efile	e GRAPHIC	print - DO NOT PROCESS	As Filed Data -			DLN	1: 93	493036010248
(990	Return of Org	janization E	xempt From	Income	Тах	OM	4B No 1545-0047
Form •	330	Under section 501(c), 52	-	-				2016
29		foundations)	ial security numbers o		-			
-	ment of the Treas l Revenue Servic	urv Information about the second s	ut Form 990 and its in				C	Open to Public Inspection
					0.0017			
	ck if applicable	calendar year, or tax year begin C Name of organization	ining 07-01-2016	, and ending U6-3	0-2017	D Employer I	dentif	ication number
_	dress change	THE BALTIMORE TEACHERS UNION LOCAL 340				52-604413		
	me change tial return	Doing business as				52 00 112	•	
_ Fin	al							
	n/terminated ended return	Number and street (or P O box if m 5800 METRO DRIVE	all is not delivered to str	eet address) Room/su	ıte	E Telephone n		
🗆 Ар	plication pending	g City or town, state or province, cou	ntry, and ZIP or foreign r	oostal code		(410) 358-	6600	
		BALTIMORE, MD 212153209	,, 5 1			G Gross receip	ts \$ 7,	,849,116
		F Name and address of principa	al officer		H(a) Is this	a group returi	ו for	
		MARIETTA A ENGLISH 5800 METRO DRIVE				linates?		🗌 Yes 🗹 No
		BALTIMORE, MD 212153209			H(b) Are all includ	subordinates ed?		□ Yes □No
I lax	x-exempt status	501(c)(3) 🗹 501(c)(5)	(Insert no) 🗌 4947	'(a)(1) or 🛛 527		," attach a list	•	•
JW	ebsite:► W	WW BALTIMORETEACHERS ORG			H(C) Group	exemption nu	mber	▶
K Form	n of organization	n 🗌 Corporation 🗌 Trust 🗹 Asso			L Year of forma			of legal domicile
						ME)	
Pa		nmary						
.		escribe the organization's mission on RGANIZATION EXEMPT UNDER IRC		ivities				
nce								
eme								
Governance		his box \blacktriangleright \Box if the organization dis				of its net asse		I
		of voting members of the governing		3	48			
é.		of independent voting members of mber of individuals employed in ca	•	4	47			
Activities &		mber of volunteers (estimate if ne	•	6	0			
Act		related business revenue from Par					7a	0
		elated business taxable income froi					7b	0
					Prie	or Year		Current Year
<u>a</u> r	8 Contribu	itions and grants (Part VIII, line 1h				0		0
enneven	-	n service revenue (Part VIII, line 2 <u>0</u>				6,711,347		6,793,634
lċΗ		ent income (Part VIII, column (A),				8,488		-50,795
		evenue (Part VIII, column (A), lines		•		133,549 6,853,384		261,521 7,004,360
		venue—add lines 8 through 11 (mu and similar amounts paid (Part IX,				-0,055,50	<u> </u>	0
		paid to or for members (Part IX, c		•		0		0
s		, other compensation, employee be				2,302,176		2,267,506
Expenses		onal fundraising fees (Part IX, colu	•			0		0
(p ei	b Total fund	draising expenses (Part IX, column (D), l	ıne 25) ▶0					
ш	17 Other ex	xpenses (Part IX, column (A), lines	11a-11d, 11f-24e)			4,564,482		
		penses Add lines 13-17 (must equ		6,866,658		7,239,309		
. 0	19 Revenue	e less expenses Subtract line 18 fr	om line 12			-13,274		-234,949
Net Assets or Fund Balances					Beginning	of Current Year		End of Year
sset 3ala	20 Total as	sets (Part X, line 16)				6,070,810		9,540,004
M E	21 Total lia	bilities (Part X, line 26)				5,217,873		8,406,457
ž,	22 Net asse	ets or fund balances Subtract line	21 from line 20			852,937		1,133,547
		nature Block						
		perjury, I declare that I have exam ef, it is true, correct, and complete						
any ki	nowledge			-				
Sign	Signa	ture of officer						
Here	MARI	ETTA A ENGLISH PRESIDENT						
	/	or print name and title						
_ ·		Print/Type preparer's name SUBRINA WOOD CPA	Preparer's signature SUBRINA WOOD CPA					
Paic	1 L	Firm's name CALIBRE CPA GROUP I						
-		Firm's address > 7501 WISCONSIN AVE						
use	Only	WEST BETHESDA, MD 2081						

May the IRS discuss this return with the preparer shown above? (see instru-For Paperwork Reduction Act Notice, see the separate instructions.

Check if Schedule O contains a response or note to any line in this Part III	Form	990 (2016)				Page 2
1 Brefly describe the organization's mission SEE SCHEDULE 0 FOR DETAILS 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E22	Par	t IIII Statement	t of Program Service Acc	omplishments		
1 Brefly describe the organization's mission SEE SCHEDULE 0 FOR DETAILS 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E22		Check if Sch	edule O contains a response or	note to any line in this Part III .		<u> D</u>
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27	1					
the pnor Form 990 or 990-E27	SEE S	SCHEDULE O FOR DE	TAILS			
the pnor Form 990 or 990-E27						
the pnor Form 990 or 990-E27						
If "Yes," describe these new services on Schedule 0 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses sectors DSIC(2)3 and SDIC(2)4 and SDIC	2	Did the organizatior	n undertake any significant prog	gram services during the year which	were not listed on	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		the prior Form 990	or 990-EZ?			🗌 Yes 🗹 No
services ²		If "Yes," describe th	ese new services on Schedule	0		
If "Yes," describe these changes on Schedule O 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 \$ mcluding grants of \$) (Revenue \$) 4b (Code) (Expenses \$ mcluding grants of \$) (Revenue \$) 4b (Code) (Expenses \$ mcluding grants of \$) (Revenue \$) 4c (Code) (Expenses \$ mcluding grants of \$) (Revenue \$) 4c (Code) (Expenses \$ mcluding grants of \$) (Revenue \$) 4d (Code) (Expenses \$ mcluding grants of \$) (Revenue \$) 4d (Code) (Expenses \$ mcluding grants of \$) (Revenue \$) 4d (Code) (Expenses \$ mcluding grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ mcluding grants of \$) (Revenue \$)) 4d Other program services (Describe in Schedule O) (Expenses \$ mcluding grants of \$) (Revenue \$))	3	Did the organizatior	n cease conducting, or make sig	inificant changes in how it conducts	, any program	
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses section 501(cl(3) and 501(cl(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 \$ mcluding grants of \$) (Revenue \$) 5ee Additional Data		services?				🗌 Yes 🗹 No
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 s including grants of s) (Revenue s) 4b (Code) (Expenses s including grants of s) (Revenue s) 4b (Code) (Expenses s including grants of s) (Revenue s) 4c (Code) (Expenses s including grants of s) (Revenue s) 4c (Code) (Expenses s including grants of s) (Revenue s) 4c (Code) (Expenses s including grants of s) (Revenue s) 4c (Code) (Expenses s including grants of s) (Revenue s) 4c (Code) (Expenses s including grants of s) (Revenue s) 4c (Code) (Expenses s including grants of s) (Revenue s) 4d Other program services (Describe in Schedule O) (Expenses 5 including grants of \$) (Revenue \$) 4d Other program service expenses >		If "Yes," describe th	ese changes on Schedule O			
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4e Total program service expenses ►	4d			wants of t) (Povonuo ¢	N
				jrants or \$) (Revenue \$)
	4e	i otai program sei	rvice expenses P			Form 000 (2010)

Par	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
	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		
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? <i>If "Yes," complete Schedule D, Part II</i> 😒	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? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 😒	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	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 😒	11b	Yes	
	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? If "Yes," complete Schedule D, Part IX 😒	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😒	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X \mathfrak{P}	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🛸	12a	Yes	
	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? If "Yes," complete Schedule G, Part 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
		F	orm 99	0 (2016)

