIAZ ROSA I DIRECTOR	1.00	X					0	0	0	
(26) HOFFMAN PHYLIS E DIRECTOR	1.00 2.00	X					0	0	0	
(27) UNTALAN ELIZABETH G DIRECTOR	1.00	X					0	0	0	
(28) EVANS MALLORIE D DIRECTOR	1.00	X					0	0	0	
(29) RAMOS MARK ANTHONY D DIRECTOR	1.00	X					0	0	0	
(30) SOLOMON REBECCA J DIRECTOR	1.00	X					0	0	0	
(31) WANG JASMINE Z DIRECTOR	1.00	X					0	0	0	
(32) KYLE WADE M DIRECTOR	1.00 2.00	X					0	0	0	
(33) BRAVO AYDE DIRECTOR	1.00	X					0	0	0	
(34) MATTHEWS L CYNTHIA DIRECTOR	1.00 2.00	X					0	0	0	
(35) SILVA CLAUDIA DIRECTOR	1.00	X					0	0	0	
(36) SCHNEIDER DEBORAH F DIRECTOR	1.00	X					0	0	0	
(37) MARTINEZ FRANCISCO R DIRECTOR	1.00	X					0	0	0	
(38) CASAS MARTHA V DIRECTOR	1.00	X					0	0	0	
(39) GOTTLIEB JENNIFER L DIRECTOR	1.00	X					0	0	0	
(40) PEREZ ROMAN HECTOR V DIRECTOR	1.00 2.00	X					0	0	0	
(41) BITTER MELODIE L DIRECTOR	1.00	X					0	0	0	
(42) DAVIS WENDI B DIRECTOR	1.00	X					0	0	0	
(43) ROMO JAVIER J DIRECTOR	1.00	X					0	0	0	
(44) GERMAINE MARIE E DIRECTOR	1.00	X					0	0	0	
(45) LIPPE KLEIN NOAH DIRECTOR	1.00	X					0	0	0	
(46) VILLARYO JENNIFER J DIRECTOR	1.00	X					0	0	0	
(47) HARRY MAR CHIEF FINANCE DIRECTOR	35.00			X			145,620	0	70,705	
(48) BRIAN MCNAMARA FIELD & ORGANIZING DIRECTO	35.00				X		131,254	0	46,930	
(49) DIANA DARTY DIRECTOR OF SUPPORT SERVIC	35.00				X		142,662	0	51,621	
(50) CARL JOSEPH AREA REPRESENTATIVE	35.00				X		161,749	0	66,939	
(51) BRUCE WILLIAMS AREA REPRESENTATIVE	35.00				X		131,881	0	42,708	
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							1,616,934	0	516,019	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2 5**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BUSH GOTTLIEB LAW CORP 801 N BRAND BLVD STE 950 GLENDALE, CA 91203	LEGAL	639,305
CORE GROUP 3738 BAYER AVE UNIT 104 LONG BEACH, CA 90808	IT CONSULTING	468,941
ALLIED UNIVERSAL SECURITY SERVICES PO BOX 31001-2374 PASADENA, CA 91110	SECURITY	345,986
ABLE BUILDING MAINTENANCE COMPANY DEPT 34651 PO BOX 39000 SAN FRANCISCO, CA 94139	JANITORIAL & DAYPORTER	317,492
ABLE ENGINEERING SERVICES PO BOX 39000 DEPT 34637 SAN FRANCISCO, CA 94139	ENGINEERING SERVICES	290,650
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 2 5		

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
g Noncash contributions included in lines 1a - 1f:\$	1g					
h Total. Add lines 1a-1f ▶						

