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**Return of Organization Exempt From Income Tax**

**2005**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

Please use IRS label or pnnr or type. See Specific Instructions

**C** Name of organization  
**THE BALTIMORE TEACHERS UNION**  
**LOCAL 340**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**5800 METRO DRIVE**  
 City or town, state or country, and ZIP + 4  
**BALTIMORE, MD 21215-3209**

**D** Employer identification number  
**52-6044136**

**E** Telephone number  
**(410) 358-6600**

**F** Accounting method:  Cash  Accrual  
 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 **N/A**

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

**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 chooses to file a return, be sure to file a complete return. Some states require a complete return

**I** Group Exemption Number **0787**

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **4,626,717.**

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

**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		82,562.
	3	Membership dues and assessments	3		4,351,407.
	4	Interest on savings and temporary cash investments	4		6,763.
	5	Dividends and interest from securities	5		
	6a	Gross rents SEE STATEMENT 1	6a	50,284.	
	b	Less rental expenses	6b		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		50,284.	
7	Other investment income (describe _____)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
b	Less cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
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			
10a	Gross 2007 of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
10c	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		135,701.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		4,626,717.	
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		1,856,902.
	17	Total expenses (add lines 16 and 44, column (A))	17		4,525,751.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		100,966.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		43,781.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20		12,294.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		157,041.

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**THE BALTIMORE TEACHERS UNION  
LOCAL 340**

Form 990 (2005)

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**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 \$ <u>0</u> - noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	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.	25 299,376.			
26 Other salaries and wages	26 735,646.			
27 Pension plan contributions	27 158,830.			
28 Other employee benefits	28 133,159.			
29 Payroll taxes	29 76,484.			
30 Professional fundraising fees	30			
31 Accounting fees	31 49,656.			
32 Legal fees	32 187,426.			
33 Supplies	33 48,084.			
34 Telephone	34 24,817.			
35 Postage and shipping	35			
36 Occupancy	36 145,928.			
37 Equipment rental and maintenance	37 48,854.			
38 Printing and publications	38 42,501.			
39 Travel	39 17,706.			
40 Conferences, conventions, and meetings	40 336,997.			
41 Interest	41 102,115.			
42 Depreciation, depletion, etc (attach schedule)	42 130,318.			
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 4	43g 130,952.			
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 2,668,849.			

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 \$ N/A, (ii) the amount allocated to Program services \$ N/A,  
 (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

**Part III Statement of Program Service Accomplishments** (See the instructions.)

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.

What is the organization's primary exempt purpose? ▶	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
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.)	
<b>a</b> LABOR UNION ADVOCATING THE INTERESTS OF TEACHERS AND PARAPROFESSIONALS IN BALTIMORE CITY'S PUBLIC SCHOOLS.  (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>b</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>c</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>d</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	

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**Part IV Balance Sheets** (See the instructions)

**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	170.	45	170.
	46 Savings and temporary cash investments	877,140.	46	1,055,276.
	47 a Accounts receivable	204,325.		
	b Less: allowance for doubtful accounts		47c	204,325.
	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	43,446.	53	57,715.
	54 Investments - securities <b>STMT 5</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	621,226.	54	685,724.
	55 a Investments - land, buildings, and equipment: basis			
b Less: accumulated depreciation		55c		
56 Investments - other <b>SEE STATEMENT 6</b>	349,759.	56	360,915.	
57 a Land, buildings, and equipment: basis	2,581,727.			
b Less: accumulated depreciation <b>STMT 7</b>	1,073,756.	57c	1,507,971.	
58 Other assets (describe <b>▶</b> )		58		
<b>59 Total assets (must equal line 74). Add lines 45 through 58</b>	<b>3,643,701.</b>	<b>59</b>	<b>3,872,096.</b>	
Liabilities	60 Accounts payable and accrued expenses	1,074,293.	60	1,064,450.
	61 Grants payable		61	
	62 Deferred revenue	684,534.	62	736,890.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable <b>STMT 8 STMT 9</b>	1,260,060.	64b	1,215,586.
	65 Other liabilities (describe <b>▶</b> <b>SEE STATEMENT 10</b> )	581,033.	65	698,129.
<b>66 Total liabilities. Add lines 60 through 65)</b>	<b>3,599,920.</b>	<b>66</b>	<b>3,715,055.</b>	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted	43,781.	67	157,041.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	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	
	<b>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)</b>	<b>43,781.</b>	<b>73</b>	<b>157,041.</b>
	<b>74 Total liabilities and net assets/fund balances. Add lines 66 and 73</b>	<b>3,643,701.</b>	<b>74</b>	<b>3,872,096.</b>

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<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>		<b>Yes</b>	<b>No</b>
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float: right;">38</span>		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? <b>Note.</b> Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

<b>Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits</b> (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)				
(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				
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<b>Part VI Other Information</b> <i>(See the instructions)</i>		<b>Yes</b>	<b>No</b>
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? <span style="float: right;">N/A</span>	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 <span style="float: right;">N/A</span> _____ 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.) <span style="float: right;">81a 0.</span>	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X

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**Part VI Other Information** (continued)

		Yes	No
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?		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?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
		N/A	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	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.		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	
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	
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		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	
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, 2005	90b	19
91 a	The books are in care of ▶ THE ORGANIZATION Telephone no ▶ (410) 358-6600		
	Located at ▶ 5800 METRO DRIVE, BALTIMORE, MD ZIP + 4 ▶ 21215		
b	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)? If "Yes," enter the name of the foreign country ▶ N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92	N/A

	Yes	No
91b		X
91c		X

Form 990 (2005)



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**Part VII Analysis of Income-Producing Activities** (See 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	56,709.	
b REGISTRATION FEES					25,853.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					4,351,407.
95 Interest on savings and temporary cash investments			14	6,763.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	50,284.	
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					84,586.
b OTHER REVENUE					3,835.
c REIMBURSED EXPENSES					47,280.
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		113,756.	4,512,961.
105 Total (add line 104, columns (B), (D), and (E))					4,626,717.