Form	990 (2016)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	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		
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, Parts 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? <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? 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		
С	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? \ldots .	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		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	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? If "Yes," complete Schedule L, Part II	26		No
27	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 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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M \cdot .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99	0 (2016)

Form	990 (2016)			Page 5
Par	t 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 38			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
_	this return		V	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
Зa	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	Зb		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Ne
		4 a		No
D	If "Yes," enter the name of the foreign country			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 5b		No
		50		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
17-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments $^{\gamma}If$ "No," provide an explanation in Schedule O $~$.	14b		

	990 (2010)			Page
Par	t VI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to l	ines
	Check if Schedule O contains a response or note to any line in this Part VI			√
Se	ction 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 48			
	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 47			
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	Yes	
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
	Did the organization become aware during the year of a significant diversion of the organization s assets	6	Yes	
6 7-	5	0	res	
	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	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8 a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b		No
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
4	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUU		
U	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	4.01		
<u> </u>		16b		
<u>Se</u> 17	ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed			
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
18	available for public inspection Indicate how you made these available. Check all that apply			
	🗌 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 19 policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records MARIETTA A ENGLISH PRESIDENT 5800 METRO DRIVE 2ND FLOOR BALTIMORE, MD 212153209 (410) 358-6600 20

orm	990	(2016)	
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Form 990 (2016)
Doub V/T	<u>_</u>

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

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

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

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

• List all of the organization's current key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours	(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-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(Ŵ- 2/1099- MISC)	related organizations	
See Additional Data Table											
	•									Form 990 (2016)	

Par	t VIII Section A. Officers, Direc	tors, Trustees	, Key I	Empl	loye	es,	and I	High	hest Com	pensate	d Employees	(con	tinued)		
	(A) Name and Title	Name and Title Average hours per Position (do no than one box, i week (list any hours Use of the period Is both an of director/t						son	Repor compe from organiza	tion (W-					
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MIS	C)	organızat relat organız	ed	
See	Additional Data Table														
	Sub-Total	art VII Sectio	 пА		•							<u> </u>			
-	Fotal (add lines 1b and 1c) .	•		<u></u>	<u>.</u>	·	•		8	02,199		0		243,333	
2	Total number of individuals (including of reportable compensation from the			e list	ed al	bove	e) who	rece	eived mor	e than \$1	00,000				
													Yes	No	
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .			ee, k	ey ei	mplo •	oyee, d	or hu •	ghest com	pensated	employee on	3		No	
4	For any individual listed on line 1a, is										n the			110	
	organization and related organization individual	s greater than \$	150,00	<i>If</i> ،	"Yes	," ca	omplet	te Sc	chedule J f	or such		4	Yes		
5	Did any person listed on line 1a recei	ve or accrue cor	npensat	ion fi	rom	any	unrela	ated	organızatı	on or ındı	vidual for				
	services rendered to the organization	If "Yes," compi?	ete Sch	edule	e J fo	r su	ch per	rson		• •	• • •	5		No	
<u>Se</u>	ection B. Independent Contract Complete this table for your five high		dunden	andar		ntra	ctors	that	received r	nore than	\$100.000 of c	omner	sation		
<u> </u>	from the organization Report compe	nsation for the c									n's tax year				
		(A) and business addre	\$55								(B) ription of services		Comper	nsation	
	WHITING-TURNER CONTRACTING COMPANY								C	CONSTRUCT	ION COMPANY		1	,952,614	
BALT.	IMORE, MD 21286									EGAL SERV				205 925	
	IORTH CHARLES STREET								Ľ	LUAL JERV	ICLJ			395,825	
	IMORE, MD 21201														

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 2

Form 990 (20	,
Part VIII	Statement of Revenue

Page **9**

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	Check if Schedul	e O contains a	respor	nse or note to any l	ine in this	Part VII	ι			<u> </u>
					(A) Total rev		e	(B) ated or kempt nction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
								venue	revenue	512-514
	1a Federated campaig	ns	1a							•
nts Int	b Membership dues		1b							
s, Grants Amounts	c Fundraising events	L	1c							
D H H	c rundraising events	L								
ifts		L	1d							
о Щ	e Government grants (co	ontributions)	1e							
ons, Gift Similar	f All other contributions, and similar amounts n	, gifts, grants,								
Contributions, Gifts, and Other Similar A	above		1f							
ië f	g Noncash contributio	ons included								
d fr	In lines 1a-1f \$									
Contand	h Total.Add lines 1a-1	.f		🕨						
t.				Business	Code					
มนะ	2a MEMBERSHIP DUES				900099	6,6	49,451	6,649	9,451	
le V.	b SPONSORSHIPS - MEET	ING			900099		84,248			84,248
τ Η	c REGISTRATION FEES				900099		37,255	37	7,255	
r vi c	d ASSISTANCE - AFT				900099		22,680		2,680	
Sei										
Program Service Revenue	e		_							
ogr	f All other program se	rvice revenue		6.70	12 624				I	I
Ĕ	gTotal.Add lines 2a-2f	f	•	•	93,634					
	3 Investment income (ii	ncluding divide	nds, in	terest, and other						
	,			►	1	9,17	9			9,179
	4 Income from investme		-	nd proceeds 🕨 🕨						
	5 Royalties		• •	· · •						
		(I) Real		(II) Personal						
	6a Gross rents	10	93,272							
	b Less rental expenses		0							
	 Rental income or (loss) 	19	93,272		1					
					ļ	193,27	_			102.272
	d Net rental income o			F		193,27.	2			193,272
	- Cross amount	(I) Securiti	es	(II) Other						
	7a Gross amount from sales of			784,782						
	assets other than inventory									
	b Less cost or									
	other basis and			844,756						
	sales expenses C Gain or (loss)			-59,974						
	d Net gain or (loss)			'	l	-59,97	4			-59,974
	8a Gross income from fi		_	•		,				
e		-	of							
nu	contributions reporte	ed on line 1c)								
e v e	See Part IV, line 18		_							
ă	b Less direct expense		Ь							
Other Revenue	c Net income or (loss)			nts 🕨	r					
ot	9a Gross income from g See Part IV, line 19		es							
			a							
	b Less direct expense	s	ь							
	c Net income or (loss)	from gaming a	activitie	25 🕨						
	10aGross sales of invent	ory, less								
	returns and allowand	es.								
			a							
	b Less cost of goods s		Ь		l					
	<u>c</u> Net income or (loss) Miscellaneous		invento	Business Code						
	11aOTHER REVENUE	Revenue		900099		68,24	9	68,249		
	Officient					·				
	b									
	U									
	с									
	d All other revenue .									
	e Total. Add lines 11a	-11d	• •			68,24	9			
	12 Total revenue. See	Instructions		🕨		7,004,36		6,777,635		0 226,725
						1,004,30	<u>~1</u>	0,///,035	1	~ 220,725

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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

	Check if Schedule O contains a response or note to any	Time in this Part IX			<u>, ⊔</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	. Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	2 Grants and other assistance to domestic individuals See Part IV, line 22				
З	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	309,422			
e	 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	1,451,745			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	186,868			
9	Other employee benefits	248,363			
10	Payroll taxes	71,108			
11	Fees for services (non-employees)				
	a Management				
	b Legal	311,745			
	c Accounting	70,500			
	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)	74,535			
12	Advertising and promotion	1,812			
13	Office expenses	189,521			
14	Information technology				
15	Royalties				
16	Occupancy	380,913			
	' Travel	75,482			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	645,204			
20	Interest	63,565			
21	Payments to affiliates	2,619,714			
22	Depreciation, depletion, and amortization	30,398			
23	Insurance				
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 POST RETIREMENT BENEFIT	358,964			
	b COLLECTIVE BARGAINING	121,334			
	c OTHER	28,116			
	d				
	e All other expenses	7			
	Total functional expenses. Add lines 1 through 24e	7,239,309			
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 🕨 🗌 ıf followıng SOP 98-2 (ASC 958-720)			<u> </u>	
					Eorm 990 (2016)

