

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2023

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 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

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 09-01-2023, and ending 08-31-2024

- 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 \$ 66,795,597

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? 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

Table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue (61,534,613), expenses (55,309,848), and net assets (48,194,386).

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 2025-07-14, Paid Preparer Use Only: 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 \$)

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

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or 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?	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

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

		Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a		28
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b		0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

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

Main form content with questions 2a through 17, including sub-questions and input fields for amounts and yes/no responses.

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 Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body... 8b Each committee... 9 Is there any officer, director, trustee...

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 Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe on Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed (C A) 18 Section 6104 requires an organization to make its Form 1023... 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents... 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ALICE CARDENAS 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) CECILY MYART-CRUZ PRESIDENT	40.00 2.00	X		X			155,200	0	42,357
(2) GLORIA MARTINEZ TREASURER	40.00 2.00	X		X			155,762	0	39,969
(3) JENNIFER MCAFFEE SECRETARY	40.00 1.00	X		X			159,000	0	42,243
(4) DAVID ALEX OROZCO SECONDARY V.P.	40.00 1.00	X		X			156,625	0	41,877
(5) JULIE VAN WINKLE AFT VICE PRESIDENT	40.00 3.00	X		X			155,184	0	41,611
(6) GEORGIA FLOWERS LEE NEA VICE PRESIDENT	40.00 3.00	X		X			159,246	0	41,283
(7) MARIA R MIRANDA ELEMENTARY V.P.	40.00 1.00	X		X			159,600	0	39,156
(8) SCOTT M MANDEL DIRECTOR	1.00 0.00	X					0	0	0
(9) ADRIAN A TAMAYO DIRECTOR	1.00 0.00	X					0	0	0
(10) STACIE L WEBSTER DIRECTOR	1.00 0.00	X					0	0	0
(11) MATTHEW KOGAN DIRECTOR	1.00 3.00	X					0	0	0
(12) CHERYL L ORTEGA DIRECTOR	1.00 0.00	X					0	0	0
(13) CLAUDIA RODRIGUEZ DIRECTOR	1.00 0.00	X					0	0	0
(14) MARCELA CHAGOYA-GONZALEZ DIRECTOR	1.00 0.00	X					0	0	0
(15) YOLANDA Y TAMAYO DIRECTOR	1.00 0.00	X					0	0	0
(16) BRENDA L BROWN DIRECTOR	1.00 0.00	X					0	0	0
(17) PHYLLIS E HOFFMAN DIRECTOR	1.00 3.00	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) MALLORIE D EVANS DIRECTOR	1.00 0.00	X					0	0	0
(19) MARK ANTHONY D RAMOS DIRECTOR	1.00 0.00	X					0	0	0
(20) AYDE BRAVO DIRECTOR	1.00 0.00	X					0	0	0
(21) CYNTHIA L MATTHEWS DIRECTOR	1.00 3.00	X					0	0	0
(22) CLAUDIA SILVA DIRECTOR	1.00 0.00	X					0	0	0
(23) DEBORAH F SCHNEIDER DIRECTOR	1.00 0.00	X					0	0	0
(24) FRANCISCO R MARTINEZ DIRECTOR	1.00 0.00	X					0	0	0
(25) MARTHA V CASAS DIRECTOR	1.00 0.00	X					0	0	0
(26) WENDI B DAVIS DIRECTOR	1.00 0.00	X					0	0	0
(27) LEONARD W NEWSOME DIRECTOR	1.00 0.00	X					0	0	0
(28) MARIE E GERMAINE DIRECTOR	1.00 0.00	X					0	0	0
(29) NOAH LIPPE KLEIN DIRECTOR	1.00 0.00	X					0	0	0
(30) ERIKA L JONES DIRECTOR	1.00 0.00	X					0	0	0
(31) JENNIFER ANDERSON DIRECTOR	1.00 0.00	X					0	0	0
(32) WENDY LOZANO DIRECTOR	1.00 0.00	X					0	0	0
(33) MONICA CABALLERO DIRECTOR	1.00 0.00	X					0	0	0
(34) ANGELA CHAVEZ DIRECTOR	1.00 0.00	X					0	0	0
(35) DAVID FELDMAN DIRECTOR	1.00 0.00	X					0	0	0
(36) VICTORIA MONTES DIRECTOR	1.00 0.00	X					0	0	0
(37) CRYSTAL MURRAY DIRECTOR	1.00 0.00	X					0	0	0
(38) IVANNIA NOLASCO DIRECTOR	1.00 0.00	X					0	0	0
(39) WILLIAM PAGE DIRECTOR	1.00 0.00	X					0	0	0
(40) JOHN PEREZ DIRECTOR	1.00 0.00	X					0	0	0
(41) LOURDES RAMOS QUEVEDO DIRECTOR	1.00 0.00	X					0	0	0
(42) JESSICA RODARTE DIRECTOR	1.00 0.00	X					0	0	0
(43) APRIL THOMAS DIRECTOR	1.00 0.00	X					0	0	0
(44) CHRISTOPHER WENELL DIRECTOR	1.00 0.00	X					0	0	0
(45) STACEY YAKIMOWICH DIRECTOR	1.00 0.00	X					0	0	0
(46) ANIBAL AVILA-HERNANDEZ DIRECTOR	1.00 0.00	X					0	0	0
(47) REBECAA J SOLOMON DIRECTOR	1.00 0.00	X					0	0	0
(48) WADE M KYLE DIRECTOR	1.00 0.00	X					0	0	0
(49) HARRY MAR CHIEF FINANCIAL DIRECTOR	35.00 0.00			X			167,487	0	81,949
(50) DIANA DARTY DIRECTOR OF OPERATIONS	35.00 0.00				X		167,487	0	59,781
(51) BRIAN MCNAMARA FIELD & ORGANIZING DIRECTOR	35.00 0.00				X		160,641	0	61,563
(52) CARL JOSEPH AREA REPRESENTATIVE	35.00 0.00				X		181,144	0	77,463
(53) JOSE GOVEA AREA REPRESENTATIVE	35.00 0.00				X		152,968	0	66,577
(54) BRUCE WILLIAMS AREA REPRESENTATIVE	35.00 0.00				X		154,266	0	52,469
(55) DAVID MALDONADO PRINT SHOP JOURNEY MAN	35.00 0.00				X		156,399	0	76,453
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)					2,241,009		0	764,751	

