DLN: 93493115000097

201

OMB No 1545-0047

Open to Public Inspection

Department of the

Treasury

990

Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

**Return of Organization Exempt From Income Tax** 

For the 2015 calendar year, or tax year beginning 09-01-2015 , and ending 08-31-2016 C Name of organization D Employer identification number B Check if applicable BOSTON TEACHERS UNION Address change 04-2307827 Name change Doing husiness as Initial return – Fınal E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite return/terminated 180 MOUNT VERNON STREET (617) 288-2000 Amended return City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA  $\,$  02125  $\,$ Application pending G Gross receipts \$ 8 312 403 Name and address of principal officer H(a) Is this a group return for CHARLES JOHNSON subordinates? 180 MOUNT VERNON ST Νo BOSTON, MA 02125 H(b) Are all subordinates Tax-exempt status included? 501(c)(3) **√** 501(c) (5) **◄** (insert no) -4947(a)(1) or If "No," attach a list (see instructions) Website: ▶ btu org Group exemption number ▶ 0787 L Year of formation 1946 M State of legal domicile MA Corporation Trust Association K Form of organization Summary 1 Briefly describe the organization's mission or most significant activities LABOR UNION Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 20 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 77 Total number of volunteers (estimate if necessary) . . . 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a Ω **b** Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** Contributions and grants (Part VIII, line 1h) . 7,864,224 8,171,013 8 Ravenua Program service revenue (Part VIII, line 2g) . n 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 92,075 141,390 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 7,956,299 8,312,403 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 117,368 115.783 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 2,130,552 2,290,486 Expenses 5 - 10) O 16a Professional fundraising fees (Part IX, column (A), line 11e) . . b Total fundraising expenses (Part IX, column (D), line 25)  $\triangleright^0$ 17 4,831,535 5,402,419 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 7,077,870 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 18 7,810,273 19 Revenue less expenses Subtract line 18 from line 12 878,429 502,130 Assets or displaying Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) . 10,710,655 11,088,307 21 865,890 847,563 Total liabilities (Part X. line 26) . 9,844,765 Net assets or fund balances Subtract line 21 from line 20 10,240,744 Signature Block Under penalties of perjury, I declare that I have examined this return, i

my knowledge and belief, it is true, correct, and complete. Declaration of preparer has any knowledge

	**	***								
Sign	Sig	gnature of officer								
Here	CHARLES JOHNSON SECRETARY-TREASURER									
	Ту	pe or print name and title								
Paid		Print/Type preparer's name PAUL DEPRISCO	Preparer's signature PAUL DEPRISCO							
Prepare	r	Firm's name > JOSEPH B COHAN & ASSOCIATES PC								
Use Only		Firm's address ▶ 80 BRIDGE ST STE 205								
OSE OIII	y	DEDHAM, MA 02026176	5							

May the IRS discuss this return with the preparer shown above? (see in

For Paperwork Reduction Act Notice, see the separate instructions.

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11</b> d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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ΤV	Check	dist of	Required	Schedules	(continued)

	checking of Regarded Schedules (Continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Paits I and II	21		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? If "Yes," complete Schedule I, Parts I and III	22		No
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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	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? If "Yes," complete Schedule L, Part $I$	25a		No
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?	25b		No

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II. III. or IV.

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . .

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions)

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Yes

Yes

Form 990 (2015)

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Νo

Nο

Part V	Statements	Regarding	Other	IRS Filing	s and	Tax	Compliance
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Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance		V					
		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	54		103			
b	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0					
С	Did th	L ne organization comply with backup withholding rules for reportable payments to	o vend	dors and reportable					
_		ng (gambling) winnings to prize winners?			<b>1</b> c	Yes			
2a	Tax S	the number of employees reported on Form W-3, Transmittal of Wage and Statements, filed for the calendar year ending with or within the year covered is return	2a	77					
b		east one is reported on line 2a, did the organization file all required federal emp			2b	Yes			
_		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file							
3a	Did th	ne organization have unrelated business gross income of \$1,000 or more during	g the	year <sup>?</sup>	3a		No		
		es," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>			3b				
4a	over,	y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc unt)?			4a		No		
b	If"Y∈	es," enter the name of the foreign country							
	See II	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank	and	Financial Accounts					
_	(FBAI								
		the organization a party to a prohibited tax shelter transaction at any time during			5a		No No		
		ny taxable party notify the organization that it was or is a party to a prohibited t	.ax sii	letter transaction?	5b		No_		
С	If"Y∈	es," to line 5a or 5b, did the organization file Form 8886-T?			5c				
6a		the organization have annual gross receipts that are normally greater than \$10 instance of the stance of the stanc			6a		No		
b		es," did the organization include with every solicitation an express statement th not tax deductible?	at su	ch contributions or gifts	6b				
7	Organ	nizations that may receive deductible contributions under section 170(c).							
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?								
		es," did the organization notify the donor of the value of the goods or services pr			7b				
	file Fo	ne organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?		which it was required to	<b>7</b> c		No		
d	If"Y∈	es," indicate the number of Forms 8282 filed during the year	7d						
e	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	<b>7</b> e		No		
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7f		No		
g	If the requi	organization received a contribution of qualified intellectual property, did the ored?	rganız • •	zation file Form 8899 as	<b>7</b> g				
h	Form	organization received a contribution of cars, boats, airplanes, or other vehicles 1098-C?	, dıd	the organization file a	7h				
8	Did a	soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus g the year?	sınes:	s holdings at any time	8				
9a	Did th	ne sponsoring organization make any taxable distributions under section 4966			9a				
b	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or rela	ated p	erson?	9b				
10	Section	on 501(c)(7) organizations. Enter							
а	Initia	tion fees and capital contributions included on Part VIII, line 12	10a						
b	Gross facilit	s receipts, included on Form 990, Part VIII, line 12, for public use of club cies	10b						
11		on 501(c)(12) organizations. Enter	1						
		s income from members or shareholders	11a						
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )	11b						
12a	Section	on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990	ın lıe	u of Form 1041?	<b>12</b> a				
b		es," enter the amount of tax-exempt interest received or accrued during the	12b						
13	year <b>Secti</b>	on 501(c)(29) qualified nonprofit health insurance issuers.							
а		e organization licensed to issue qualified health plans in more than one state? <b>N</b> ional information the organization must report on Schedule O	ote. S	See the instructions for	13a				
b		the amount of reserves the organization is required to maintain by the states	13b						
_		ich the organization is licensed to issue qualified health plans							
		the amount of reserves on hand	13c	3	   • • •		N		
		ne organization receive any payments for indoor tanning services during the tax	•		14a		No_		
D	TI LE	es," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	aon if	i scriedule U	14b				