Form 990 (2016)

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			3,753,412	1	3,440,044
	2	Savings and temporary cash investments .		[360,871	2	361,440
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	•		34,593	4	46,087
	5 6	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio	ated en fied pe	nployees Complete Part		5	
ts		contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	ations o	of section 501(c)(9)		6	
Assets	7	Notes and loans receivable, net		_		7	
As	8	Inventories for sale or use	· –	20.050	8	454.500	
	9	Prepaid expenses and deferred charges	· · ·	· · · -	60,659	9	154,528
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	5,881,164			
	b	Less accumulated depreciation	1,201,162	1,038,833	10c	4,680,002	
	11	Investments—publicly traded securities .			74,073	11	86,149
	12	Investments—other securities See Part IV, line		489,295	12	503,974	
	13	Investments—program-related See Part IV, line	· · _		13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11	• •		259,074	15	267,780
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	6,070,810	16	9,540,004
	17	Accounts payable and accrued expenses	-	[1,151,920	17	4,224,975
	18	Grants payable				18	
	19	Deferred revenue		1,109,248	19	1,110,930	
	20	Tax-exempt bond liabilities			20		
S	21	Escrow or custodial account liability Complete F	of Schedule D		21		
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
iab		persons Complete Part II of Schedule L 🛛 .				22	
	23	Secured mortgages and notes payable to unrela	ited thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	l thırd	parties		24	
	25	Other liabilities (including federal income tax, pi and other liabilities not included on lines 17-24) Complete Part X of Schedule D		s to related third parties,	2,956,705	25	3,070,552
	26	Total liabilities. Add lines 17 through 25 .			5,217,873	26	8,406,457
Fund Balances	27	Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33 Unrestricted net assets			852,937	27	1,133,547
Bal	28	Temporarily restricted net assets				28	
핃	29	Permanently restricted net assets			29		
Ē		Organizations that do not follow SFAS 117 (ASC 958),		958),			
٦	30	check here ► □ and complete lines 30 th Capital stock or trust principal, or current funds		34.		30	
ets	31	Paid-in or capital surplus, or land, building or ec		nt fund		31	
Assets	32	Retained earnings, endowment, accumulated in				32	
	33	Total net assets or fund balances			852,937	33	1,133,547
Net	34	Total liabilities and net assets/fund balances			6,070,810	34	9,540,004
			-				E 222 (2216)

Form	990 (2016)				Page 12
Par	t XI Reconcilliation 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		7	,004,360
2	Total expenses (must equal Part IX, column (A), line 25)	2		7	,239,309
3	Revenue less expenses Subtract line 2 from line 1	3			-234,949
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\ .$.	4			852,937
5	Net unrealized gains (losses) on investments	5			19,034
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			496,525
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1	,133,547
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\checkmark
	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 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 separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	on a	2a	Yes	No
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both If 'Separate basis Consolidated basis	basıs,	26	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule C	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired	Зb		

Additional Data

Software ID: Software Version: EIN: 52-6044136 Name: THE BALTIMORE TEACHERS UNION LOCAL 340

Form 990 (2016)

Form 990, Part III, Line 4a:

LABOR UNION ADVOCATING THE INTERESTS OF TEACHERS, PARAPROFESSIONALS AND SCHOOL RELATED PERSONNEL IN BALTIMORE CITY'S PUBLIC SCHOOLS

Compensated Employees, and Indep	endent ₎ Cont	ractor	S	(C))			(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related	Positio tha pers	n (do in on on is	o not e bo both ecto	t che ix, u n an or/tri	nless office ustee	er)	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related
MIRIAM BROOKS-ARNETTE SPECIAL SERVICES VP	2 00	x		×				0	0	0
RAYMOND ENGLISH MEMBER AT LARGE	2 00	x		×				0	0	0
ROGIE LEGASPI MIDDLE SCHOOL VP	2 00	x		×				0	0	0
WANDA THOMPSON MEMBER AT LARGE	2 00	x		×				0	0	0
PAMELA WILSON MEMBER AT LARGE	2 00	x		×				0	0	0
TERRY HARPER PSRP CHAPTER SECRETARY	2 00	x		×				0	0	0
CARLA MCCOY VOCATIONAL VP	2 00	x		×				0	0	0
ROSALIND STEWART VOCATIONAL VP	2 00	x		×				0	0	0
CYNTHIA BRUCE SPECIAL SERVICES VP	2 00	x		×				0	0	0
GLORIA FOSTER-WILLIAMS SPECIAL SERVICES VP	2 00	x		×				0	0	0

Compensated Employees, and Indep	endent ₎ Cont	ractor	S	(C))			(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related	Positio tha persi	n (do an on on is	o not e bo both ecto	t che x, u n an	eck m inless office ustee)	er	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	(W- 2/1099- MISC)	related organizations
AVA PARRAN SPECIAL SERVICES VP	2 00	x		×				0	0	0
IRENE BOOZE SPECIAL SERVICES VP	2 00	×		×				0	0	0
INEZ CHAMBERS SPECIAL SERVICES VP	2 00	x		×				0	0	0
SHERRI HARRIS GIBBS SPECIAL SERVICES VP	2 00	x		×				0	0	0
MARIETTA ENGLISH PRESIDENT	45 00 	x		×				192,921	0	56,403
SITA CHAITRAM HIGH SCHOOL VP	2 00	x		×				0	0	0
LAKEISHA PURNELL HIGH SCHOOL VP	2 00	x		×				0	0	0
COREY DEBNAM MIDDLE SCHOOL VP	2 00	x		×				0	0	0
YVETTE TURNER MIDDLE SCHOOL VP	2 00	x		x				0	0	0
THERESA BAILEY-GWYNN MIDDLE SCHOOL VP	2 00	x		x				0	0	0

Compensated Employees, and Indep	endent ₎ Cont	ractor	s	(C))			(D)	(E)	(F)
Name and Title	Average hours per week (list any hours	Positio tha pers	n (do an on on is	o not e bo both ecto	t che ix, u n an or/tr	nless office ustee)	er)	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
LURITA JOHNSON ELEMENTARY SCHOOL VP	2 00	x		×				0	0	0
SUSAN IRELAND ELEMENTARY SCHOOL VP	2 00	x		×				0	0	0
CAROLYN JONES ELEMENTARY SCHOOL VP	2 00	x		×				0	0	0
SARAH MARTIN ELEMENTARY SCHOOL VP	2 00	x		x				0	0	0
BRANDI BOONE-WEST ELEMENTARY SCHOOL VP	2 00	x		x				0	0	0
DARLENE RANDALL-BROWN ELEMENTARY SCHOOL VP	2 00	x		x				0	0	0
KEVIN MEDLEY ELEMENTARY SCHOOL VP	2 00	x		×				0	0	0
KENYA CAMPBELL TEACHER CHAPTER CHAIR	2 00	x		×				0	0	0
LABRINA HOPKINS TEACHER CHAPTER VICE CHAIR	2 00	x		×				0	0	0
PAT CHILDS TEACHER CHAPTER SECRETARY	2 00	x		×				0	0	0

