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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

| | | | |
|---|---|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type See Specific Instructions | C Name of organization THE BALTIMORE TEACHERS UNION LOCAL 340 | D Employer identification number 52-6044136 |
| | | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5800 METRO DRIVE | E Telephone number (410) 358-6600 |
| | | City or town, state or country, and ZIP + 4 BALTIMORE, MD 21215-3209 | F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶ |

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and **I** are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? **N/A** Yes No
(If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶ **0787**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

G Website: ▶ **WWW.BALTU.ORG**

J Organization type (check only one) ▶ 501(c) (05) ◀ (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **4,303,106.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

| | | | | |
|---|---|------------|-------------------|-------------------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received: | | | |
| | a Direct public support | 1a | | |
| | b Indirect public support | 1b | | |
| | c Government contributions (grants) | 1c | | |
| | d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____). | 1d | | 0. |
| | 2 Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | | 94,651. |
| | 3 Membership dues and assessments | 3 | | 4,076,001. |
| | 4 Interest on savings and temporary cash investments | 4 | | 4,144. |
| | 5 Dividends and interest from securities | 5 | | |
| | 6 a Gross rents SEE STATEMENT 1 | 6a | 4,427. | |
| | b Less: rental expenses | 6b | | |
| | c Net rental income or (loss) (subtract line 6b from line 6a) | 6c | | 4,427. |
| 7 Other investment income (describe ▶ _____) | 7 | | | |
| 8 a Gross amount from sales of assets other than inventory | (A) Securities | 8a | | |
| | (B) Other | 8b | | |
| | | 8c | | |
| d Net gain or (loss) (combine line 8c, columns (A) and (B)) | 8d | | | |
| 9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | | | | |
| a Gross revenue (not including \$ _____ of contributions reported on line 1a) | 9a | | | |
| b Less: direct expenses other than fundraising expenses | 9b | | | |
| c Net income or (loss) from special events (subtract line 9b from line 9a) | 9c | | | |
| 10 a Gross sales of inventory, less returns and allowances | | 10a | | |
| | b Less: cost of goods sold | 10b | | |
| | c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) | 10c | | |
| 11 Other revenue (from Part VII, line 103) | 11 | | 123,883. | |
| 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | 12 | | 4,303,106. | |
| Expenses | 13 Program services (from line 44, column (B)) | 13 | | |
| | 14 Management and general (from line 44, column (C)) | 14 | | |
| | 15 Fundraising (from line 44, column (D)) | 15 | | |
| | 16 Payments to affiliates (attach schedule) SEE STATEMENT 2 | 16 | | 1,757,579. |
| | 17 Total expenses (add lines 16 and 44, column (A)) | 17 | | 4,296,313. |
| Net Assets | 18 Excess or (deficit) for the year (subtract line 17 from line 12) | 18 | 6,793. | |
| | 19 Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | 24,162. | |
| | 20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3 | 20 | 12,826. | |
| | 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) | 21 | 43,781. | |

SCANNED JUN 17 2006

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|---------------|----------------------|----------------------------|-----------------|
| 22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) | 22 | | | |
| 23 Specific assistance to individuals (attach schedule) | 23 | | | |
| 24 Benefits paid to or for members (attach schedule) | 24 | | | |
| 25 Compensation of officers, directors, etc. | 25 224,967. | | | |
| 26 Other salaries and wages | 26 689,768. | | | |
| 27 Pension plan contributions | 27 132,057. | | | |
| 28 Other employee benefits | 28 197,044. | | | |
| 29 Payroll taxes | 29 71,421. | | | |
| 30 Professional fundraising fees | 30 | | | |
| 31 Accounting fees | 31 47,194. | | | |
| 32 Legal fees | 32 189,859. | | | |
| 33 Supplies | 33 24,173. | | | |
| 34 Telephone | 34 23,664. | | | |
| 35 Postage and shipping | 35 | | | |
| 36 Occupancy | 36 153,391. | | | |
| 37 Equipment rental and maintenance | 37 64,376. | | | |
| 38 Printing and publications | 38 77,896. | | | |
| 39 Travel | 39 69,297. | | | |
| 40 Conferences, conventions, and meetings | 40 339,992. | | | |
| 41 Interest | 41 81,519. | | | |
| 42 Depreciation, depletion, etc (attach schedule) | 42 103,539. | | | |
| 43 Other expenses not covered above (itemize): | | | | |
| a _____ | 43a | | | |
| b _____ | 43b | | | |
| c _____ | 43c | | | |
| d _____ | 43d | | | |
| e SEE STATEMENT 4 | 43e 48,577. | | | |
| 44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15. | 44 2,538,734. | | | |