orm	990 (2015)			Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10	)b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI			
Se	ection A. Governing Body and Management			•
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 20			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	<b>10</b> a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
4	Did the community of house a complete product below a product 2	4.2		NI -

113	the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12</b> a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12</b> c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16</b> a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

7 List the States with which a copy of this Form 990 is required to be filed▶

18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)
	(3)s only) available for public inspection Indicate how you made these available Check all that apply
	Own website Another's website Vupon request Other (explain in Schedule O)

I Own website | Another's website | ✓ Upon request | Other (explain in Schedule O)

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 record

State the name, address, and telephone number of the person who possesses the organization's books and records •CHARLES JOHNSON 180 MOUNT VERNON ST- BOSTON, MA 02125 (617) 288-2000 Part VII

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organization no		ganıza	tion	com	pen	sated	any	current officer, o	lirector, or truste	e
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and		an	Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) RICHARD STUTMAN PRESIDENT	40 00	x		x				156,097	0	0
(2) PATRICK CONNOLLY VICE PRESIDENT	40 00	x		×				157,103	0	0
(3) CHARLES JOHNSON SECRETARY-TREASURER	40 00	х		х				140,428	0	0
	40 00									
(4) MICHAEL MCLAUGHLIN ELEMENTARY FIELD REP		x						138,720	0	0
(5) CAREN CAREW SECONDARY FIELD REP	40 00	x						140,933	0	0
(6) JOSEFINA LASCANO PARA/SUBSTITUTE FIELD REP	40 00	x						145,733	0	0
- ·	40 00									
(7) ANGELA CRISTIANI POLITICAL ORGANIZER		х						138,433	0	0
(8) BRENDA CHANEY  COMMUNITY LIASON/EXEC BRD MBR	20 00	x						45,768	0	0
(9) GARRET VIRCHICK CO-EDITOR/EXEC BRD MBR	20 00	х						13,771	0	0
(10) MICHAEL J MAGUIRE  CO-EDITOR/EXEC BRD MBR	20 00	x						19,517	0	0
(11) COLUM WHYTE  CO-EDITOR/EXEC BRD MBR	20 00	х						8,186	0	0
(12) SHERYL PEDONE  EXECUTIVE BOARD MEMBER	2 00	х						2,419	0	0
(13) ERIK R BERG  EXECUTIVE BOARD MEMBER	2 00	х						2,206	0	0
(14) PAUL R TRITTER	2 00									
EXECUTIVE BOARD MEMBER		X						0	0	0
										Form <b>990</b> (2015)

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

	1									ı
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	and related organizations
(15) CHERYL KELLY	2	.,								
EXECUTIVE BOARD MEMBER		X								
(16) JAMES PHILIP	2	V								
EXECUTIVE BOARD MEMBER		Х								
(17) JESSICA TANG	40	×						140,933		
DIR OF ORGANIZING		_ ^						140,933		
(18) MARY ANN URBAN	2	×								
EXECUTIVE BOARD MEMBER										
(19) CASSANDRA SAMUEL	2	×								
EXECUTIVE BOARD MEMBER		_ ^								
(20) ALICE YONG EXECUTIVE BOARD MEMBER	2	x								
1b Sub-Total			•	<b>P</b>	•	•	•			•
c Total from continuation sheets to Part VI	I, Section A .			•						
d Total (add lines 1b and 1c)				•			1,2	50,247		
Total number of individuals (including but r \$100,000 of reportable compensation from			ed a	bove	e) w	ho re	ceıv	ed more than		

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		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? If "Yes," complete Schedule I for such			
	ındıvıdual	4	Yes	ĺ
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	F		No

# **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	Compensation
DWYER DUDDY & ESPOSITO	LEGAL	904,353
25 MALL RD BURLINGTON, MA 01803		