Compensated Employees, and Indep	endent ₎ Cont	ractor	ร่	(C)		•	•	(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related	Positio tha pers	n (do an on on is	o not e bo both ecto	t che ix, u n an or/tr	nless office ustee)	er)	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	(W- 2/1099- MISC)	organization and related organizations
JAMES BLANCHARD TEACHER CHAPTER TREASURER	2 00	x		x				900	0	0
SANDRA DAVIS PSRP CHAPTER CHAIR	2 00	x		×				0	0	0
SHAWN MCKAY PSRP CHAPTER VICE CHAIR	2 00	x		×				0	0	0
PATRICIA KELLER ELEMENTARY SCHOOL VP	2 00	x		×				0	0	0
MARY FISHER PSRP CHAPTER SECRETARY	2 00	x		x				0	0	0
DEBORAH CROCKETT PSRP CHAPTER TREASURER	2 00	x		×				900	0	0
GERALDA THOMPSON ELEMENTARY SCHOOL VP	2 00	x		×				0	0	0
LINDA STEWARD MIDDLE SCHOOL VP	2 00	x		x				0	0	0
BERNARD BARBER PSRP CHAPTER MEMBER AT LARGE	2 00	x		x				0	0	0
CELIA ELLIOT MEMBER AT LARGE	2 00	x		x				0	0	0

Compensated Employees, and Indep	endent ₎ Cont	ractor	S	(C))			(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related	Positio tha pers and	n (do an on on is	o not e bo both ecto	t che ix, u n an or/tri	nless office ustee)	er)	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	(W- 2/1099- MISC)	related organizations
ARYAH FRADKIN MEMBER AT LARGE(UNTIL 08/02/16)	2 00	x		x				0	0	0
ANN CRAIG MEMBER AT LARGE(AS OF 08/02/16)	2 00	x		x				0	0	0
KATRINA KICKBUSH ELEMENTARY SCHOOL VP	2 00	x		x				0	0	0
ANGELA MITCHELL-BUTLER MEMBER AT LARGE	2 00	x		×				0	0	0
TIFFANIE MURRAY ELEMENTARY SCHOOL VP	2 00	x		x				0	0	0
LENA FUGETT POLITE MEMBER AT LARGE	2 00	x		x				0	0	0
HARRY PRESTON VOCATIONAL VP	2 00	x		×				0	0	0
KRISTEN ROBINSON MEMBER AT LARGE	2 00	x		x				0	0	0
JUANITA WARE VOCATIONAL VP	2 00	x		×				0	0	0
JOHN CASEY FIELD STAFF	40 00					x		118,266	0	31,557

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Compensated Employees, and Indep Name and Title	Average hours per week (list any hours for related organizations	Positio tha pers and	in (do an on on is a dir	e bo both ecto	t ch οx, ι η an	inless office ustee)	er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	below dotted line)	Individual trustee or director	Institutional Trustee		r employee	hest compensated plovee	nner			organızatıons
PEGGY GLADDEN FIELD STAFF	40 00					×		123,811	0	34,104
CONNIE GOODLY FIELD STAFF	40 00					x		131,666	0	38,198
GEORGE HENDRICKS FIELD STAFF	40 00					x		115,470	0	38,307
NEIL ROSS FIELD STAFF	40 00					x		118,265	0	44,764

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efi	le GRAPHIC prin	nt - DO NOT I	PROCESS As Filed Data -			DI	LN: 9	349303	6010248	
SC	HEDULE C	Р	olitical Campaign and	Lobbying	Activit	ies		OMB No	1545-0047	
(Foi EZ) Depar	rm 990 or 990-	►Complete if	ations Exempt From Income Ta: the organization is described below nation about Schedule C (Form 990 <u>www.irs.gov/f</u>	w. ▶Attach to Fo or 990-EZ) and i	rm 990 or	Form 990-E2	27 z.	7 2016 Open to Public Inspection		
If the S S If the If the (Pro)	e organization ans section 501(c)(3) org Section 501(c) (othe Section 527 organiz e organization ans Section 501(c)(3) or Section 501(c)(3) or e organization ans xy Tax) (see separ	ganizations Cor er than section 5 tations Complet wered "Yes" or rganizations that ganizations that wered "Yes" or rate instruction	n Form 990, Part IV, Line 4, or Form t have filed Form 5768 (election under t have NOT filed Form 5768 (election u n Form 990, Part IV, Line 5 (Proxy Ta s), then	e Part İ-C ts I-A and C below 990-EZ, Part VI, Iıı section 501(h)) Co inder section 501(h)	Do not cor ne 47 (Lob l omplete Par n)) Comple	mplete Part I-E bying Activiti rt II-A Do not te Part II-B D	3 es), t i compl conot (hen lete Part II- complete P	B 'art II-A	
	Section 501(C)(4), (3 me of the organizat		zations Complete Part III			Employer id	entifi	cation nur	nber	
THE	E BALTIMORE TEACHER CAL 340									
		e if the orga	nization is exempt under section	on 501(c) or is	a section	52-6044136	nizat	ion.		
1	Political expenditu Volunteer hours t I-B Complet Enter the amount	e if the orga t of any excise ta	nization's direct and indirect political ca nization is exempt under section ix incurred by the organization under s	on 501(c)(3).		• •	\$			
2		•	ax incurred by organization managers i		i	►	\$_			
3 4a b	If the organization Was a correction i If "Yes," describe	made?	cion 4955 tax, did it file Form 4720 for	this year?				Yes Yes	□ No □ No	
Par	t I-C Complet	e if the orga	nization is exempt under section	on 501(c), exc	ept sectio	on 501(c)(3	3).			
1 2 3	Enter the amount function activities	of the filing org	ed by the filing organization for section anization's funds contributed to other es Add lines 1 and 2 Enter here and c	organizations for se	ection 527 e		\$ \$ \$			
4 Did the filing organization fileForm 1120-POL for this year?								🗌 Yes		
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.									
	(a) Namo	e	(b) Address	(c) EIN	filing o	ount paid from rganization's If none, enter -0-	c	e) Amount contribution and prom directly deli separate	ptly and vered to a	

		separate political organization If none, enter -0-
2		
3		
4		
5		
6		

Scł	nedule C (Form 990 or 990-EZ) 2016				Page 2
Р	art II-A Complete if the organization is a section 501(h)).	exempt under section 501(c)(3) and	filed For	m 5768 (electio	on under
A	Check If the filing organization belongs to an expenses, and share of excess lobbying	affiliated group (and list in Part IV each affiliat g expenditures)	ed group n	nember's name, ad	dress, EIN,
в	Check	A and "limited control" provisions apply			
	Limits on Lobbyi (The term "expenditures" mea			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinio	on (grass roots lobbying)			
b	Total lobbying expenditures to influence a legislative	body (direct lobbying)			
с	Total lobbying expenditures (add lines 1a and 1b)				
d	Other exempt purpose expenditures				
е	Total exempt purpose expenditures (add lines 1c and				
f	Lobbying nontaxable amount Enter the amount from 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			
		·			
g	Grassroots nontaxable amount (enter 25% of line 1f)			
h	Subtract line 1g from line 1a If zero or less, enter -()-			
i	Subtract line 1f from line 1c If zero or less, enter -0	-			
j	If there is an amount other than zero on either line 1 section 4911 tax for this year?		🗌 Yes 🗌 No		

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total		
2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
с	Total lobbying expenditures							
d	Grassroots nontaxable amount							
e	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Ford	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)			(b)	
activ		Yes	No	_ ▲	moun	t
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)?			1		
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	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					
с	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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).)(5), o	r secti	on 5	501(c))
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	Yes	

Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2

Did the organization agree to carry over lobbying and political expenditures from the prior year? 3

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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	
с	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	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

