

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2022

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.

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 09-01-2022, and ending 08-31-2023

- 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 \$ 62,089,051

F Name and address of principal officer: CECILY MYART-CRUZ, 3303 WILSHIRE BLVD, LOS ANGELES, CA 90010

H(a) Is this a group return for subordinates? Yes No, H(b) Are all subordinates included? Yes 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: Corporation Trust Association Other LABOR UNION

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

Part I Summary

Table with 4 main sections: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include mission statement, member counts, revenue breakdown, expenses, and asset/liability totals.

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.

Sign Here Signature of officer: GLORIA MARTINEZ, TREASURER, Date: 2024-07-10

Paid Preparer Use Only Print/Type preparer's name, Preparer's signature, Date, Firm's name: VASQUEZ COMPANY LLP, Firm's EIN: 33-0700332

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:

UNITED TEACHERS LOS ANGELES (UTLA) ENSURES EQUITY IN PUBLIC EDUCATION, UPHOLDS EDUCATORS' RIGHTS, ADVANCES THE WELL-BEING OF STUDENTS, AND STRENGTHENS COMMUNITIES.

**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 \$ )

UNITED TEACHERS LOS ANGELES (UTLA) IS THE LABOR UNION FOR MORE THAN 35,000 PUBLIC SCHOOL EDUCATORS IN LOS ANGELES. UTLA UTILIZES COLLECTIVE BARGAINING TO FIGHT FOR THE NEEDS OF CLASSROOMS AND COMMUNITIES. THIS INCLUDES FAIR PAY RAISES TO ATTRACT AND RETAIN EDUCATORS, SMALLER CLASS SIZES, MENTAL HEALTH SUPPORT FOR STUDENTS, EQUITABLE ACCESS TO TECHNOLOGY, SAFE SCHOOL CLIMATES, AND SO MUCH MORE. DURING THE YEAR WE REPRESENTED ALL TEACHERS IN THE LOS ANGELES UNIFIED SCHOOL DISTRICT RELATING TO THEIR WORK AND LABOR DISPUTES.

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

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

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

**4e** Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions 11a-e and 12a-b. Questions cover topics like political activities, lobbying, donor funds, and organizational structure.

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 body containing questions 2a through 17, with sub-questions and input fields for 'Yes', 'No', and numerical values.