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  $\blacktriangleright$  1

Νo

Part VI		Statement o	ule O contains a respo	nse or note to any lir	ne in this Part VIII		<u></u> .	<u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded fror tax under sections 512-514
	1a	Federated cam	paigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership du	ies <b>1</b> b	8,149,413				
5 <u>E</u>	c	Fundraising eve	ents <b>1</b> 0	:				
ar A	d	Related organiz	zations 1d	21,600				
ري ت نڌ	e	Government grants	s (contributions) <b>1e</b>					
	f		ons, gifts, grants, and <b>1f</b>					
the		Similar amounts no	ot included above ons included in lines					
를 (	g	1a-1f \$						
Cont	h	Total. Add lines	s 1a-1f	•	8,171,013			
<u> </u>				Business Code				
۲. ۲.	2a 							
ນ ຊະ	b c							
2	d							
Program Service Revenue	e							
gran	f	All other progra	am service revenue					
<b>₽</b>	g	Total Add lines	s 2a-2f					
	3		ome (including divider					
		and other simil	ar amounts)		141,390			
	4 5		stment of tax-exempt bond					
	,	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental						
	c	expenses Rental income						
	_	or (loss)	me or (loss)					
	u	Net rental inco	(i) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	(7)	(1)				
	b c	Less cost or other basis and sales expenses Gain or (loss)						
	d	Net gain or (los	ss)					
eu ne	8a	Gross income f events (not inc \$	luding					
omer nevenue	h	See Part IV, lin	ne 18					
5			penses b (loss) from fundraising					
		Gross income f	rom gaming activities ne 19					
	b	Less direct ex	penses b					
	С	Net income or (	(loss) from gamıng act	ivities				
,	l0a	Gross sales of	inventory, less	<b>•</b>				
		returns and allo	owances .					
	h		a					
			oods sold <b> b</b> (loss) from sales of inv	entory ►				
		Miscellaneous		Business Code				
1	l1a							
	b							
	c							
	d	All other reven						
	е	Total. Add lines	s 11a-11d	•				
1	<b>L2</b>	Total revenue.	See Instructions .		8,312,403	141,390		

# Part IX Statement of Functional Expenses

Se	
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Check if Schedule O contains a response or note to any line in this Part IX		•	•	•	•	•	•	•	•	•	•	•	•	•
ction 501(c)(3) and 501(c)(4) organizations must complete all columns. All other or	<u>rganiz</u>	ation	s m	ust c	, OM	piet	<u>.e c</u>	olun	nn ( <i>i</i>	<del>1</del> )				

	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
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	117,368			
5	Compensation of current officers, directors, trustees, and key employees	1,168,466			
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	584,051			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	164,255			
9	Other employee benefits	230,572			
10	Payroll taxes				
		143,142			
11	Fees for services (non-employees)				
а	Management				
Ь	Legal	814,464			
с	Accounting	29,716			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A)				
g	amount, list line 11g expenses on Schedule O)	27,145			
12	Advertising and promotion	96,186			
13	Office expenses	47,147			
14 15	Information technology	204,318			
16	Royalties	146,933			
17	Travel	140,933			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	641,781			
20	Interest	0.12,7.02			
21	Payments to affiliates	2,613,075			
22	Depreciation, depletion, and amortization	29,911			
23	Insurance	13,364			
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)				
а	ARBITRATION FEES	64,809			
b	BLDG REPS	122,750			•
c	DONATIONS	30,192			
d	EXP REIMBURSE	59,363			
e	All other expenses	461,265			
25	<b>Total functional expenses.</b> Add lines 1 through 24e	7,810,273			
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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X	Bal	an	ce	Sh	•

Form	990 (2	2015)						Page <b>11</b>
Par	t X	Balance Sheet						
		Check if Schedule O contains a response or note to any lir	e in thi	s Part X .				· · · · <u>· · </u>
						<b>(A)</b> Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				494,097	1	573,958
	2	Savings and temporary cash investments				4,989,110	2	5,022,098
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				42,423	4	321,036
	5	Loans and other receivables from current and former offic key employees, and highest compensated employees Co Schedule L	omplete		tees,		5	
Assets	6	Loans and other receivables from other disqualified persons described in section 4958 (f)(1)), persons described in section 4958 (contributing employers and sponsoring organizations of soluntary employees' beneficiary organizations (see instead of Schedule L	c)(3)(B section	), and 501(c)(9)			6	
\ss	7	Notes and loans receivable, net					7	
Ass	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges				106,625	9	53,404
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		46,051	· ·		
	ь	Less accumulated depreciation	10b	77	74,217	162,665	<b>10</b> c	171,834
	11	Investments—publicly traded securities				4,915,735	11	4,945,977
	12	Investments—other securities See Part IV, line 11 .					12	
	13	Investments—program-related See Part IV, line 11 .					13	
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11					15	
	16	Total assets.Add lines 1 through 15 (must equal line 34)				10,710,655	16	11,088,307
	17	Accounts payable and accrued expenses				865,890	17	847,563
	18	Grants payable					18	
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities					20	
۰,۵	21	Escrow or custodial account liability Complete Part IV o	of Sched	dule D			21	
lities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and di			,			
Liabi		persons Complete Part II of Schedule L					22	
Ë	23	Secured mortgages and notes payable to unrelated third parties					23	
	24	Unsecured notes and loans payable to unrelated third pa	rties				24	
	25	Other liabilities (including federal income tax, payables t and other liabilities not included on lines 17-24) Complete Part X of Schedule D	o relate	ed third parti	ies,			
						225 555	25	0.17.555
	26	Total liabilities. Add lines 17 through 25		<u> </u>		865,890	26	847,563
e S		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ► [	and comp	lete			