Explanation

2

3

No

No

efile GRAPHIC p	rint - DO NOT PROCESS	As Filed Data -			DLN: 93493036010248	
SCHEDULE D (Form 990)	Supple	mental Finar	ncial Statemer	nts	омв № 1545-0047 2016	
Department of the Treasury	Part IV, line 6, 7,	8, 9, 10, 11a, 11b,	rganization answered "Yes," on Form 990, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.			
Internal Revenue Service	Information about Schedule	D (Form 990) and i	ts instructions is at <u>ห</u>	ww.irs.gov/form	Open to Public <u>n990</u> . Inspection	
Name of the organ THE BALTIMORE TEACH LOCAL 340	nization IERS UNION			Employe	r identification number	
	izations Maintaining Donor	Advised Funds o	r Other Similar Fu			
Comple	ete if the organization answere	ed "Yes" on Form 9	90, Part IV, line 6.			
1 Total number	at end of year	(a) Donor adv	used funds	(b)Funds	and other accounts	
2 Aggregate val year)	lue of contributions to (during					
3 Aggregate val	lue of grants from (during year)					
4 Aggregate val	lue at end of year					
	ation inform all donors and donor rganization's property, subject to			nor advised	🗌 Yes 🗌 No	
used only for cl	ation inform all grantees, donors, naritable purposes and not for the ermissible private benefit?				Yes 🗌 Na	
Part II Conse	rvation Easements. Complet	te if the organization	on answered "Yes" or	n Form 990, Part	t IV, line 7.	
1 Purpose(s) of c	onservation easements held by th	e organization (check	all that apply)			
Preservati	on of land for public use (e g , rec	reation or education)	Preservation	of an historically	Important land area	
Protection	of natural habitat		Preservation	of a certified histo	oric structure	
Preservati	on of open space					
easement on th	2a through 2d If the organization he last day of the tax year	held a qualified conse	rvation contribution in t	He	ervation Id at the End of the Year	
	f conservation easements	to		2a		
-	estricted by conservation easemer ervation easements on a certified		uded in (a)	2b 2c		
d Number of cons	ervation easements included in (c in the National Register		.,			
3 Number of cons tax year ►	servation easements modified, tra	nsferred, released, e>	tinguished, or terminat	ed by the organiza	ition during the	
4 Number of state	es where property subject to cons	ervation easement is	located ►			
	ization have a written policy regain nt of the conservation easements		nitoring, inspection, har	dling of violations,	Yes 🗌 No	
6 Staff and volun	teer hours devoted to monitoring,	inspecting, handling	of violations, and enfor	cing conservation e	easements during the year	
7 Amount of expe ► \$	enses incurred in monitoring, insp	ecting, handling of vio	plations, and enforcing o	onservation easen	nents during the year	
8 Does each cons and section 170	servation easement reported on lir D(h)(4)(B)(ii)?	ne 2(d) above satisfy	the requirements of sec	tion 170(h)(4)(B)((1) 🗌 Yes 🗌 No	
balance sheet,	scribe how the organization report and include, if applicable, the text n's accounting for conservation ea	of the footnote to th				
Comple	izations Maintaining Collec ete if the organization answere	ed "Yes" on Form 9	90, Part IV, line 8.			
art, historical tr provide, in Part	cion elected, as permitted under S reasures, or other similar assets h : XIII, the text of the footnote to il	eld for public exhibitions financial statement	on, education, or resear s that describes these it	ch in furtherance o ems	of public service,	
historical treasu	tion elected, as permitted under S ures, or other similar assets held f nts relating to these items					
(i) Revenue inclue	ded on Form 990, Part VIII, line 1			▶ \$		
(ii)Assets included	l ın Form 990, Part X			▶ \$	S	
following amou	ion received or held works of art, nts required to be reported under			or financial gain, p		
a Revenue includ	ed on Form 990, Part VIII, line 1			► \$	\$	
b Assets included	in Form 990. Part X			▶	\$	

For Paperwork Reduction	Act Notice, see	the Instructions	for Form 990.