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 (47), 1b (37), 2, 3, 4, 5, 6, 7a, 7b, 8, 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, 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 900101704 (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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(1) MICHAEL ALEX CAPUTO-PEARL NEA VICE PRESIDENT	40.00 1.00	X		X			134,696	0	29,798
(2) CECILY MYART-CRUZ PRESIDENT	40.00 2.00	X		X			139,756	0	39,894
(3) JUAN RAMIREZ AFT VICE PRESIDENT	40.00 2.00	X		X			135,251	0	32,023
(4) GLORIA MARTINEZ TREASURER	40.00 2.00	X		X			138,208	0	37,584
(5) ARLENE INOUE SECRETARY	40.00 1.00	X		X			132,676	0	32,398
(6) DAVID ALEX OROZCO SECONDARY V.P.	40.00 1.00	X		X			137,961	0	39,145
(7) JULIE VAN WINKLE AFT VICE PRESIDENT	40.00 3.00	X		X			138,793	0	39,196
(8) GEORGIA FLOWERS LEE NEA VICE PRESIDENT	40.00 2.00	X		X			19,674	0	6,489
(9) ROSA JIMENEZ DIRECTOR	1.00 0.00	X					0	0	0
(10) SCOTT M MANDEL DIRECTOR	1.00 0.00	X					0	0	0
(11) JENNIFER S MC AFEE SECRETARY	40.00 0.00	X		X			20,070	0	6,564
(12) MARIA R MIRANDA ELEMENTARY V.P.	40.00 0.00	X		X			20,070	0	6,577
(13) BRUCE J NEWBORN DIRECTOR	1.00 0.00	X					0	0	0
(14) ADRIAN A TAMAYO DIRECTOR	1.00 0.00	X					0	0	0
(15) STACIE L WEBSTER DIRECTOR	1.00 0.00	X					0	0	0
(16) MATTHEW KOGAN DIRECTOR	1.00 2.00	X					0	0	0
(17) CHERYL L ORTEGA DIRECTOR	1.00 0.00	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(18) ANIBAL AVILA-HERNANDEZ ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(19) MARK M MUSKRATH ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(20) CLAUDIA RODRIGUEZ ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(21) MARCELA CHAGOYA-GONZALEZ ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(22) INGRID M GUNNELL ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(23) YOLANDA Y TAMAYO ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(24) BRENDA L BROWN ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(25) ROSA I DIAZ ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(26) PHYLIS E HOFFMAN ..... DIRECTOR	1.00 ..... 2.00	X					0	0	0
(27) ELIZABETH G UNTALAN ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(28) MALLORIE D EVANS ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(29) MARK ANTHONY D RAMOS ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(30) REBECCA J SOLOMON ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(31) JASMINE Z WANG ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(32) WADE M KYLE ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(33) AYDE BRAVO ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(34) CYNTHIA L MATTHEWS ..... DIRECTOR	1.00 ..... 2.00	X					0	0	0
(35) CLAUDIA SILVA ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(36) DEBORAH F SCHNEIDER ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(37) FRANCISCO R MARTINEZ ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(38) MARTHA V CASAS ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(39) KYNA M COLLINS ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(40) HECTOR V PEREZ ROMAN ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(41) MELODIE L BITTER ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(42) WENDI B DAVIS ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(43) LEONARD W NEWSOME ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(44) MARIE E GERMAINE ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(45) NOAH LIPPE KLEIN ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(46) JENNIFER J VILLARYO ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(47) ERIKA L JONES ..... DIRECTOR	1.00 ..... 0.00	X					0	0	0
(48) HARRY MAR ..... CHIEF FINANCE DIRECTOR	35.00 ..... 0.00			X			152,894	0	75,455
(49) BRIAN MCNAMARA ..... FIELD & ORGANIZING DIRECTOR	35.00 ..... 0.00				X		146,684	0	55,906
(50) DIANA DARTY ..... DIRECTOR OF SUPPORT SERVICES	35.00 ..... 0.00				X		152,894	0	55,254
(51) CARL JOSEPH ..... AREA REPRESENTATIVE	35.00 ..... 0.00				X		171,892	0	70,913
(52) JOSE GOVEA ..... AREA REPRESENTATIVE	35.00 ..... 0.00				X		137,349	0	58,442
<b>1b Sub-Total</b> . . . . .									
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .									
<b>d Total (add lines 1b and 1c)</b> . . . . .						1,778,868	0	585,638	

**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 **▶ 30**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>4</b> 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	
<b>5</b> 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
CORPORATE CONTRACTORS 2550 CORPORATE PLACE STE C111 MONTEREY PARK, CA 91754	LOBBY RENOVATION & REPAIRS	964,938
BUSH GOTTLIEB LAW CORP 801 N BRAND BLVD STE 950 GLENDALE, CA 91203	LEGAL	568,041
LIFTECH ELEVATOR SERVICES 2897 GARDENA AVE SIGNAL HILL, CA 90755	ELEVATOR SERVICE	483,464
CORE GROUP 3738 BAYER AVE UNIT 104 LONG BEACH, CA 90808	IT CONSULTING	476,552
ALLIED UNIVERSAL SECURITY SERVICES PO BOX 31001-2374 PASADENA, CA 91110	SECURITY	411,992