	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets.Add lines 1 through 15 (must equal line 34)	10,710,655	16	11,088,307
	17	Accounts payable and accrued expenses	865,890	17	847,563
	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	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u> </u>		persons Complete Part II of Schedule L		22	
Ë	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			
				25	
	26	Total liabilities. Add lines 17 through 25	865,890	26	847,563
Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🙀 and complete lines 27 through 29, and lines 33 and 34.			
<u>=</u>	27	Unrestricted net assets	9,844,765	27	10,240,744
ä	28	Temporarily restricted net assets		28	
Fund (	29	Permanently restricted net assets		29	
ō		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ets.	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	9,844,765	33	10,240,744
	34	Total liabilities and net assets/fund balances	10,710,655	34	11,088,307

2a

2b

2c

3a

3b

Yes

Yes

Νo

Nο

Form 990 (2015)

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c 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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**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

If the organization changed either its oversight process or selection process during the tax year, explain in

Both consolidated and separate basis

Both consolidated and separate basis

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

# **Additional Data**

N/A

**Software ID:** 15000272

Software Version:

**EIN:** 04-2307827

Name: BOSTON TEACHERS UNION

## Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

orm 550, rare 111	+ 1 Togram betvice A	complianments (occ the institut	ctions,
(Code	) (Expenses \$	including grants of \$	) (Revenue \$

### DLN: 93493115000097

Employer identification number

04-2307827

## SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

Political expenditures

BOSTON TEACHERS UNION

Service

2

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

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

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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

•	volunteer nours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization un	der section 4955	<b>*</b>	\$
2	Enter the amount of any excise	e tax incurred by organization manag	jers under sectior	1 4955 <b>&gt;</b>	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 472	20 for this year?		☐ Yes ☐ No
<b>4</b> a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(	c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ection 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to ot	ther organizations	s for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file <b>F</b>	form 1120-POL for this year?			Yes No
5	organization made payments l amount of political contribution	nd employer identification number (E For each organization listed, enter th ns received that were promptly and d political action committee (PAC) If	e amount paid fro lirectly delivered	m the filing organization's fi to a separate political orga	unds Also enter the nızatıon, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
For F	Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or 990	)-EZ.	Cat No 50084S Schedule C (F	orm 990 or 990-EZ) 2015

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

cnedule (	(Form 990 or 990-E2) 2015		Page 2
Part II-	Complete if the organization is exempt under section 501(c)(3) and f under section 501(h)).	led Form 5768	(election
<b>\</b> Check	▶ ☐ If the filing organization belongs to an affiliated group (and list in Part IV each affiliated gexpenses, and share of excess lobbying expenditures)	roup member's nan	ne, address, EIN
Check	► If the filing organization checked box A and "limited control" provisions apply		
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
Total Iobby	obbying expenditures to influence public opinion (grass roots		

		oying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	group totals
1a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots		
b	Total lobbying expenditures to influence a legis	slative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and	1b)		
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines	1c and 1d)		
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of	ine 1f)		

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)									
	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a)2012	<b>(b)</b> 2013	(c)2014	( <b>d)</b> 2015	(e) Total				
2a	Lobbying nontaxable amount									
b	Lobbying ceiling amount (150% of line 2a, column(e))									
c	Total lobbying expenditures									
d	Grassroots nontaxable amount									
e	Grassroots ceiling amount (150% of line 2d, column (e))									
f	Grassroots lobbying expenditures									
				Schee	dule C (Form 990	or 990-EZ) 2015				

Return Reference

Sche	edule C (Form 990 or 990-EZ) 2015				Pa	age <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	ТОГ				
or e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(	a)		(b)	
activ		Yes	No	l	A moun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	<b>501</b> (c	)(5),	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	Yes	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		Νo
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" (				
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	_				
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	art IV Supplemental Information		I			
	• • • • • • • • • • • • • • • • • • • •	1	D		1	
Pro	by ide the descriptions required for Part l-A , line 1 , Part l-B , line 4 , Part l-C , line 5 , Part II-A (affiliated grou	ip list)	, Part .	ц-А,	iines 1	ana

Explanation

2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

**SCHEDULE D** 

# **Supplemental Financial Statements**

▶ 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.

Information about Schedule D (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

DLN: 93493115000097

Department of the						
Treasury						
Internal Revenue Serv						

(Form 990)

► Attach to Form 990.