Cat No 52283D Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

e Other

b Buildings 5,381,794 1,040,371 4,341,423	Sche	dule D (Form 990) 2016								Page 2
email (creck all that apply) d Loan or exchange programs b Scholarly research e Other c Preservation for future generations e Other c Preservation for future generations is collections and explain how they further the organization's exempt pursose in Fark XIII e Other c Preservation for future generations is collections and explain how they further the organization's exempt pursose in Fark XIII is been granization a solect or receive domains of art, historical treasures or other a smaller is sets to be a sole for rese function. Yes No Part XII 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, for escrew or custodial account is assets not include an arround on Form 990, Part X, line 21, for escrew or custodial account lability? Yes No b f 'Yes,' explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII. Part XIII Chowment Funds. Image: the organization answered 'Yes' on Form 990, Part X, line 21, for escrew or custodial account lability? Yes No b f 'Yes,' explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII. Part XIII Chowment Funds. Image: the part of the organization and explain the account lability? Yes No c <t< th=""><th>Par</th><th>t IIII Organizations Maintaining Co</th><th>llections o</th><th>f Art, Histori</th><th>cal T</th><th>reasu</th><th>ires, or Otl</th><th>her Similar A</th><th>ssets (cont</th><th>inued)</th></t<>	Par	t IIII Organizations Maintaining Co	llections o	f Art, Histori	cal T	reasu	ires, or Otl	her Similar A	ssets (cont	inued)
	3		n, and other	records, check	any of	the fo	llowing that a	are a significant	use of its col	ection
Scholarly research Preservation for future generations Proded a decipion of the organization solicit or receive donations of art, historical treasures or other similar assets to be solid to argenization solicit or receive donations of art, historical treasures or other similar assets to be solid to argenization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. Incomplete, if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. Incomplete, if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. Ince 21. Is the organization and gent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X2 Endowment the variangement in Part XIII and complete the following table Begning balance Begning balance Destributions during the year Id Id Detributions during the year Id Id Detributions during the year Id Id If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Begning of year balance If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Begning of year balance If "Yes", explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Reference the organization and use an amount on Form 990, Part X, line 21, for escrew or custoal account liabifty? Yes No If "Yes", explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Reference the organization answered "Yes" on Form 990, Part X, line 10. Reference the organization answered "Yes" on Form 990, Part X, line 10. Reference the organization and lister the organization answered The organization answered the orgenization in the prosenagement in Part XIII check here if the orga	а	Public exhibition		d		Loan	or exchange	programs		
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be solid to range funds rather than to be markaned as part of the organization's collection' Yes No POILENT Excrement Collection Answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table Beginning balance Justification of the organization include an amount on Form 990, Part X, line 21, for escrow or custod al account lability? Yes No If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII. Subth the organization include an amount on Form 990, Part X, line 21, for escrow or custod al account lability? Yes No If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII - Subth the organization include an amount on Form 990, Part X, line 21, for escrow or custod al account lability? Yes No If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII - Subth the organization answered "Yes" on Form 990, Part X, line 10. If wes, "explain the arrangement in Part XIII Check here if the explanation has been provided in Sector that the explanation explanate explanation answered "Yes" on Form 990, Part X, line 10. Subth organization answered "Yes" on Form 990, Part X, line 10. Subth organization answered "Yes" on Form 990, Part X, line 21. Provide the estimated cargenization explanation in the prosense of the organization answered "Yes" on Form 990, Part X, line 21. Provid	b	Scholarly research		e		Othe	r			
Part XIII Source for a see funds rater than to be maintaned as part of the organization's collection?	С	Preservation for future generations								
assets to be sold to raise funds rather than to be maintained as part of the organization? □ □ No Part 32 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. Is the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization answered "Yes" on Form 990, Part X? No b If "Yes," explain the arrangement in Part XIII and complete the following table Image: Complete if the organization and part 14. Image: Complete if Complete if Complete the following table Image: Complete if Complete if Complete if Complete if Complete if the organization nawered "Yes" on Form 990, Part X! No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . Image: Complete if Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part 2V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if Compl	4		llections and	explain how the	ey furtl	her the	e organızatıor	n's exempt purp	ose in	
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21, in 21,	5								🗌 Yes	
included on Form 990, Part X? □ yes No b If "Yes," explain the arrangement in Part XIII and complete the following table Image: Complet	Pa	Complete if the organization answ		on Form 990	, Part	IV, lı	ne 9, or rep	oorted an amo	unt on Forn	n 990, Part
Beginning balance 1c 4 Additions during the year 9 Distributions during the year 11 1c 12 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: transport of the organization answered "Yes" on Form 990, Part X, line 10. 13 Beginning of year balance (a)Current year (b)Pror year (c)Two years back (e)Four years back 14 Beginning of year balance (a)Current year (b)Pror year (c)Two years back (e)Four years back 15 Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a)Current year (b)Pror year (c)Two years back (e)Four years back 16 Beginning of year balance (a)Current year (b)Pror year (c)Two years back (e)Four years back 16 Onthubtions (a)Current year (b)Pror year (c)Two years back (e)Four years back 16 Grants or scholarsings (a)Current year (b)Pror year (c)Two years back (e)Four years back 17 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as (a)Courrent year (a)Current year <tr< th=""><th>1a</th><th></th><th>an or other I</th><th>ntermedıary for</th><th>contri</th><th>bution</th><th>s or other ass</th><th>sets not</th><th>🗌 Yes</th><th></th></tr<>	1 a		an or other I	ntermedıary for	contri	bution	s or other ass	sets not	🗌 Yes	
c Beginning balance Ic Id d Additions during the year Id Id e Distributions during the year Id Id 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: I	b	If "Yes." explain the arrangement in Part XII	I and comple	te the following	table				Amount	
d Additions during the year 1d e Distributions during the year 1e f Ending balance 1f 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a)Current year (b)Prior year (c)Troo years back. (a)Prior years 1a Beginning of year balance (a)Current year (b)Prior year (c)Troo years back. (a)Prior years 1a Beginning of year balance (b)Prior year (c)Troo years back. (a)Prior years 1b Contributions 1a Beginning of year balance 1c Grants or scholarships 1c Armaten exholarst				_			1c			
e Distributions during the year 1e 1f f Ending balance 1f 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	d	5 5					1d			
2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a)Current year (b)Phor year (c)Two years back (d)Three years back (e)Four years back b Contributions . (a)Current year (b)Phor year (c)Two years back (d)Three years back (e)Four years back b Contributions . (a)Current year (b)Phor year (c)Two years back (d)Three years back (e)Four years back b Contributions . (a)Current year (c)Two years back (d)Three years back (e)Four years back c Net investment earnings, gains, and losses (a)Current year (c)Two years back (d)Three years back (e)Four years back c Statis or scholarships .	е						1e			
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	f	Ending balance					1f			
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII	2a	-	orm 990, Pari	X, line 21, for	escrow	/ or cu	stodial accou	nt liability?		
1a Beginning of year balance (a)Current year (b)Prior year (c)Two years back (d)Three years back (e)Four years back 1a Beginning of year balance .	b	If "Yes," explain the arrangement in Part XIII	Check here	ıf the explanat	on has	s been	provided in F	Part XIII •••		
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 a Board designated or quasi-endowment ▶ p 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 ▶ r The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment ₺ The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment ₺ T Bescribe in Park XIII the intended uses of the organization is endowment funds Park 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 (investment) 1a Land 33,241 33,241 b Buildings 5,381,794 1,040,371 4,341,423 c Leasehold improvements 466,129 160,791 305,332 </th <th>Pa</th> <th>rt V Endowment Funds. Complete if</th> <th></th> <th></th> <th>ed "Y</th> <th>es" or</th> <th>ו Form 990,</th> <th></th> <th></th> <th></th>	Pa	rt V Endowment Funds. Complete if			ed "Y	es" or	ו Form 990,			
b Contributions			(a)Current	year (b)P	rior yea	r	(c)Two years b	oack (d) Three ye	ears back (e)	Four years back
c Net investment earnings, gains, and losses Image: Second S										
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 ► p Permanent endowment ► c Temporarily restricted endowment ► c Temporarily restricted endowment ► ii) related organizations iii) related organizations iii) related organizations j If "Yes" on 3a(ii), are the related organization s endowment funds PertVI 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 33,241 b Buildings 5,381,794 c Leasehold improvements 466,129										
e Other expenditures for facilities and programs										
f Administrative expenses		Other expenditures for facilities				+				
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 Temporarily restricted 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 . 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. (investment) 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 (other) (c)Accumulated depreciation (d)Book value 1a Land b Buildings c Laad, 10,040,371 4,341,422 b 861,129 160,791 305,338	f									
a Board designated or quasi-endowment ► b Permanent endowment ► c Temporarily restricted 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 (iii) related organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Are there basis (other) (c)Accumulated depreciation (d)Book value (investment) (b)Cost or other basis (other) (c)Accumulated depreciation 1a Land (a) (b)Cost or other basis (other) (c)Accumulated depreciation b Buildings	g	End of year balance								
a Board designated or quasi-endowment ► b Permanent endowment ► c Temporarily restricted 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 (iii) related organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Are there basis (other) (c)Accumulated depreciation (d)Book value (investment) (b)Cost or other basis (other) (c)Accumulated depreciation 1a Land (a) (b)Cost or other basis (other) (c)Accumulated depreciation b Buildings	2	Provide the estimated percentage of the curr	ent vear end	balance (line 1)	a. colu	mn (a`)) held as	I		
c Temporarily restricted 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	а		,			• • •				
c Temporarily restricted 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	b	Permanent 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 (ii) related organizations (ii) related organizations (iii) related organizations (i) are the related organizations listed as required on Schedule R² (iii) related organizations and Equipment. (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value <t< th=""><th>с</th><th>Temporarily restricted endowment ></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	с	Temporarily restricted endowment >								
organization by Yes No (i) unrelated organizations 3a(i) 3a(i) (ii) related organizations 3a(ii) 3a(ii) b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b 3a(ii) 4 Describe in Part XIII the intended uses of the organization's endowment funds 3b 3b 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. (d)Book value Ia Land (a) Cost or other basis (investment) (b)Cost or other basis (other) (c)Accumulated depreciation (d)Book value b Buildings 33,241 33,241 b Buildings 33,241 33,241 c Leasehold improvements 466,129 160,791 305,335		The percentages on lines 2a, 2b, and 2c shou	ıld equal 100	%						
(ii) related organizations Image: Section of property Image: Section of property <td< th=""><th>3a</th><th></th><th>ssion of the c</th><th>rganızatıon tha</th><th>t are h</th><th>eld an</th><th>d administere</th><th>ed for the</th><th></th><th>Yes No</th></td<>	3a		ssion of the c	rganızatıon tha	t are h	eld an	d administere	ed for the		Yes No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b)Cost or other basis (other) (c)Accumulated depreciation 1a Land 33,241 33,241 b Buildings 5,381,794 1,040,371 4,341,423 c Leasehold improvements 466,129 160,791 305,386		(i) unrelated organizations			•	• •	• •			
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 33,241 33,241 b Buildings 5,381,794 1,040,371 4,341,423 c Leasehold improvements 466,129 160,791 305,338			• • •		· · ·	· ·	• •			<u> </u>
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 33,241 33,241 b Buildings 5,381,794 1,040,371 4,341,423 c Leasehold improvements 466,129 160,791 305,338						· ·	• • •		. 3b	
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 value1a LandImage: Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.(d)Book value1a LandImage: Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.(d)Book value1a LandImage: Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.(d)Book value1a LandImage: Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.(d)Book value1a LandImage: Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.(d)Book value1a LandImage: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.(d)Book valueb BuildingsImage: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.(d)Book valuec Leasehold improvementsImage: Complete if the organization answeree if the o			-	i s endowment i	unas					
Description of property (a) Cost or other basis (investment) (b)Cost or other basis (other) (c)Accumulated depreciation (d)Book value 1a Land Image: Comparison of property I	Fa			on Form 990.	Part	IV, lin	ie 11a. See	Form 990. Pa	irt X. line 10).
b Buildings 5,381,794 1,040,371 4,341,423 c Leasehold improvements 466,129 160,791 305,338		Description of property (a) Cost or ot	her basıs							
b Buildings 5,381,794 1,040,371 4,341,423 c Leasehold improvements 466,129 160,791 305,338	1a	Land				33,241				33,241
c Leasehold improvements 466,129 160,791 305,338								1,040,371		4,341,423
		-			40	56,129		160,791		305,338