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose?

LABOR ORGANIZATION EXEMPT UNDER IRC SECTION 501(C)(5)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

| | |
|--|-----------------------------------|
| a LABOR UNION ADVOCATING THE INTERESTS OF TEACHERS AND PARAPROFESSIONALS IN BALTIMORE CITY'S PUBLIC SCHOOLS. | |
| (Grants and allocations \$ _____) | |
| b _____ | |
| (Grants and allocations \$ _____) | |
| c _____ | |
| (Grants and allocations \$ _____) | |
| d _____ | |
| (Grants and allocations \$ _____) | |
| e Other program services (attach schedule) | (Grants and allocations \$ _____) |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services) | |

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LOCAL 340**

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Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

| | | (A) Beginning of year | | (B) End of year | |
|---|--|--------------------------|------------|--------------------|------------|
| Assets | 45 Cash - non-interest-bearing | 8,357. | 45 | 170. | |
| | 46 Savings and temporary cash investments | 724,753. | 46 | 877,140. | |
| | 47 a Accounts receivable | 215,510. | | | |
| | b Less: allowance for doubtful accounts | | | | |
| | | | 213,595. | 47c | 215,510. |
| | 48 a Pledges receivable | | | | |
| | b Less: allowance for doubtful accounts | | | 48c | |
| | 49 Grants receivable | | | 49 | |
| | 50 Receivables from officers, directors, trustees, and key employees | | | 50 | |
| | 51 a Other notes and loans receivable | | | | |
| | b Less: allowance for doubtful accounts | | | 51c | |
| | 52 Inventories for sale or use | | | 52 | |
| | 53 Prepaid expenses and deferred charges | 35,089. | 53 | | 43,446. |
| | 54 Investments - securities STMT 5 | 572,663. | 54 | | 621,226. |
| | 55 a Investments - land, buildings, and equipment: basis | | | | |
| b Less: accumulated depreciation | | | 55c | | |
| 56 Investments - other | SEE STATEMENT 6 | 338,251. | 56 | 349,759. | |
| 57 a Land, buildings, and equipment: basis | 57a 2,479,888. | | | | |
| b Less: accumulated depreciation | 57b 943,438. | | | | |
| 58 Other assets (describe | | 1,271,484. | 57c | 1,536,450. | |
| 59 Total assets (add lines 45 through 58) (must equal line 74) | | 3,164,192. | 59 | 3,643,701. | |
| Liabilities | 60 Accounts payable and accrued expenses | 925,708. | 60 | 1,074,293. | |
| | 61 Grants payable | | 61 | | |
| | 62 Deferred revenue | 700,908. | 62 | 684,534. | |
| | 63 Loans from officers, directors, trustees, and key employees | | 63 | | |
| | 64 a Tax-exempt bond liabilities | | 64a | | |
| | b Mortgages and other notes payable | 979,157. | 64b | 1,260,060. | |
| | 65 Other liabilities (describe | SEE STATEMENT 7 | 534,257. | 65 | 581,033. |
| 66 Total liabilities (add lines 60 through 65) | | 3,140,030. | 66 | 3,599,920. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | | | |
| | 67 Unrestricted | 24,162. | 67 | 43,781. | |
| | 68 Temporarily restricted | | 68 | | |
| | 69 Permanently restricted | | 69 | | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74. | | | | |
| | 70 Capital stock, trust principal, or current funds | | 70 | | |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 | | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 72 | | |
| | 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) | | 24,162. | 73 | 43,781. |
| | 74 Total liabilities and net assets / fund balances (add lines 66 and 73) | | 3,164,192. | 74 | 3,643,701. |