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 **39**

	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
UG2 LLC PO BOX 5972 SPRINGFIELD, MA 011015972	ENGINEERING & JANITORIAL	844,461
CORE GROUP 3738 BAYER AVE UNIT 104 LONG BEACH, CA 90808	IT CONSULTING	561,683
BUSH GOTTLIEB LAW CORP 801 N BRAND BLVD STE 950 GLENDALE, CA 91203	LEGAL	499,908
ALLIED UNIVERSAL SECURITY SERVICES PO BOX 31001-2374 PASADENA, CA 91110	SECURITY	410,645
INSITE STREET MEDIA PO BOX 150489 HARTFORD, CT 061150489	MEDIA AND ADVERTISING SERVICES	320,175
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 7		

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 Amt 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	44,786,764	44,786,764		
b AFFILIATES DUES REBATES		813930	16,321,566	16,321,566		
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.		61,108,330				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			346,669			346,669	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real						
		(ii) Personal						
	6a		3,960,973					
	b Less: rental expenses	6b		4,095,663				
	c Rental income or (loss)	6c		-134,690				
	d Net rental income or (loss)				-134,690		-134,690	
	7a Gross amount from sales of assets other than inventory	(i) Securities						
		(ii) Other						
	7a		1,069,566					
	b Less: cost or other basis and sales expenses	7b		1,145,568				
	c Gain or (loss)	7c		-76,002				
	d Net gain or (loss)				-76,002		-76,002	
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		51,452					
b Less: cost of goods sold	10b		19,753					
c Net income or (loss) from sales of inventory				31,699	31,699			