**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 **▶ 13**

**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		<table border="1"> <tr> <td><b>1a</b> Federated campaigns . . . . .</td> <td><b>1a</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>b</b> Membership dues . . . . .</td> <td><b>1b</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>c</b> Fundraising events . . . . .</td> <td><b>1c</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>d</b> Related organizations . . . . .</td> <td><b>1d</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>e</b> Government grants (contributions) . . . . .</td> <td><b>1e</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .</td> <td><b>1f</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .</td> <td><b>1g</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>h Total.</b> Add lines 1a-1f . . . . .</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					<b>b</b> Membership dues . . . . .	<b>1b</b>					<b>c</b> Fundraising events . . . . .	<b>1c</b>					<b>d</b> Related organizations . . . . .	<b>1d</b>					<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>					<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>					<b>g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .	<b>1g</b>					<b>h Total.</b> Add lines 1a-1f . . . . .					
<b>1a</b> Federated campaigns . . . . .	<b>1a</b>																																																				
<b>b</b> Membership dues . . . . .	<b>1b</b>																																																				
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<b>h Total.</b> Add lines 1a-1f . . . . .																																																					
<b>Program Service Revenue</b>	<b>2a</b> UNION DUES	Business Code 813930	40,328,723	40,328,723																																																	
	<b>b</b> AFFILIATES DUES REBATES	813930	15,368,536	15,368,536																																																	
	<b>c</b>																																																				
	<b>d</b>																																																				
	<b>e</b>																																																				
	<b>f</b> All other program service revenue.																																																				
	<b>g Total.</b> Add lines 2a-2f. . . . .		55,697,259																																																		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		326,667		326,667																																																
	<b>4</b> Income from investment of tax-exempt bond proceeds																																																				
	<b>5</b> Royalties . . . . .																																																				
	<b>6a</b> Gross rents	(i) Real	4,151,584																																																		
		(ii) Personal																																																			
		<b>6b</b> Less: rental expenses	3,904,208																																																		
		<b>6c</b> Rental income or (loss)	247,376																																																		
	<b>d</b> Net rental income or (loss) . . . . .		247,376		247,376																																																
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	1,575,847	2,400																																																	
		(ii) Other																																																			
		<b>7b</b> Less: cost or other basis and sales expenses	1,848,542	4,832																																																	
		<b>7c</b> Gain or (loss)	-272,695	-2,432																																																	
	<b>d</b> Net gain or (loss) . . . . .		-275,127		-275,127																																																
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .																																																				
		<b>8b</b> Less: direct expenses																																																			
<b>c</b> Net income or (loss) from fundraising events . . . . .																																																					
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .																																																					
	<b>9b</b> Less: direct expenses																																																				
	<b>c</b> Net income or (loss) from gaming activities . . . . .																																																				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .		92,874																																																			
	<b>10b</b> Less: cost of goods sold	106,986																																																			
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		-14,112	-14,112																																																	
<b>11a</b> INSURANCE ADMINISTRATION	Business Code 561000		236,135		236,135																																																
	<b>b</b> MISCELLANEOUS INCOME	900099	6,285		6,285																																																
	<b>c</b>																																																				
	<b>d</b> All other revenue . . . . .																																																				
	<b>e Total.</b> Add lines 11a-11d . . . . .		242,420																																																		
<b>12 Total revenue.</b> See instructions . . . . .		56,224,483	55,683,147	0	541,336																																																

OtherRevenueMiscAmt

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	155,000			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	12,670			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,515,172			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	6,621,556			
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,267,492			
<b>9</b> Other employee benefits	2,095,278			
<b>10</b> Payroll taxes	602,050			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	617,134			
<b>c</b> Accounting	106,781			
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	44,940			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	321,407			
<b>12</b> Advertising and promotion	687,423			
<b>13</b> Office expenses	1,069,716			
<b>14</b> Information technology	441,606			
<b>15</b> Royalties				
<b>16</b> Occupancy	1,101,535			
<b>17</b> Travel	174,371			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	1,434,777			
<b>20</b> Interest	1,568			
<b>21</b> Payments to affiliates	30,684,068			
<b>22</b> Depreciation, depletion, and amortization	121,124			
<b>23</b> Insurance	246,826			
<b>24</b> 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.)				
<b>a</b> UTLA ELECTION EXPENSE	353,101			
<b>b</b> MOBILIZATION	272,935			
<b>c</b> NEGOTIATIONS	227,659			
<b>d</b> AREA ASSEMBLIES	159,449			
<b>e</b> All other expenses	448,926			
<b>25</b> Total functional expenses. Add lines 1 through 24e	51,784,564			
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	29,127,365	<b>1</b>	32,102,555
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	157,488	<b>4</b>	128,269
	<b>5</b> Loans and other receivables from 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		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	67,083	<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	93,165	<b>8</b>	67,338
	<b>9</b> Prepaid expenses and deferred charges . . . . .	763,753	<b>9</b>	715,293
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	30,495,087		
	<b>b</b> Less: accumulated depreciation	19,248,680		
	<b>11</b> Investments—publicly traded securities . . . . .	10,641,326	<b>10c</b>	11,246,407
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	4,298,107	<b>11</b>	3,742,380
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	4,426,950	<b>12</b>	5,089,993
	<b>14</b> Intangible assets . . . . .		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>14</b>	
<b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . .	7,479,567	<b>15</b>	10,768,375	
	57,054,804	<b>16</b>	63,860,610	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	10,903,600	<b>17</b>	12,207,479
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	11,095,778	<b>25</b>	10,689,433
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	21,999,378	<b>26</b>	22,896,912
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	35,055,426	<b>27</b>	40,963,698
	<b>28</b> Net assets with donor restrictions		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	35,055,426	<b>32</b>	40,963,698
	<b>33</b> Total liabilities and net assets/fund balances	57,054,804	<b>33</b>	63,860,610