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)). . ۲

4,680,002

(e Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuat Cost or end-of-year mar	tion ket value
1)Financial deri			Cost or end-or-year mar	Ket value
2)Closely-held 3)Other	equity interests			
) ANNUITY CO	NTRACT	503,974	F	
)				
)				
)				
)				
)				
)				
)				
	must equal Form 990, Part X, col (B) line 12)	503,974		
	Ivestments—Program Related. Complete if the Eerom 990, Part X, line 13.	ne organization ansi	vered 'Yes' on Form 990, Part I	IV, line 11c.
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mar	
)			,	
)				
)				
)				
)				
)				
)				
)				
)				
	must equal Form 990, Part X, col (B) line 13) her Assets. Complete if the organization answered '	Yes' on Form 990, Par	IV, line 11d See Form 990, Part >	K, line 15
)	(a) Description			(b) Book value
I				
1				
I				
I				
I				
	(b) must equal Form 990, Part X, col (B) line 15)			
	her Liabilities. Complete if the organization an e Form 990, Part X, line 25.	swered 'Yes' on For	m 990, Part IV, line 11e or 11f	
	(a) Description of liability	(b) Bo	bk value	
Federal Incor	ne taxes			
FERRED COM	PENSATION		252,202	
	IT BENEFIT OBLIGATION			
			2,575,648	
FERRED RENT	LIABILITY		242,702	
)				
1				
)				
)				
			1	

 Total. (Column (b) must equal Form 990, Part X, col (B) line 25)
 3,070,552

 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
 Image: Column (b) must equal form 990, Part X, col (B) line 25)

Sche	dule D (Form 990) 2016		Page 4
Ра	rt XI Reconciliation of Revenue per Audited Financial Statements With Reven Complete if the organization answered 'Yes' on Form 990, Part IV, lin		
1	Total revenue, gains, and other support per audited financial statements	1 <u>1</u>	7,083,368
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
Ь	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	19,034
3	Subtract line 2e from line 1	3	7,064,334
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
с	Add lines 4a and 4b	4c	-59,974
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	2e 2e 3 4c 5 ses per Retu	7,004,360
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expension Complete if the organization answered 'Yes' on Form 990, Part IV, lin		
1	Total expenses and losses per audited financial statements		7,299,283
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		
с	Other losses		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	59,974
3	Subtract line 2e from line 1	3	7,239,309
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
с	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	7,239,309

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
See Addıtıonal Data Table	

Schedule D (Form 990) 2015

Page **5**

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

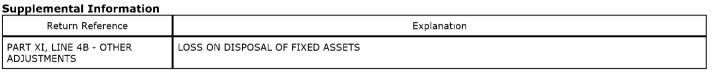
Schedule D (Form 990) 2016

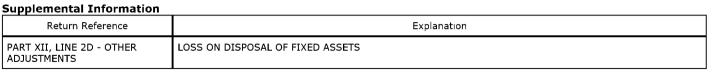
Additional Data

Software ID: Software Version: EIN: 52-6044136 Name: THE BALTIMORE TEACHERS UNION LOCAL 340

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE UNION ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH THE ACCOUNTING STANDARDS CODIFICATI ON (ASC) TOPIC INCOME TAXES THESE PROVISIONS PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTI NG FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRES CRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX POSIT IONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE UNION PERFORMED AN EVALUATION OF U NCERTAIN TAX POSITIONS FOR THE YEARS ENDED JUNE 30, 2017, AND DETERMINED THAT THERE WERE N O MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE AN E FFECT ON ITS TAX-EXEMPT STATUS AS OF JUNE 30, 2017, THE STATUTE OF LIMITATIONS FOR TAX YE ARS 2013 THROUGH 2015 REMAINS OPEN WITH THE U S FEDERAL JURISDICTION AND THE VARIOUS STAT ES AND LOCAL JURISDICTIONS IN WHICH THE UNION FILES RETURNS





efi	e GRAPHIC p	orint - DO NOT PROCESS	As Filed Data -	DLN: 934	9303	6010	248
Sch	edule J	Со	mpensation Information	ОМ	BNo :	1545-	0047
(For	m 990)	For certain Office	- rs, Directors, Trustees, Key Employees,	and Highest			
			Compensated Employees		20		5
		Complete if the orga	anization answered "Yes" on Form 990, Attach to Form 990.	Part IV, line 23.	20		J
•	rtment of the	Information about Schedule	J (Form 990) and its instructions is at	www.irs.gov/form990.	pen t		
Trea	sury mal Revenue				Insp	ectio	n
Serv							
	ne of the organiz BALTIMORE TEACH			Employer identificat	ion nu	mber	
	AL 340			52-6044136			
Ра	rt I Questi	ons Regarding Compensa	ition				
						Yes	No
1 a			n provided any of the following to or for a rt III to provide any relevant informatio				
	First-class	s or charter travel	Housing allowance or resi	dence for personal use			
	Travel for	companions	Payments for business us	e of personal residence			
	-	ification and gross-up payments	Health or social club dues				
	F Discretion	ary spending account	Personal services (e g , m	aıd, chauffeur, chef)			
ı	Tfame after t	vee in line to one about the table		and in a nation of the			
b			he organization follow a written policy re es described above? If "No," complete		1b	Yes	
2			r to reimbursing or allowing expenses ir				
	directors, trust	ees, officers, including the CEO/	Executive Director, regarding the items	s checked in line 1a?	2	Yes	
3	Indicate which	If any of the following the filing	organization used to establish the comp	pensation of the			
5	organization's	CEO/Executive Director Check	all that apply Do not check any boxes	for methods			
		-	pensation of the CEO/Executive Direct	•			
	•	tion committee int compensation consultant	Written employment contr Compensation survey or s				
	•	of other organizations	\Box Approval by the board or c	•			
	1						
4	During the yea or a related org		990, Part VII, Section A , line 1a with re	espect to the filing organization	ו		
а	Receive a seve	erance payment or change-of-cor	ntrol payment?		4a		No
b	Participate in,	or receive payment from, a suppl	emental nonqualified retirement plan?		4b		No
с	Participate in,	or receive payment from, an equi	ty-based compensation arrangement?		4c		No
	If "Yes" to any	of lines 4a-c, list the persons ar	nd provide the applicable amounts for ea	ach item in Part III			
	$O_{\rm mby} = 501(c)(3)$	501(c)(4) and $501(c)(20)$ orga	nizations must complete lines 5-9.				
5			on A, line 1a, did the organization pay of	or accrue anv			
-		contingent on the revenues of	, , ga a pa, c	,			
а	The organization	on?			5a		
b	Any related or	janization?			5b		
	If "Yes," on line	e 5a or 5b, describe in Part III					
6		ted on Form 990, Part VII, Secti contingent on the net earnings of	on A , line 1a, did the organization pay o	or accrue any			
а	The organization	٥n۶			6 a		
b	Any related or	janization?			6 b	L	
	If "Yes," on line	e 6a or 6b, describe in Part III					
7		ted on Form 990, Part VII, Secti described in lines 5 and 6? If "Ye	on A, line 1a, did the organization provi es," describe in Part III	de any non-fixed	7		
8			VII, paid or accured pursuant to a conti ed in Regulations section 53 4958-4(a		8		
9	If "Yes" on line section 53 495	-	w the rebuttable presumption procedur	e described in Regulations	9		