Open to Public Inspection

	STON TEACHERS UNION		Empi	oyer identificat	ion numb	CI
	Overninations Maintaining Dancy	. Advised Funds on Other Similar I		307827		
-6		· <b>Advised Funds or Other Similar F</b> ed "Yes" on Form 990, Part IV, line 6.	·unas c	or Accounts.		
		(a) Donor advised funds	(b)	Funds and othe	r account:	s
1	Total number at end of year		,			
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t		nor advı	sed	☐ Yes	□ No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?			<sup>-</sup> purpose	Yes	□ No
Pa	rt III Conservation Easements. Comple	ete if the organization answered "Yes"	on Forn	า 990, Part IV	, line 7.	
1	Purpose(s) of conservation easements held by th	e organization (check all that apply)				
	Preservation of land for public use (e g , recreducation)	eation or Preservation of a	an histor	ıcally ımportant	: land area	a
	Protection of natural habitat	Preservation of a	a certifie	d historic struct	ture	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in	the form	of a conservati	on	
				Held at the	End of th	e Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easeme	ents	2b			
C	Number of conservation easements on a certified	historic structure included in (a)	<b>2</b> c			
d	Number of conservation easements included in (o historic structure listed in the National Register	c) acquired after 8/17/06, and not on a	2d			
3	Number of conservation easements modified, trai	nsferred, released, extinguished, or terminat	ed by th	e organızatıon d	uring the	
	tax year ▶					
4	Number of states where property subject to cons	ervation easement is located <b>&gt;</b>				
5	Does the organization have a written policy regar violations, and enforcement of the conservation of		ndling of	ΓYe	:s	lo
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforc	ing cons		•	
	<b>&gt;</b>					
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing o	conserva	ition easements	during th	ne year
	<b>▶</b> \$					
В	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)^7$	ne 2(d) above satisfy the requirements of se	ction 17	0(h)(4) <b>Ye</b>	s N	lo
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financia	•	•		
ar		ctions of Art, Historical Treasures,	or Oth	er Similar A	ssets.	
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar	assets held for public exhibition, education	, or resea	arch in furtherar		
b	service, provide, in Part XIII, the text of the footi If the organization elected, as permitted under SF	FAS 116 (ASC 958), to report in its revenue	stateme	ent and balance		
	works of art, historical treasures, or other similar service, provide the following amounts relating to	· · · · · · · · · · · · · · · · · · ·	, or resea	arch in furtherar	nce of pub	lıc
(	(i) Revenue included on Form 990, Part VIII, line 1	1	<b>&gt;</b> \$			
(i	ii) Assets ıncluded ın Form 990, Part X		<b>&gt;</b> \$			
2	If the organization received or held works of art, he following amounts required to be reported under S			cial gain, provide	e the	

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part		Organizations Maintaining (continued)	Collections of Ar	t, Hi	storical	Trea	sures, o	or Ot	her Simila	ar Ass	ets	. age <b>=</b>
3		the organization's acquisition, accontion tems (check all that apply)	ession, and other reco	rds, c	heck any	of the I	following tl	hat ar	e a significa	nt use o	ofits	
а		Public exhibition		d	_ L	oan or e	exchange	progr	ams			
b	Scholarly research e Other											
c		Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII											
5		g the year, did the organization solic s to be sold to raise funds rather th								_ Yes	□ No	•
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		-orm	990, Pa	rt IV,	line 9, or	repo	orted an an		on Forn	n 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other interm	ediar	y for conti	rıbutıor	ns or other	asse	_	Yes	∏ No	•
ь	īf"	'Yes," explain the arrangement in Pa	art VIII and complete	the fo	llowing ta	hla				A mou	nt	
c		ginning balance	art XIII and complete	the it	mowing ta	ые	1	1c		Aillou		
d							T	1d				
		ditions during the year					-					
e		tributions during the year					F	1e				
f		ding balance					L	1f				
2a	Did th	ne organization include an amount o	n Form 990, Part X, Iir	ne 21,	, for escro	w or cu	ıstodial ac	coun	t liability?	Yes	∏ No	
b	If"Ye	es," explain the arrangement in Part										
Pai	rt V	Endowment Funds. Comple	te if the organization	n an	swered '	'Yes" t	to Form 9					
			(a)Current year	<b>(b)</b> P	nor year	b (c)	Two years b	ack (	<b>d)</b> Three years	back (	<b>e)</b> Four ye	ars back
<b>1</b> a	Begir	nning of year balance										
b	Cont	ributions										
c	Netı losse	nvestment earnings, gains, and										
d	Gran	ts or scholarships										
e		r expenditures for facilities programs										
f	A dmı	nistrative expenses										
g		of year balance										
2	Provi	de the estimated percentage of the	current vear end balar	ice (li	ne 1a. col	lumn (a	)) held as	I		I		
- а		I designated or quasi-endowment	carrette y car ella balar		110 19,00	(a)	.,, 45					
_												
b		anent endowment ►										
С	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c should equal 100%											
3a	organ	nere endowment funds not in the pos iization by	, and the second	zation	that are l	held an	d administ	tered	for the		Yes	No
	<b>(i)</b> un	related organizations		•			•			3a(i)		
_		elated organizations								3a(ii	)	
		es" on 3a(II), are the related organiz	•					•		. 3b		
4		ribe in Part XIII the intended uses o		naown	nent runas							
Раг	t VI	Land, Buildings, and Equip Complete if the organization a		orm (	990. Part	· IV. In	ne 11a.S	ee Fo	orm 990. Pa	art X. I	line 10.	
		Description of property	movered res to re		(a) Cost or other	r basıs	(b) Cost or othe	er bası	Accumi	ulated		ok value
1a	Land			$\Box$	· · · · · · · · · · · · · · · · · · ·	•	<u> </u>					
		gs		.								
		nold improvements		.			3	300,470		232,572		67,898
		nent		.				45,58	+	541,645		103,936
	•			$\vdash$			<del></del>	_	+			

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )