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	56,224,483
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	51,784,564
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	4,439,919
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	35,055,426
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	169,692
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	1,298,661
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	<b>10</b>	40,963,698

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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 on Schedule O.		
<b>2a</b>	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
<b>b</b>	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	
<b>c</b>	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	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
<b>b</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.		

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

Supplemental Financial Statements

2022

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 total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor/donor advisor notification.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes checkboxes for various purposes, a table for 'Held at the End of the Year' with rows 2a-2d, and several questions about monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

**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    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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 |
|--|---------------|----|
| <b>(i)</b> Unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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
<b>1a</b> Land . . . . .		2,134,970		2,134,970
<b>b</b> Buildings . . . . .		22,857,942	14,323,378	8,534,564
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		1,789,808	1,684,967	104,841
<b>e</b> Other . . . . .		3,712,367	3,240,335	472,032
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				11,246,407

**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.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) US AGENCIES	235,718	F
(B) BONDS AND NOTES	4,779,111	F
(C) MORTGAGE-BACKED SECURITIES	75,164	F
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	5,089,993	

**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.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) RIGHT-OF-USE ASSET-LEASED EQUIPMENT, NET	293,612
(2) DUE FROM AFFILIATES	10,474,763
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	10,768,375

**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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	10,689,433

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	26,712,759
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	169,692	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	-29,445,867	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> -29,276,175
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 55,988,934
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	235,549	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 235,549
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .			<b>5</b> 56,224,483

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	20,890,724
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 20,890,724
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	30,893,840	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 30,893,840
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .			<b>5</b> 51,784,564

**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, 2023, UTLA HAD NO MATERIAL UNRECOGNIZED TAX BENEFITS, TAX PENALTIES OR INTEREST.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	AFFILIATES DUES PAID -30,684,068. MANAGEMENT FEES -44,940. CHANGE IN ACTUARIAL ASSUMPTION 1,283,141.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	PACE ISSUES INCOME 237,981. LOSS ON SALE OF FIXED ASSETS -2,432.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	AFFILIATES DUES PAID 30,684,068. MANAGEMENT FEES 44,940. PACE ISSUES EXPENSES 151,744. PROCEEDS FROM SALE OF F/A RECORDED IN WEBSITE EXPENSE 13,088.

## **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

**2022**

**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](http://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)	40,000	0			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)	40,000	0			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	0			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) SCHOLARSHIPS	62	12,670			
(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:	THE ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U. S. INCLUDE OBTAINING REPORTS THAT SUPPORT THE BUDGETED AMOUNTS SUBMITTED WITH THE GRANT REQUEST ARE SPENT ACCORDINGLY. FINANCIAL REPORTS ARE PERIODICALLY OBTAINED TO SUPPORT THE GRANT EXPENDITURES ARE CONSISTENT WITH THE WRITTEN AGREEMENT. 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](http://www.irs.gov/Form990) for instructions and the latest information.**