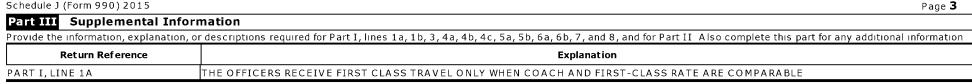
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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)(1)-(11) 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	fW-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (1) compensation	(II) Bonus & incentive compensation	(in) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	column(B) reported as deferred on prior Form 990
1 MARIETTA ENGLISH PRESIDENT	(i)	178,225	0	14,696	26,059	8,205	227,185	0
	(ii)	0	0	0	0	22,139	22,139	0
2 PEGGY GLADDEN FIELD STAFF	(i)	123,811	0	0	17,803	4,401	146,015	0
	(ii)	0	0	0	0	11,900	11,900	0
3 CONNIE GOODLY FIELD STAFF	(i)	131,666	0	0	19,097	7,378	158,141	0
	(ii)	0	0	0	0	11,723	11,723	0
4 GEORGE HENDRICKS FIELD STAFF	(i)	115,470	0	0	16,781	1,821	134,072	0
	(ii)	0	0	0	0	19,705	19,705	0
5 NEIL ROSSFIELD STAFF	(i)	118,265	0	0	16,960	4,414	139,639	0
	(ii)	0	0	0	0	23,390	23,390	0

Schedule J (Form 990) 2015





efile GRAPHI	C print - DO N	OT PROCES	S As Fi	iled Data -					DL	N: 93.	4930	360	10248
Schedule L (Form 990 or 990	P-EZ)		► Compl orm 990, Pa	ns with Ir ete if the orga art IV, lines 2! 990-EZ, Part	nization and 5a, 25b, 26, 1	swered 27, 28a, 28b,		ic,			^{ив №}		6-0047
Department of the Tre- Internal Revenue Serv	asurv	ormation ab	► Attac	th to Form 990 Ile L (Form 990 <u>www.irs.gov</u>	0 or Form 99 0 or 990-EZ	0-EZ.	ructio	ns is	at)pen		ublic
Name of the org THE BALTIMORE TE LOCAL 340								•	yer ide 4136	entifica	ition r	numb	er
	ss Benefit Tra lete if the organiza									ne 40b			
1 (a) Name of disqual	Ified person	(b)	Relationship be c	tween disqua organization	lified person a	nd)escript ansacti			i) Cor es	rected? No
4958 3 Enter the all Part II Loa Cor rep (a) Name of	mount of tax incur mount of tax, if ar ans to and/or nplete if the orgar orted an amount or (b) Relationship with organizatior	From Inter Ization answe Form 990, (c) Purpose	above, reimb rested Per ered "Yes" or Part X, line (d) Loan	oursed by the o sons. n Form 990-EZ, 5, 6, or 22	rganization	· · · ·	90, Pa	rt IV,	line 26	h)	(ganıza i)Writ greem	tten
			То	From	-		Yes No		comm Yes	es No		Yes No	
	nts or Assista			ested Perso									
(a) Name of inter			between on and the	es" on Form 9		(d) Type	of assi	stanc	e	(e) Pui	pose (of ass	Istance
For Paperwork Rec	luction Act Notice	see the Instru	ctions for Fo	rm 990 or 990-F		at No 50056A		601		(Form	000 -	r 000	EZ) 2016

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) AFT MD	MARIETTA ENGLISH IS PRESIDENT OF BOTH BTU AND AFT MD	193,272	AFT MD LEASES SPACE FROM BTU		No

Part V Supplemental Information

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

Return Reference

Explanation

efile GRAPHIC prin	DLN: 93493036010248			
SCHEDULE O (Form 990 or 990- EZ)	Supplement Complete to pro Form 990 c	OMB № 1545-0047 2016 Open to Public Inspection		
THE BALTIMORE TEACHERS UNION LOCAL 340 52-6044136				identification number 6
990 Schedule O, Su	pplemental Informatio	n		

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	THE PRESIDENT OF THE UNION, MARIETTA ENGLISH AND MEMBER-AT-LARGE RAYMOND ENGLISH, ARE RELATED

Return Reference	Explanation
PART VI, SECTION A,	WITH THE CONSTITUTIONAL CHANGE IN 2010, THE DUES RATE IS BASED ON THE FULL DUES, MODIFIED AND MINIMAL DUES RATES WITH CONSTITUTIONAL CHANGE, THE BTU NOW HAS TWO CHAPTERS AND ONLY ONE PRESIDENT THERE WERE ONCE TWO PRESIDENTS BY STATE LAW THE UNION WAS GIVEN AN ADDITIO NAL UNIT TO REPRESENT SCHOOL RELATED PERSONNEL THE PARAPROFESSIONAL CHAPTER IS NOW THE "PARAPROFESSIONAL AND SCHOOL RELATED PERSONNEL "

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ACTIVE CHAPTER MEMBERS ELECT THE EXECUTIVE BOARD MEMBERS OF EACH CHAPTER IN MAY OF EVERY T HIRD YEAR VOTING IS CONDUCTED BY SECRET BALLOT AMONG THE MEMBERS OF EACH CHAPTER IN GOOD STANDING

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	COMMITTEES CANNOT ACT ON BEHALF OF THE GOVERNING BODY

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS DRAFTED THROUGH A COLLABORATIVE EFFORT OF THE ORGANIZATION'S OUTSIDE AUDIT FIRM AND IN-HOUSE FINANCIAL AND LEGAL PROFESSIONALS THE FORM IS THEN FINALIZED AND SUBMI TTED

Return Reference	Explanation
FORM 990,	EACH ELECTED OFFICER, STAFF MEMBER OR BTU EMPLOYEE IS REQUIRED TO ANNUALLY (1) REVIEW A CO
PART VI,	PY OF THE POLICY AND TO ACKNOWLEDGE IN WRITING THAT HE OR SHE HAS DONE SO, (2) COMPLETE A
SECTION B,	DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES IN WHICH HE OR
LINE 12C	SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST ARISING

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	BTU'S FORM 990 IS AVAILABLE, AS REQUIRED BY LAW, UPON REQUEST BTU'S GOVERNING DOCUMENTS A LONG WITH AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE

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Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION RELATED CHANGES OTHER THEN NET PERIODIC PENSION COST 496,525 WRITE-DOWN OF PREPAID DEVELOPMENT COSTS

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Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE EXECUTIVE BOARD IS RESPONSIBLE FOR SELECTION OF THE AUDITOR AND OVERSIGHT OF THE AUDIT AND FINANCIAL STATEMENTS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	AS STATED IN THE BTU CONSTITUTION, THE EXECUTIVE BOARD SHALL SET AND ARRANGE FOR THE PAYME NT OF SALARIES AND EXPENSES OF EMPLOYEES AND OFFICERS

Return Reference	Explanation
FORM 990, PART III, LINE 1	THE MISSION OF THE BALTIMORE TEACHERS UNION, LOCAL 340, IS TO PROMOTE THE BEST INTERESTS O F PUBLIC SCHOOLS OF BALTIMORE CITY, TO ADVANCE THE STANDARDS OF THE TEACHING PROFESSION, T O INSURE THAT EVERY STUDENT IS GUARANTEED A PROGRAM OF QUALITY EDUCATION, TO PROMOTE THE W ELFARE OF ITS MEMBERS, TO PROMOTE THE AIMS AND OBJECTIVES OF THE AMERICAN FEDERATION OF TE ACHERS TO EXPOSE AND FIGHT ALL FORMS OF RACISM AND DISCRIMINATION, TO ORGANIZE ALL PERSONN EL ENGAGED IN EDUCATION INTO ONE UNITED ORGANIZATION, AND TO ENGAGE IN COLLECTIVE BARGAINI NG, CULTURAL, CIVIC, LEGISLATIVE, POLITICAL, FRATERNAL, EDUCATIONAL, CHARITABLE, WELFARE, SOCIAL, AND OTHER ACTIVITIES WHICH THE INTEREST OF THE UNION AND ITS MEMBERSHIP