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

| | | | |
|-----|--|---|------------|
| a | Total revenue, gains, and other support per audited financial statements | a | 4,315,932. |
| b | Amounts included on line a but not on line 12, Form 990: | | |
| (1) | Net unrealized gains on investments \$ 12,826. | | |
| (2) | Donated services and use of facilities \$ | | |
| (3) | Recoveries of prior year grants \$ | | |
| (4) | Other (specify): \$ | | |
| | Add amounts on lines (1) through (4) | b | 12,826. |
| c | Line a minus line b | c | 4,303,106. |
| d | Amounts included on line 12, Form 990 but not on line a: | | |
| (1) | Investment expenses not included on line 6b, Form 990 \$ | | |
| (2) | Other (specify): \$ | | |
| | Add amounts on lines (1) and (2) | d | 0. |
| e | Total revenue per line 12, Form 990 (line c plus line d) | e | 4,303,106. |

| | | | |
|-----|--|---|------------|
| a | Total expenses and losses per audited financial statements | a | 4,296,313. |
| b | Amounts included on line a but not on line 17, Form 990: | | |
| (1) | Donated services and use of facilities \$ | | |
| (2) | Prior year adjustments reported on line 20, Form 990 \$ | | |
| (3) | Losses reported on line 20, Form 990 \$ | | |
| (4) | Other (specify): \$ | | |
| | Add amounts on lines (1) through (4) | b | 0. |
| c | Line a minus line b | c | 4,296,313. |
| d | Amounts included on line 17, Form 990 but not on line a: | | |
| (1) | Investment expenses not included on line 6b, Form 990 \$ | | |
| (2) | Other (specify): \$ | | |
| | Add amounts on lines (1) and (2) | d | 0. |
| e | Total expenses per line 17, Form 990 (line c plus line d) | e | 4,296,313. |

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|---|--|---|---|--|
| MARIETTA ENGLISH 5800 METRO DRIVE BALTIMORE, MD 21215 | PRESIDENT 40 | 109,465. | 20,111. | 6,000. |
| LORETTA JOHNSON 5800 METRO DRIVE BALTIMORE, MD 21215 | PRESIDENT 40 | 113,620. | 34,306. | 6,000. |
| CASSONDRIA GREEN 5800 METRO DRIVE BALTIMORE, MD 21215 | TREASURER 0-10 | 941. | 0. | 0. |
| DEBORAH CROCKETT 5800 METRO DRIVE BALTIMORE, MD 21215 | TREASURER 0-10 | 941. | 0. | 0. |
| SEE ATTACHED STATEMENT 5800 METRO DRIVE BALTIMORE, MD 21215 | 0-10 | 0. | 0. | 0. |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |
| ----- | | | | |