Other Revenue Misc Amt	11a INSURANCE ADMINISTRATION	Business Code				
		561000	234,588			234,588
	b MISCELLANEOUS INCOME	813930	24,019			24,019
	c					
	d All other revenue					
e Total. Add lines 11a-11d			258,607			
12 Total revenue. See instructions			61,534,613	61,140,029	0	394,584

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	275,000			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	19,250			
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	1,589,259			
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	8,106,515			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,487,449			
9 Other employee benefits	2,323,653			
10 Payroll taxes	704,134			
11 Fees for services (non-employees):				
a Management	49,079			
b Legal	602,110			
c Accounting	98,901			
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)	424,697			
12 Advertising and promotion	1,168,691			
13 Office expenses	1,073,540			
14 Information technology	190,253			
15 Royalties				
16 Occupancy	1,104,123			
17 Travel	215,353			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,542,327			
20 Interest				
21 Payments to affiliates	32,244,102			
22 Depreciation, depletion, and amortization	111,967			
23 Insurance	237,039			
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 MISCELLANEOUS EXPENSES	189,469			
b AREA ASSEMBLIES	159,774			
c PRINTING & PUBLICATION	108,879			
d PUBLIC & COMMUNITY RELA	67,914			
e All other expenses	216,370			
25 Total functional expenses. Add lines 1 through 24e	55,309,848			
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	32,102,555	1	40,890,392
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	128,269	4	129,853
	5 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		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		7	
	8 Inventories for sale or use	67,338	8	109,627
	9 Prepaid expenses and deferred charges	715,293	9	645,077
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	31,604,570		
	b Less: accumulated depreciation	20,472,178	11,246,407	11,132,392
	11 Investments—publicly traded securities	3,742,380	11	4,248,453
	12 Investments—other securities. See Part IV, line 11	5,089,993	12	5,661,010
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	10,768,375	15	8,720,695
16 Total assets: Add lines 1 through 15 (must equal line 33)	63,860,610	16	71,537,499	
Liabilities	17 Accounts payable and accrued expenses	11,647,994	17	11,826,276
	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	10,689,433	25	11,516,837
	26 Total liabilities. Add lines 17 through 25	22,337,427	26	23,343,113
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	41,523,183	27	48,194,386
	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	41,523,183	32	48,194,386
	33 Total liabilities and net assets/fund balances	63,860,610	33	71,537,499

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	61,534,613
2	Total expenses (must equal Part IX, column (A), line 25)	2	55,309,848
3	Revenue less expenses. Subtract line 2 from line 1	3	6,224,765
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	41,523,183
5	Net unrealized gains (losses) on investments	5	759,709
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	-313,271
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	48,194,386

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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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

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 yes/no questions about donor informed status.

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 preservation purposes, a table for 'Held at the End of the Year' (2a-2d), and questions about monitoring, expenses, 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 art collections and amounts received or held.

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:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 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		23,830,338	15,436,727	8,393,611
c Leasehold improvements				
d Equipment		1,852,819	1,715,342	137,477
e Other		3,786,443	3,320,109	466,334
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				11,132,392

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	242,719	F
(B) BONDS AND NOTES	5,354,992	F
(C) MORTGAGE-BACKED SECURITIES	63,299	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	5,661,010	

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)		
Total. (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	104,956
(2) DUE FROM AFFILIATES	8,615,739
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	8,720,695

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	
POST RETIREMENT BENEFIT OBLIGATION	11,420,177
LEASE LIABILITY	96,660
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	11,516,837

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	29,434,931
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	759,709	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-32,606,452	
e	Add lines 2a through 2d	2e		-31,846,743
3	Subtract line 2e from line 1		3	61,281,674
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	252,939	
c	Add lines 4a and 4b	4c		252,939
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	61,534,613

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	23,016,611
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		
e	Add lines 2a through 2d	2e		0
3	Subtract line 2e from line 1		3	23,016,611
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	32,293,237	
c	Add lines 4a and 4b	4c		32,293,237
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	55,309,848

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, 2024, UTLA HAD NO MATERIAL UNRECOGNIZED TAX BENEFITS, TAX PENALTIES OR INTEREST.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	AFFILIATES DUES PAID -32,244,102. MANAGEMENT FEES -49,079. CHANGE IN ACTUARIAL ASSUMPTION -313,271.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	PACE ISSUES INCOME 252,939.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	AFFILIATES DUES PAID 32,244,102. MANAGEMENT FEES 49,079. PACE ISSUES EXPENSES 56.