Program Service Revenue			Business Code			
	2a UNION DUES		813930	34,168,757	34,168,757	
b AFFILIATES DUES REBATES		813930	14,439,368	14,439,368		
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			48,608,125			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			251,068		251,068	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		6a	3,976,859				
		b Less: rental expenses	6b	3,338,493			
		c Rental income or (loss)	6c	638,366			
	d Net rental income or (loss) ▶			638,366		638,366	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other ▶				
		7a	3,431,740				
		b Less: cost or other basis and sales expenses	7b	3,342,575			
		c Gain or (loss)	7c	89,165			
	d Net gain or (loss) ▶			89,165		89,165	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
		b Less: direct expenses	8b				
c Net income or (loss) from fundraising events ▶							
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less							

returns and allowances . . .	10a	5,135			
b Less: cost of goods sold	10b	3,273			
c Net income or (loss) from sales of inventory . . .			1,862	1,862	
Miscellaneous Revenue	Business Code				
11a INSURANCE ADMINISTRATION	561000	265,523			265,523
b MISCELLANEOUS INCOME	900099	26,097			26,097
c ADVERTISING REVENUE	513120	60		60	
d All other revenue					
e Total. Add lines 11a-11d		291,680			
12 Total revenue. See instructions		49,880,266	48,609,987	60	1,270,219

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
 Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 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 domestic organizations and domestic governments. See Part IV, line 21	265,000			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	25,875			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	979,948			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,063,364			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,131,614			
9 Other employee benefits	2,589,710			
10 Payroll taxes	541,008			
11 Fees for services (non-employees):				
a Management	43,779			
b Legal	939,532			
c Accounting	9,675			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	598,079			
12 Advertising and promotion	525,862			
13 Office expenses	1,053,095			
14 Information technology	67,983			
15 Royalties				
16 Occupancy	1,086,194			
17 Travel	133,704			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	208,833			
20 Interest	8,708			
21 Payments to affiliates	29,099,149			
22 Depreciation, depletion, and amortization	294,147			
23 Insurance	104,930			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING & PUBLICATION	45,341			
b CHARTER ORGANIZING EXPE	300,203			
c AREA ASSEMBLIES	127,800			
d MOBILIZATION	94,295			
e All other expenses	265,515			
25 Total functional expenses. Add lines 1 through 24e	46,603,343			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	18,634,503	1	23,632,238
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	6,696,404	4	6,620,461
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	500,582	7	268,778
	8 Inventories for sale or use	96,927	8	94,863
	9 Prepaid expenses and deferred charges	977,215	9	874,195
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 28,624,125		
	b Less: accumulated depreciation	10b 16,978,768	12,868,688	10c 11,645,357
	11 Investments—publicly traded securities	2,982,190	11	3,709,803
	12 Investments—other securities. See Part IV, line 11	5,033,484	12	5,071,965
	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 33)	47,789,993	16	51,917,660	
Liabilities	17 Accounts payable and accrued expenses	9,916,244	17	10,437,769
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	0	25	140,850
	26 Total liabilities. Add lines 17 through 25	9,916,244	26	10,578,619
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	37,873,749	27	41,339,041
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	37,873,749	32	41,339,041
33 Total liabilities and net assets/fund balances	47,789,993	33	51,917,660	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	49,880,266
2	Total expenses (must equal Part IX, column (A), line 25)	2	46,603,343
3	Revenue less expenses. Subtract line 2 from line 1	3	3,276,923
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37,873,749
5	Net unrealized gains (losses) on investments	5	188,369
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	41,339,041

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 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.	Yes	
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?		No
3b	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.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Supplemental Financial Statements

2020

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization UNITED TEACHERS LOS ANGELES

Employer identification number

95-2635019

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| 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 Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,134,970		2,134,970
b Buildings		21,071,715	12,253,984	8,817,731
c Leasehold improvements				
d Equipment		5,383,506	4,690,850	692,656
e Other		33,934	33,934	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c.) . . . ▶				11,645,357

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, Other (US AGENCIES, BONDS AND NOTES, MORTGAGE-BACKED SECURITIES), and a Total row showing 5,071,965.

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered (2) through (10) and a Total row.

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered (2) through (10) and a Total row.