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. Yes No

**THE BALTIMORE TEACHERS UNION
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| Part VI Other Information | | Yes | No |
|----------------------------------|---|-----|----|
| 76 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 76 | X |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. | 77 | X |
| 78 a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 78a | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? N/A | 78b | |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | 79 | X |
| 80 a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | 80a | X |
| b | If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt | | |
| 81 a | Enter direct or indirect political expenditures See line 81 instructions 81a 0 | | |
| b | Did the organization file Form 1120-POL for this year? | 81b | X |
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | 82a | X |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A | | |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | X |
| b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A | 83b | |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 84b | X |
| 85 | 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? | 85a | X |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year | 85b | X |
| c | Dues, assessments, and similar amounts from members 85c N/A | | |
| d | Section 162(e) lobbying and political expenditures 85d N/A | | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A | | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A | | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A | 85g | |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A | 85h | |
| 86 | 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A | | |
| b | Gross receipts, included on line 12, for public use of club facilities 86b N/A | | |
| 87 | 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A | | |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | 88 | X |
| 89 a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A | | |
| b | 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction N/A | 89b | |
| c | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A | | |
| d | Enter: Amount of tax on line 89c, above, reimbursed by the organization N/A | | |
| 90 a | List the states with which a copy of this return is filed NONE | | |
| b | Number of employees employed in the pay period that includes March 12, 2004 90b 20 | | |
| 91 | The books are in care of THE ORGANIZATION Telephone no. (410) 358-6600 | | |
| | Located at 5800 METRO DRIVE, BALTIMORE, MD ZIP + 4 21215 | | |
| 92 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A | | |

423041
01-13-05

Form 990 (2004)

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Part VII Analysis of Income-Producing Activities (See page 33 of the instructions)

Note: Enter gross amounts unless otherwise indicated.

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|---|---------------------------|---------------|--------------------------------------|---------------|---|
| | (A) Business code | (B) Amount | (C) Exclu- sion code | (D) Amount | |
| 93 Program service revenue: | | | | | |
| a SPONSORSHIPS - MEETINGS | | | 42 | 57,200. | |
| b REGISTRATION FEES | | | | | 37,451. |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | 4,076,001. |
| 95 Interest on savings and temporary cash investments | | | 14 | 4,144. | |
| 96 Dividends and interest from securities | | | | | |
| 97 Net rental income or (loss) from real estate: | | | | | |
| a debt-financed property | | | 16 | 4,427. | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from personal property | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | | | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue: | | | | | |
| a ASSISTANCE - AFT | | | | | 93,533. |
| b OTHER REVENUE | | | | | 11,050. |
| c REIMBURSED EXPENSES | | | | | 19,300. |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 0. | | 65,771. | 4,237,335. |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 4,303,106. |

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

| Line No. | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). |
|----------|---|
| ▼ | SEE STATEMENT 8 |
| | |
| | |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

| (A) Name, address, and EIN of corporation, partnership, or disregarded entity | (B) Percentage of ownership interest | (C) Nature of activities | (D) Total income | (E) End-of-year assets |
|---|--|-----------------------------|---------------------|------------------------------|
| N/A | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here: *Marietta A. English* 5/8/06 **MARIETTA A. ENGLISH, PRESIDENT**

Preparer's Signature: *John Woodson* Date: 5/8/06

Firm's name (or yours if self-employed), address, and ZIP + 4: CALIBRE CPA GROUP PLLC, 1850 K STREET, N.W., WASHINGTON, DC 20006

Check if self-employed: Preparer's SSN or PTIN: 577-60-8865

EIN: 47-0900880 Phone no: (202) 331-9880

FORM 990

RENTAL INCOME

STATEMENT 1

KIND AND LOCATION OF PROPERTY

ACTIVITY
NUMBER

GROSS
RENTAL INCOME

OFFICE BLDG

1

4,427.

TOTAL TO FORM 990, PART I, LINE 6A

4,427.

FORM 990 PAYMENTS TO AFFILIATES STATEMENT 2

| | | |
|---------------------------------|----------------------------|---------------|
| <u>AFFILIATE'S NAME</u> | <u>AFFILIATE'S ADDRESS</u> | |
| AMERICAN FEDERATION OF TEACHERS | | |
| <u>PURPOSE OF PAYMENT</u> | | <u>AMOUNT</u> |
| PER CAPITA DUES | | 1,165,561. |

| | | |
|-------------------------------------|----------------------------|---------------|
| <u>AFFILIATE'S NAME</u> | <u>AFFILIATE'S ADDRESS</u> | |
| AMERICAN FEDERATION OF TEACHERS- MD | | |
| <u>PURPOSE OF PAYMENT</u> | | <u>AMOUNT</u> |
| PER CAPITA DUES | | 529,974. |