Additional Data

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

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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**
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.

OMB No. 1545-0047

2023

**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 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	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)	125,000	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	75	19,250			
(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](#)

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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.**

2023

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
1b		
2		
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, 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				
1 CARL JOSEPH AREA REPRESENTATIVE	(i)	181,144	0	0	0	77,463	258,607	0
	(ii)	0	0	0	0	0	0	0
2 HARRY MAR CHIEF FINANCIAL DIRECTOR	(i)	167,487	0	0	0	81,949	249,436	0
	(ii)	0	0	0	0	0	0	0
3 DAVID MALDONADO PRINT SHOP JOURNEY MAN	(i)	156,399	0	0	0	76,453	232,852	0
	(ii)	0	0	0	0	0	0	0
4 DIANA DARTY DIRECTOR OF OPERATIONS	(i)	167,487	0	0	0	59,781	227,268	0
	(ii)	0	0	0	0	0	0	0
5 BRIAN MCNAMARA FIELD & ORGANIZING DIRECTOR	(i)	160,641	0	0	0	61,563	222,204	0
	(ii)	0	0	0	0	0	0	0
6 JOSE GOVEA AREA REPRESENTATIVE	(i)	152,968	0	0	0	66,577	219,545	0
	(ii)	0	0	0	0	0	0	0
7 BRUCE WILLIAMS AREA REPRESENTATIVE	(i)	154,266	0	0	0	52,469	206,735	0
	(ii)	0	0	0	0	0	0	0
8 JENNIFER MCAFEE SECRETARY	(i)	159,000	0	0	0	42,243	201,243	0
	(ii)	0	0	0	0	0	0	0
9 GEORGIA FLOWERS LEE NEA VICE PRESIDENT	(i)	159,246	0	0	0	41,283	200,529	0
	(ii)	0	0	0	0	0	0	0
10 MARIA R MIRANDA ELEMENTARY V.P.	(i)	159,600	0	0	0	39,156	198,756	0
	(ii)	0	0	0	0	0	0	0
11 DAVID ALEX OROZCO SECONDARY V.P.	(i)	156,625	0	0	0	41,877	198,502	0
	(ii)	0	0	0	0	0	0	0
12 CECILY MYART-CRUZ PRESIDENT	(i)	155,200	0	0	0	42,357	197,557	0
	(ii)	0	0	0	0	0	0	0
13 JULIE VAN WINKLE AFT VICE PRESIDENT	(i)	155,184	0	0	0	41,611	196,795	0
	(ii)	0	0	0	0	0	0	0
14 GLORIA MARTINEZ TREASURER	(i)	155,762	0	0	0	39,969	195,731	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
------------------	-------------

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 for the latest information.

OMB No. 1545-0047

2023**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 THESE DOCUMENTS BE PROVIDED TO THE PUBLIC.
FORM 990, PART XI, LINE 9:	CHANGE IN ACTUARIAL ASSUMPTION -313,271.

Additional Data

Return to Form

Software ID:

Software Version:

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047
2023
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	UNITED TEACHERS LOS ANGELES	Yes	
(2) 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	
(3) TEACHERS & FAMILIES SUPPORT AL-ALIM GRIEGO & SCHMERELSON 3303 WILSHIRE BLVD LOS ANGELES, CA 900101704 81-4886690	POLITICAL ACTIVITIES TO SUPPORT AL-ALIM, GRIEGO & SCHEMERELSON	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
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No
1s		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.

Return Reference

Explanation

Schedule R (Form 990) 2023

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