171,834

See Form 99   Part VI   Total (Control to Manufacture PRI See Form 99		Investments—Other Securities. Con	mplete if the org	janization answered 'Ye	s' on Fo	rm 990, Part IV, line 11b.
(2) Discretion of squary interests (3) Other  Total, (follow file and equations 92, for X, or (if) to 12)  Part VIII Investments—Program Related. (b) Book value  (c) Descript or of investment (b) Book value  (c) Descript or of investment (c) Descript or of investment (c) Descript or of investment (c) and control of the				(b)Book value	Cost	
Total, (Cohere (g) must equal from 1989, Part 3, cost (g) /res 25)  Part VIII Investments—Program Related. Complete if the organization answered vies on Form 1999, Part 3V, line 110 See Form 1990, Part 3V, line 13.  (a) Descriptor of Investment (g) must equal from 1989, Part 3V, line 13. (b) Book value  (c) Descriptor of Investment (line 2)  Part IX Other Assets. Complete of the operation answered view or Form 1990, Part 3V, line 11d See Form 1990, Part X, line 15.  (b) Descriptor of Investment (line 2)  Part X Other Liabilities. Complete of the organization answered view or Form 1990, Part X, line 11d. See Form 1990, Part X, line 15.  (c) Descriptor of liabilities. Complete of the organization answered view on Form 1990, Part X, line 11d or 11f. See Form 1990, Part X, line 11d or 11f. See Form 1990, Part X, line 11d or 11f. See Form 1990, Part X line 11d or	(1)Financia				003	or end or year market variate
Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15)  Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15)  Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15)  Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15)  Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15)  Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15)  Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15)  Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15)  Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15)  Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15)  Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15)  Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15)  Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15)  Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15)  Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15)  Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15)  Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15)  Total, (Counce (b) must equal form 990, Part X, cor (6) Nor 15)		held equity interests				
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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  Cost or end-of-year market value  Total. (Column (b) coust equal force 990, Part X, cot (d) we 33.  Part XX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c See Form 990, Part X, line 15.  (b) Book value  (c) Book value  (c) Book value  (c) Book value  (d) Book value  Total. (Column (b) must equal force 990, Part X, cot (d) kee 35.  See Form 990, Part X, line 25.  (e) Dock value  Total. (c) Income (b) must equal force 990, Part X, cot (d) kee 35.  Part XX Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c or 11f.  See Form 990, Part X, line 25.  (e) Dock value  Total. (c) Income (b) must equal force 990, Part X, cot (d) kee 35.  Part XX Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c or 11f.  Total. (c) Income (b) must equal force 990, Part X, cot (d) kee 25.  Lack (c) Income (b) must equal force 990, Part X, cot (d) kee 25.  Part XX Other Liabilities. Complete if the organization is financial statements 1std reports the lext of the footbook to the organization's financial statements 1std reports the			<b>•</b>			
(a) Description of investment (b) Book value (c) Method of valuation Cost or end of year market value  Fortal. (Column (a) cause equal form 980, Part X, cat (\$6 law 13)  Part 1X Other Assets. Complete of the organization amounted Yes' on Form 990, Part (V, line 11d See Form 990, Part X, line 15  (b) Book value  Total. (Column (b) must equal form 990, Part X, cat (\$6 law 15)  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.  (a) Description of liability (b) Book value  (c) Method of valuation (b) Book Value  (c) Method of valuation (d) Part X, line 15  (e) Book value  Total. (Column (b) must equal form 990, Part X, cat (6) law 25)  (b) Book value  Total. (column (c) must equal form 990, Part X, cat (6) law 25)  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.  (b) Book value  Total. (column (c) must equal form 990, Part X, cat (6) law 25)  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.  Liability Martin and Part X (a) (b) law 25   Part X (a) (	Part VIII	Investments—Program Related.  Complete if the organization answered	'Yes' on Form 9	90. Part IV. line 11c.c.	a Farm	000 Dart V line 12
Total. (Column (a) must equal from 990, Plat X, col (d) We 12)  Part 12 Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13  (a) Description  (b) Book value  Total. (Column (a) must equal from 990, Plat X col (d) line 15    Part 2 Other Labilities. 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  Federal income taxes						
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(a) Description (b) Book value  Total. (Column (b) must equal Form 990, Part X, col (8) line 15)  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  Federal income taxes  Total. (Column (b) must equal Form 990, Part X, col (8) line 25)  Total. (Column (b) must equal Form 990, Part X, col (8) line 25)  2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				 on Form 990, Part IV . line 1	_ L1d See F	Form 990, Part X, line 15
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  Federal income taxes  Total. (Column (b) must equal form 990, Part X, col (B) line 25.)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
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See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  Federal income taxes						line 11e or 11f.
Federal income taxes  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		See Form 990, Part X, line 25.	_			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	1.	(a) Description of Hability	(b) Book van	ue		
2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Federal inc	ome taxes				
2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the						
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2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Total (C:1)	on (h) must aqual Form 000, Dark V L(O) (m. 25)	<u> </u>			
	2. Liability 1	for uncertain tax positions In Part XIII, provid				

Return Reference

1

8,206,254

2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -106,149		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)...............2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-106,149
3	Subtract line <b>2e</b> from line <b>1</b>	3	8,312,403
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	8,312,403
Par	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per Ret	urn.
1	Total expenses and losses per audited financial statements	1	7,810,273
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	7,810,273
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII ) 4b		
b	other (Describe in Fact XIII)		
b c	Add lines <b>4a</b> and <b>4b</b>	4c	

Explanation

Total revenue, gains, and other support per audited financial statements . . . . . .