| | | |
|---------------------------|----------------------------|---------------|
| <u>AFFILIATE'S NAME</u> | <u>AFFILIATE'S ADDRESS</u> | |
| MD AFL-CIO | | |
| <u>PURPOSE OF PAYMENT</u> | | <u>AMOUNT</u> |
| PER CAPITA DUES | | 34,687. |

| | | |
|---------------------------|----------------------------|---------------|
| <u>AFFILIATE'S NAME</u> | <u>AFFILIATE'S ADDRESS</u> | |
| METRO LABOR COUNCIL | | |
| <u>PURPOSE OF PAYMENT</u> | | <u>AMOUNT</u> |
| PER CAPITA DUES | | 27,357. |

| | | |
|------------------------------------|--|-------------------|
| TOTAL TO FORM 990, PART I, LINE 16 | | <u>1,757,579.</u> |
|------------------------------------|--|-------------------|

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

| DESCRIPTION | AMOUNT |
|-------------------------------------|---------|
| NET UNREALIZED GAINS ON INVESTMENTS | 12,826. |
| TOTAL TO FORM 990, PART I, LINE 20 | 12,826. |

FORM 990 OTHER EXPENSES STATEMENT 4

| DESCRIPTION | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING |
|------------------------|--------------|----------------------------|----------------------------------|--------------------|
| CONSULTING | 16,348. | | | |
| PROGRAM STAFF - | | | | |
| TEACHER CENTER | 13,196. | | | |
| OTHER | 6,695. | | | |
| PUBLIC RELATIONS & | | | | |
| ADVERTISING | 2,368. | | | |
| ADMINISTRATIVE & | | | | |
| OFFICE | 9,970. | | | |
| TOTAL TO FM 990, LN 43 | 48,577. | | | |

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 5

| SECURITY DESCRIPTION | COST/FMV | CORPORATE STOCKS | CORPORATE BONDS | OTHER PUBLICLY TRADED SECURITIES | TOTAL NON-GOV'T SECURITIES |
|-----------------------------|----------|---------------------|--------------------|---|----------------------------------|
| MUTUAL FUNDS | FMV | | | 621,226. | 621,226. |
| TO FORM 990, LINE 54, COL B | | | | 621,226. | 621,226. |

FORM 990 OTHER INVESTMENTS STATEMENT 6

| DESCRIPTION | VALUATION METHOD | AMOUNT |
|---|------------------|----------|
| ANNUITY CONTRACT | MARKET VALUE | 349,759. |
| TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B | | 349,759. |

FORM 990 OTHER LIABILITIES STATEMENT 7

| DESCRIPTION | AMOUNT | |
|---|----------|----------|
| DEFERRED PENSION | 170,310. | |
| DEFERRED COMPENSATION | 410,723. | |
| TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B | | 581,033. |

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 8

| LINE | EXPLANATION OF RELATIONSHIP OF ACTIVITIES |
|------|---|
| 93B | EDUCATIONAL PURPOSES |
| 94 | MEMBER SERVICES |
| 103A | ASSISTANCE FROM NATIONAL ORGANIZATION FOR EXEMPT PURPOSES |
| 103B | SALES TO MEMBERS & MISCELLANEOUS |
| 103C | REIMBURSEMENTS OF EXEMPT FUNCTION EXPENSES |

**THE BALTIMORE TEACHERS UNION LOCAL 340
FORM 990
FOR THE TAX YEAR ENDED JUNE 30, 2005**

**PARTS II AND IV - LINES 42 AND 57
LAND, BUILDINGS, AND EQUIPMENT**

STATEMENT 9
EIN: 52-6044136

BASIS

| Description | Beginning of Year | Additions | Retirements | Transfers/ Other | End of Year |
|----------------------------|----------------------|-----------|-------------|---------------------|----------------|
| Land, Buildings, Equipment | 2,210,089 | 395,805 | (126,006) | | 2,479,888 |