**2022**

**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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		

**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, 1099-MISC compensation, and/or 1099-NEC			(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				
<b>1</b> CARL JOSEPH AREA REPRESENTATIVE	(i)	171,892	0	0	0	70,913	242,805	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> HARRY MAR CHIEF FINANCE DIRECTOR	(i)	152,894	0	0	0	75,455	228,349	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> DIANA DARTY DIRECTOR OF SUPPORT SERVICES	(i)	152,894	0	0	0	55,254	208,148	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> BRIAN MCNAMARA FIELD & ORGANIZING DIRECTOR	(i)	146,684	0	0	0	55,906	202,590	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> JOSE GOVEA AREA REPRESENTATIVE	(i)	137,349	0	0	0	58,442	195,791	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> CECILY MYART-CRUZ PRESIDENT	(i)	139,756	0	0	0	39,894	179,650	0
	(ii)	0	0	0	0	0	0	0
<b>7</b> JULIE VAN WINKLE AFT VICE PRESIDENT	(i)	138,793	0	0	0	39,196	177,989	0
	(ii)	0	0	0	0	0	0	0
<b>8</b> DAVID ALEX OROZCO SECONDARY V.P.	(i)	137,961	0	0	0	39,145	177,106	0
	(ii)	0	0	0	0	0	0	0
<b>9</b> GLORIA MARTINEZ TREASURER	(i)	138,208	0	0	0	37,584	175,792	0
	(ii)	0	0	0	0	0	0	0
<b>10</b> JUAN RAMIREZ AFT VICE PRESIDENT	(i)	135,251	0	0	0	32,023	167,274	0
	(ii)	0	0	0	0	0	0	0
<b>11</b> ARLENE INOUE SECRETARY	(i)	132,676	0	0	0	32,398	165,074	0
	(ii)	0	0	0	0	0	0	0
<b>12</b> MICHAEL ALEX CAPUTO-PEARL NEA VICE PRESIDENT	(i)	134,696	0	0	0	29,798	164,494	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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**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022****Open to Public  
Inspection**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. DAVID ALEX OROZCO AND MARTHA V. CASAS ARE HUSBAND AND WIFE AND SERVE ON THE BOARD OF DIRECTORS.
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 IS FIRST VOTED ON BY THE GOVERNING BOARD, AND THEN BY THE MEMBERSHIP.
FORM 990, PART VI, SECTION B, LINE 11B	THE CHIEF FINANCE DIRECTOR REVIEWS THE 990, AND COMPARES IT TO THE AUDITED FINANCIAL STATEMENT AND PRIOR YEAR 990. THE COMPLETE FORM 990 IS THEN PROVIDED TO AND REVIEWED WITH THE ENTIRE GOVERNING BODY PRIOR TO FILING WITH THE IRS.
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. HOWEVER, CURRENT TAX LAW DOES NOT REQUIRE GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS BE PROVIDED TO THE PUBLIC.
FORM 990, PART XI, LINE 9:	CHANGE IN ACTUARIAL ASSUMPTION 1,283,141. GAIN ON DISPOSAL OF FIXED ASSETS 13,088. LOSS ON SALE OF FIXED ASSETS 2,432.

## **Additional Data**

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**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2022**

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▶ **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](http://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
<b>(1)</b> UNITED TEACHERS LOS ANGELES-PACE 3303 WILSHIRE BLVD  LOS ANGELES, CA 900101704 95-4813080	POLITICAL ACTIVITY TO SUPPORT CANDIDATES	CA	527	N/A	UNITED TEACHERS LOS ANGELES	Yes	
<b>(2)</b> UTLA PACE FEDERAL 3303 WILSHIRE BLVD  LOS ANGELES, CA 900101704 91-2062985	POLITICAL ACTIVITY TO SUPPORT FEDERAL PROGRAMS	CA	527	N/A	UNITED TEACHERS LOS ANGELES	Yes	
<b>(3)</b> UNITED TEACHERS EDUCATIONAL FOUNDATION 3303 WILSHIRE BLVD  LOS ANGELES, CA 900101704 95-4267060	EDUCATIONAL TRAINING PROGRAM	CA	501(C)3	PRIVATE FOUNDATION	UNITED TEACHERS LOS ANGELES	Yes	
<b>(4)</b> STUDENTS PARENT AND EDUCATORS IN SUPPORT OF RIVAS FOR SCHOOL BOARD 2022 3303 WILSHIRE BLVD  LOS ANGELES, CA 900101704 81-4886690	POLITICAL ACTIVITY TO SUPPORT RIVAS	CA	527	N/A	UNITED TEACHERS LOS ANGELES	Yes	

**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.

**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 . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No
<b>1s</b>		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



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

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Explanation

Schedule R (Form 990) 2021

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