Schedule D (Form 990) 2015		Page <b>5</b>
Part XIII Supplemental Information		
Return Reference	Explanation	

DLN: 93493115000097

Schedule J (Form 990)

# **Compensation Information**

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. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. 2015

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

	me of the organization STON TEACHERS UNION	Employer ident	ification nun	nber	
503	STON TEACHERS UNION	04-2307827			
Pa	rt I Questions Regarding Compensation	1			
				Yes	No
а		vided any of the following to or for a person listed on Form to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)		l I	 
b	If any of the boxes in line 1a are checked, did the orgreimbursement or provision of all of the expenses de	, , , , , ,	1b		
	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec	eimbursing or allowing expenses incurred by all utive Director, regarding the items checked in line 1a?	2		
	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all th used by a related organization to establish compensa				
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee	ا ا د		
	During the year, did any person listed on Form 990, lor a related organization	Part VII, Section A, line 1a with respect to the filing organi	zation		
а	Receive a severance payment or change-of-control p	payment?	4a		No
b	Participate in, or receive payment from, a supplemen	ital nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	sed compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizat	ions must complete lines 5-9.			
	For persons listed on Form 990, Part VII, Section A, compensation contingent on the revenues of	, line 1a, did the organization pay or accrue any			
а	The organization?		5a		
b	Any related organization?		5b		
	If "Yes," on line 5a or 5b, describe in Part III				
	For persons listed on Form 990, Part VII, Section A, compensation contingent on the net earnings of	, line 1a, did the organization pay or accrue any			
а	The organization?		<b>6</b> a		
b	Any related organization?		<b>6</b> b		
	If "Yes," on line 6a or 6b, describe in Part III				
	For persons listed on Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d		7		
	Were any amounts reported on Form 990, Part VII, p subject to the initial contract exception described in in Part III	paid or accured pursuant to a contract that was Regulations section 53 4958-4(a)(3)? If "Yes," describe	8		
1	If "Yes" on line 8, did the organization also follow the	rebuttable presumption procedure described in Regulation	ıs a		

Schedule J (Form 990) 2015

2 PATRICK CONNOLLY

152,303

(ii)

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and		(E) Total of columns	<b>(F)</b> Compensation in	
		Base (1) compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 RICHARD STUTMAN	(i)	151,297		4,800	16,457	23,837	196,391		
	(ii)								

15.634

7,879

180,616

4,800

Schedule J (Form 990) 2015

Page **2** 

Schedule J (Form 990) 2015	Page <b>3</b>						
Part III Supplemental Information							
Provide the information, explanation, or	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						

Schedule J (Form 990) 2015

efile GRAPHIC prir	nt - DO NOT PROCESS As Filed Data -	DLN: 93493115000097				
SCHEDULE O (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.  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.  Attach to Form 990 or 990-EZ.  Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.						
Name of the organization BOSTON TEACHERS UNION	applemental Information	Employer identification number 04-2307827				
Return Refer		Explanation				
Pt VI, Line 6	THE ORGANIZATION IS COMPRISED	OF OF MEMBERS				
Pt VI, Line 7a	MEMBERS ELECT THE GOVERNING	BOARD				

990 Schedule O, Supplemental Information

Return Reference Explanation

The turn the reference	D. Pianaton
Pt VI, Line 7b	DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY MEMBERS

COMPENSATION OF OFFICERS IS VOTED ON BY THE MEMBERSHIP

Pt VI. Line 15a

990 Schedule O, Supplemental Information

Return Reference Explanation

Return Reference	explanation
Pt VI, Line 15b	COMPENSATION OF KEY EMPLOYEES IS VOTED ON BY THE MEMBERSHIP