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include Federal income taxes and rows numbered (2) through (9), and a Total row showing 140,850.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	20,656,425
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	188,369	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-29,142,928	
e	Add lines 2a through 2d			2e -28,954,559
3	Subtract line 2e from line 1			3 49,610,984
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	269,282	
c	Add lines 4a and 4b			4c 269,282
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 49,880,266

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	17,030,101
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	-60	
e	Add lines 2a through 2d			2e -60
3	Subtract line 2e from line 1			3 17,030,161
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	29,573,182	
c	Add lines 4a and 4b			4c 29,573,182
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 46,603,343

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART X, LINE 2:	UTLA IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(5) OF THE IRC AND CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS AN OTHER THAN PRIVATE FOUNDATION. UTLA HAS ADOPTED GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD. MANAGEMENT BELIEVES THAT UTLA HAS TAKEN NO UNCERTAIN TAX PROVISIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. U.S. GAAP REQUIRES THAT AN ORGANIZATION RECOGNIZE IN THE FINANCIAL STATEMENTS THE IMPACT OF A TAX POSITION IF THAT POSITION WILL MORE LIKELY THAN NOT BE SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. AS OF AUGUST 31, 2021, UTLA HAD NO MATERIAL UNRECOGNIZED TAX BENEFITS, TAX PENALTIES OR INTEREST. AS OF AUGUST 31, 2021, INFORMATION RETURNS SUBSEQUENT TO 2017 FILED BY UTLA ARE SUBJECT TO EXAMINATION BY THE AUTHORITIES.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	AFFILIATES DUES PAID -29,099,149. MANAGEMENT FEES -43,779.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	ADVERTISING INCOME 60. PACE ISSUES INCOME 269,222.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	ADVERTISING REVENUE -60.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	AFFILIATES DUES PAID 29,099,149. MANAGEMENT FEES 43,779. PACE ISSUES EXPENSES 430,254.

Additional Data

[**Return to Form**](#)

Software ID:

Software Version:

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

**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
UNITED TEACHERS LOS ANGELES

Employer identification number
95-2635019

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SOCIAL & ENVIRONMENTAL ENTREPRENEURS 23532 CALABSAS ROAD SUITE A CALABASAS, CA 91302	95-4116679	501(C)(3)	75,000				DEVELOPING & ADVOCATING GOVERNMENTAL POLICIES FOR PUBLICALLY FUNDED SCHOOLS
(2) LOS ANGELES ALLIANCE FOR A NEW ECONOMY 464 LUCAS AVE STE 202 LOS ANGELES, CA 90017	95-4459427	501(C)(3)	115,000				DEVELOPING & ADVOCATING GOVERNMENTAL POLICIES FOR PUBLICALLY FUNDED SCHOOLS
(3) ACCE ACTION 3655 S GRAND AVE STE 250 LOS ANGELES, CA 90007	27-1482731	501(C)(4)	75,000				DEVELOPING & ADVOCATING GOVERNMENTAL POLICIES FOR PUBLICALLY FUNDED SCHOOLS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **2**
- 3** Enter total number of other organizations listed in the line 1 table **1**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIP	74	25,875			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	SCHOLARSHIPS ARE REVIEWED BY THE SCHOLARSHIP CHAIRPERSON. THEN, REVIEWED BY THE TREASURER.

Additional Data

Return to Form

Software ID:
Software Version:

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED TEACHERS LOS ANGELES

Employer identification number

95-2635019

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization? If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization? If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		No
4b		No
4c		No
5a		
5b		
6a		
6b		
7		
8		
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CARL JOSEPH AREA REPRESENTATIVE	(i)	161,749	0	0	0	66,939	228,688	0
	(ii)	0	0	0	0	0	0	0
2 HARRY MAR CHIEF FINANCE DIRECTOR	(i)	145,620	0	0	0	70,705	216,325	0
	(ii)	0	0	0	0	0	0	0
3 DIANA DARTY DIRECTOR OF SUPPORT SERVIC	(i)	142,662	0	0	0	51,621	194,283	0
	(ii)	0	0	0	0	0	0	0
4 BRIAN MCNAMARA FIELD & ORGANIZING DIRECTO	(i)	131,254	0	0	0	46,930	178,184	0
	(ii)	0	0	0	0	0	0	0
5 BRUCE WILLIAMS AREA REPRESENTATIVE	(i)	131,881	0	0	0	42,708	174,589	0
	(ii)	0	0	0	0	0	0	0
6 JULIE VAN WINKLE SECONDARY V.P.	(i)	133,677	0	0	0	34,123	167,800	0
	(ii)	0	0	0	0	0	0	0
7 ARLENE INOUYE SECRETARY	(i)	128,379	0	0	0	34,661	163,040	0
	(ii)	0	0	0	0	0	0	0
8 JUAN RAMIREZ AFT VICE PRESIDENT	(i)	128,805	0	0	0	34,211	163,016	0
	(ii)	0	0	0	0	0	0	0
9 CECILY MYART-CRUZ PRESIDENT	(i)	127,968	0	0	0	34,662	162,630	0
	(ii)	0	0	0	0	0	0	0
10 DAVID ALEX OROZCO TREASURER	(i)	128,103	0	0	0	34,243	162,346	0
	(ii)	0	0	0	0	0	0	0
11 GLORIA MARTINEZ ELEMENTARY V.P.	(i)	128,415	0	0	0	32,864	161,279	0
	(ii)	0	0	0	0	0	0	0
12 MICHAEL ALEX CAPUTO-PEARL NEA VICE PRESIDENT	(i)	128,421	0	0	0	32,352	160,773	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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Additional Data

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Software ID:

Software Version:

SCHEDULE O
(Form 990 or 990-
EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury

Name of the organization
UNITED TEACHERS LOS ANGELES

Employer identification number

95-2635019

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	ADRIAN TAMAYO AND YOLANDA TAMAYO ARE HUSBAND AND WIFE AND SERVE ON THE BOARD OF DIRECTORS THAT REPRESENT THE SAME AREA WITHOUT COMPENSATION.
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION IS A TEACHERS UNION, AND THE TEACHERS ARE MEMBERS OF THE UNION.
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS OF THE GOVERNING BOARD ARE ELECTED BY THE MEMBERSHIP EVERY THREE YEARS.
FORM 990, PART VI, SECTION A, LINE 7B	ANY SIGNIFICANT ISSUE RELATED TO THE UNION ARE FIRST VOTED ON BY THE GOVERNING BOARD, AND THEN BY THE MEMBERSHIP.
FORM 990, PART VI, SECTION B, LINE 11B	THE CONTROLLER REVIEWS THE 990, AND COMPARES IT TO THE AUDITED FINANCIAL STATEMENT AND PRIOR YEAR 990 BEFORE THE 990 IS FILED.
FORM 990, PART VI, SECTION C, LINE 19	NO DOCUMENTS AVAILABLE TO GENERAL PUBLIC.

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Software Version:

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED TEACHERS LOS ANGELES

Employer identification number

95-2635019

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) UNITED TEACHERS LOS ANGELES-PACE 3303 WILSHIRE BLVD LOS ANGELES, CA 900101704 95-4813080	POLITICAL ACTIVITY TO SUPPORT CANDIDATES	CA	527	N/A	NO		No
(2) UTLA PACE FEDERAL 3303 WILSHIRE BLVD LOS ANGELES, CA 900101704 91-2062985	POLITICAL ACTIVITY TO SUPPORT FEDERAL PROGRAMS	CA	527	N/A	NO		No
(3) UNITED TEACHERS EDUCATIONAL FOUNDATION 3303 WILSHIRE BLVD LOS ANGELES, CA 900101704 95-4267060	EDUCATIONAL TRAINING PROGRAM	CA	501(C)(3)	PRIVATE FOUNDATION	NO		No
(4) STUDENTS PARENTS AND EDUCATORS IN SUPPORT OF PADILLA AND ZIMMER 3550 WILSHIRE BLVD 2000 LOS ANGELES, CA 900101704 81-4886690	POLITICAL ACTIVITIES TO SUPPORT PADILLA AND ZIMMER.	CA	527	N/A	NO		No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(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-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNITED TEACHERS LOS ANGELES-PACE	D	127,928	FMV

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference

Explanation

Schedule R (Form 990) 2020

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