ACCUMULATED DEPRECIATION

| Description | Beginning of Year | Additions | Retirements | Transfers/ Other | End of Year |
|----------------------------|----------------------|-----------|-------------|---------------------|----------------|
| Land, Buildings, Equipment | 938,604 | 103,538 | \$ (98,704) | | \$ 943,438 |

**BALTIMORE TEACHERS UNION LOCAL 340
FORM 990**

EIN: 52-6044136

BTU TEACHERS PARA - PROFESSIONAL

| <u>First Name</u> | <u>Last Name</u> | <u>Position</u> |
|-------------------|------------------|-------------------------------------|
| Lorretta | Johnson | President |
| Shirley | Kane | Executive Vice President |
| Betty L. | Alexander | Vice President |
| Mary | Redmond | Secretary |
| Deborah | Crockett | Treasurer |
| Wanda | Dew | Elementary Vice President |
| Daisy | Alston | Elementary Vice President |
| Sandra | Davis | Elementary Vice President |
| Samarian | Smith | Elementary Vice President |
| Linda | Steward | Middle School Vice President |
| Sita | Chaitram | Senior Vice President |
| Theresa | Bailey-Gwynn | Special Service Vice President |
| Inez | Chambers | Special Service Vice President |
| Maxine | Hardy | Special Service Vice President |
| Ozelle | Howell | Vocational Education Vice President |
| Eunice | Carr | Member-At-Large |
| Hattie | Rhames | Member-At-Large |
| Eloise | Larkins | Member-At-Large |
| Tammie | Williams-Mallory | Member-At-Large |

**BALTIMORE TEACHERS UNION LOCAL 340
FORM 990**

EIN: 52-6044136

BTU TEACHERS EXECUTIVE BOARD

| <u>First Name</u> | <u>Last Name</u> | <u>Postion</u> |
|-------------------|------------------|-------------------------------------|
| Marietta | English | President |
| Raymond | English | Member-At-Large |
| Arthur | Harris | Senior High School Vice President |
| Kenya | Campbell | Elementary School Vice President |
| Melba | Evans | Special Services Vice President |
| Patricia | Cook-Ferguson | Middle School Vice President |
| Thomas | Frasier | Vice President |
| Warren | Cohen | Executive Vice President |
| Lottie | Ruhle | Elementary School Vice President |
| LaBrina | Hopkins | Elementary School Vice President |
| George | Hendricks | Member-At-Large |
| Tiffany | Johnson | Member-At-Large |
| Karan | Engerman | Secretary |
| Barbara | Hocker | Special Services Vice President |
| Tonya | London | Member-At-Large |
| Ella | Hamilton | Middle School Vice President |
| Ava | Parran | Special Services Vice President |
| Carolyn | Jones | Elementary School Vice President |
| Cassondria | Greene | Treasurer |
| Judith | Frumkin | Senior High School Vice President |
| M. Bertha | McCloud | Vocational Education Vice President |

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy. Name of Exempt Organization: THE BALTIMORE TEACHERS UNION LOCAL 340. Employer identification number: 52-6044136. Address: 5800 METRO DRIVE, BALTIMORE, MD 21215-3209.

Check type of return to be filed (File a separate application for each return): Form 990 (checked), Form 990-EZ, Form 990-T, Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069.

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

The books are in the care of THE ORGANIZATION. Telephone No. (410) 358-6600. FAX No.

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

I request an additional 3-month extension of time until MAY 15, 2006. For calendar year JUL 1, 2004 and ending JUN 30, 2005. If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period.

State in detail why you need the extension: ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION TO COMPLETE THE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. 8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: [Signature] Title: CPA Date: 1/23/06

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return. We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return. We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period. We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested. Other

EXTENSION APPROVED

Director By: Date: FEB 13 2005

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Name: CALIBRE CPA GROUP PLLC. Address: 1850 K STREET, N.W., WASHINGTON, DC 20006.

423832 01-10-05