UNREALIZED LOSS ON INVESTMENTS

990 Schedule O, Supplemental Information

Return Reference Explanation

	·
Pt VI, Line 11b	FORM 990 IS REVIEWED BY EXECUTIVE BOARD PRIOR TO FILING

FORM 990 IS REVIEWED BY EXECUTIVE BOARD PRIOR TO FILING

FORM 990EZ, Part I, Line 16

ADVERTISING

990 Schedule O, Supplemental Information

Return Reference Explanation

	1
Form 990EZ, Part I, Line 16	ARBITRATION FEES

CMPTR SUPP/SUPPORT

990 Schedule O, Supplemental Information

Return Reference Explanation

Form 990EZ, Part I, Line 16	DONATIONS

EXP REIMBURSEMENTS

990 Schedule O, Supplemental Information

Return Reference Explanation

Form 990EZ, Part I, Line 16 INSURANCE

OFFICE

990 Schedule O, Supplemental Information

Return Reference Explanation

SUBSCRIPTIONS

Form 990EZ, Part I, Line 16 RETIRED TCHRS BENE

990 Schedule O, Supplemental Information

Return Reference Explanation

	·
Form 990EZ, Part I, Line 16	TELEPHONE BANKS

Accounts Receivable - Net

990 Schedule O, Supplemental Information Return Reference Explanation

	i -
Form 990EZ, Part II, Line 24	Prepaids

Investments

990 Schedule O, Supplemental Information

Return Reference Explanation

	·
Form 990EZ, Part II, Line 26	Accounts Payable & Accrued Expenses

NΑ

Form 990, Part III, Line 4d

990 Schedule O, Supplemental Information

Return Reference Explanation

	<u> </u>
Form 990, Part IX, Line 24e	ELECTION EXPENSE 1223

HOMEWORK HELPERS 54744

Form 990, Part IX, Line 24e

990 Schedule O, Supplemental Information

Return Reference Explanation

Form 990, Part IX, Line 24e	NEGOTIATIONS 19020

POSTAGE 73203

Form 990, Part IX, Line 24e

990 Schedule O, Supplemental Information

Return Reference Explanation

Form 990, Part IX, Line 24e	PRINTING 163788

Form 990, Part IX, Line 24e PROFESSIONAL LEARNING 5000

990 Schedule O, Supplemental Information

Return Reference Explanation

Form 990, Part IX, Line 24e	RESUME CONSULTATION 372

SCHOLARSHIPS 63000

Form 990, Part IX, Line 24e

990 Schedule O, Supplemental Information

Return Reference Explanation

The tarriffication	Explanation
Form 990 Part IX Line 24e	SUBSCRIPTIONS 4655

Form 990. Part IX. Line 24e SUBSCRIPTIONS 4600

TEACHER INQUIRY/TEACHER LEAD PROJECTS 4500

990 Schedule O, Supplemental Information

Return Reference Explanation

Form 990, Part IX, Line 24e TELEPHONE 61640

TELEPHONE BANKS 10120

Form 990. Part IX. Line 24e

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493115000097 OMB No 1545-0047

# **SCHEDULE R** (Form 990)

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

, OI 37.	2013
w.irs.qov/form <b>990</b> .	Open to Public Inspection
Employer identification n	umber

				04-23078	27			
ete if the organization	answered "Yes" on	Form 990, Pa	art IV	, line 33.				
(b) Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	End-of	(e) End-of-year assets		(f) irect controlling entity		
_								
zations Complete if the tax year.	ne organization ans	swered "Yes"	on Fo	rm 990, Pa	rt IV, l	ine 34 because it	had on	e
(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code se	ection Public charity s (if section 501(		status .(c)(3))	(f) Direct controlling entity	Sectio (13) c er	
HEALTH & WELFARE FUND	MA	501 C (9)					res	
PREPAID LEGAL SERVICES FUND	MA	501 (C) (9)						
HEALTH & WELFARE FUND	MA	501 (C) (9)						
BUILDING CORPORATION	MA	501 (C) (2)						+
								$\perp$
								$\perp$
	(b) Primary activity  Zations Complete if the tax year.  (b) Primary activity  HEALTH & WELFARE FUND  PREPAID LEGAL SERVICES FUND  HEALTH & WELFARE FUND	(b) Primary activity	(b) Primary activity  Legal domicile (state or foreign country)  Zations Complete If the organization answered "Yes" the tax year.  (b) Primary activity  Legal domicile (state or foreign country)  Exempt Code se or foreign country)  PREPAID LEGAL SERVICES FUND  HEALTH & WELFARE FUND  MA  501 (C) (9)  HEALTH & WELFARE FUND  MA  501 (C) (9)	Co   Co   Co   Co   Co   Co   Co   Co	ete if the organization answered "Yes" on Form 990, Part IV, line 33.  (b) (c) (d) (e) End-of-year assets or foreign country)  Zations Complete if the organization answered "Yes" on Form 990, Pathe tax year.  (b) (c) (d) (e) End-of-year assets or foreign country)  Primary activity (c) (e) Exempt Code section (if section 501)  HEALTH & WELFARE FUND MA 501 (C) (9)  PREPAID LEGAL SERVICES MA 501 (C) (9)	Co   Legal domicile (state or foreign country)   Total income   End-of-year assets   Dotal income	ete if the organization answered "Yes" on Form 990, Part IV, line 33.    (a)	ete if the organization answered "Yes" on Form 990, Part IV, line 33.    (b)

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h	)	(i)	Ú	)	(k)
Name, address, and EIN of	Primary activity		Direct	Predominant	Share of	Share of	Disprop					Percentage
related organization		domicile			total income		alloca		amount in box			ownership
related organization		(state or	entity	unrelated,	cotal income	assets	"""		20 of	partr	ner?	OWINCISHIP
			entity	excluded from		assets			Schedule K-1		ilei '	
		foreign										
		country)		tax under					(Form 1065)			
				sections 512-								
				514)					4			
							Yes	No		Yes	No	
										-		
Dark IV. Identification of Bolated Organizations Tayable s	C		T					UV U	L a. a. E a	00 5	)t ·	TV lune

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of 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>(b)</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	<b>Transactions With Related Organizations</b>	Complete if the organization	answered "Yes" on Form 990,	Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b		No
c Gift, grant, or capital contribution from related organization(s)	<b>1</b> c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> j		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	<b>1</b> s		No

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

·		•	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)BTUHWF BUILDING CORPORATION	k	110,158	ACTUAL
(2)BOSTON TEACHERS UNION HEALTH AND WELFARE FUND	р	125,528	ACTUAL
(3)BOSTON TEACHERS UNION HEALTH AND WELFARE FUND	q	657	ACTUAL
(4)BOSTON TEACHERS UNION HEALTH AND WELFARE FUND	m	2,756	ACTUAL

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

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

revenue) that was not a related organization. See instructions in																							
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?		<b>(k)</b> Percentage ownership
			314)	Yes	No			Yes	No		Yes	No											
												1 .											
	l .		<u> </u>			1				C-l	ll. D (5		2015										