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 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 12

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See 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 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.

Prepared Here: *Marietta A. English* Signature of officer Date: *3-23-07* Type or print name and title

Paid Preparer's Use Only: Preparer's signature: *Ann Woodson* Date: *3/19/07* Check if self-employed:  Preparer's SSN or PTIN: 577-60-8865  
Firm's name (or yours if self-employed), address, and ZIP + 4: CALIBRE CPA GROUP PLLC, 1850 K STREET, N.W., WASHINGTON, DC 20006  
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	50,284.
TOTAL TO FORM 990, PART I, LINE 6A		50,284.

FORM 990

PAYMENTS TO AFFILIATES

STATEMENT 2

AFFILIATE'S NAME

AFFILIATE'S ADDRESS

AMERICAN FEDERATION OF TEACHERS

PURPOSE OF PAYMENT

AMOUNT

PER CAPITA DUES

1,199,308.

AFFILIATE'S NAME

AFFILIATE'S ADDRESS

AMERICAN FEDERATION OF TEACHERS- MD

PURPOSE OF PAYMENT

AMOUNT

PER CAPITA DUES

595,913.

AFFILIATE'S NAME

AFFILIATE'S ADDRESS

MD AFL-CIO

PURPOSE OF PAYMENT

AMOUNT

PER CAPITA DUES

34,559.

AFFILIATE'S NAME

AFFILIATE'S ADDRESS

METRO LABOR COUNCIL

PURPOSE OF PAYMENT

AMOUNT

PER CAPITA DUES

27,122.

TOTAL TO FORM 990, PART I, LINE 16

1,856,902.

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

DESCRIPTION	AMOUNT
NET UNREALIZED GAINS ON INVESTMENTS	12,294.
TOTAL TO FORM 990, PART I, LINE 20	12,294.

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ELECTION	38,436.			
CONSULTING	6,179.			
PROGRAM STAFF -				
TEACHER CENTER	4,397.			
ADVERTISING	7,514.			
TEMPORARY SERVICES	2,382.			
PAYROLL FEES	7,087.			
POSTRETIREMENT				
BENEFITS	54,194.			
OTHER	10,763.			
TOTAL TO FM 990, LN 43	130,952.			

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			685,724.	685,724.
TO FORM 990, LINE 54, COL B				685,724.	685,724.

FORM 990 OTHER INVESTMENTS STATEMENT 6

DESCRIPTION	VALUATION METHOD	AMOUNT
ANNUITY CONTRACT	MARKET VALUE	360,915.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		360,915.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	33,241.	0.	33,241.
BUILDINGS AND IMPROVEMENTS	1,936,450.	663,605.	1,272,845.
FURNITURE AND EQUIPMENT	373,296.	337,315.	35,981.
AUTOMOBILE	51,291.	33,127.	18,164.
LEASED EQUIPMENT UNDER CAPITAL LEASE	187,449.	39,709.	147,740.
TOTAL TO FORM 990, PART IV, LN 57	2,581,727.	1,073,756.	1,507,971.

FORM 990 MORTGAGES PAYABLE STATEMENT 8

DESCRIPTION	BALANCE DUE
WACHOVIA	824,596.
WACHOVIA	239,648.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	1,064,244.

FORM 990	OTHER NOTES AND LOANS PAYABLE	STATEMENT 9
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<u>LENDER'S NAME</u>	<u>TERMS OF REPAYMENT</u>
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LUCENT	MONTHLY
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<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
05/23/05	05/23/10	133,143.	7.50%

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
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RELATIONSHIP OF LENDER

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	105,189.

<u>LENDER'S NAME</u>	<u>TERMS OF REPAYMENT</u>
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LUCENT

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
07/06/05	07/06/10	54,306.	13.52%

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
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RELATIONSHIP OF LENDER

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	46,153.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B	151,342.
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FORM 990 OTHER LIABILITIES STATEMENT 10

DESCRIPTION	AMOUNT
DEFERRED PENSION	172,540.
DEFERRED COMPENSATION	471,395.
POSTRETIREMENT BENEFIT OBLIGATION	54,194.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	698,129.

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARIETTA ENGLISH 5800 METRO DRIVE BALTIMORE, MD 21215	PRESIDENT 40.00	111,447.	20,785.	6,000.
LORETTA JOHNSON 5800 METRO DRIVE BALTIMORE, MD 21215	PRESIDENT 40.00	117,064.	36,265.	6,000.
CASSONDRIA GREEN 5800 METRO DRIVE BALTIMORE, MD 21215	TREASURER 2.00	908.	0.	0.
DEBORAH CROCKETT 5800 METRO DRIVE BALTIMORE, MD 21215	TREASURER 2.00	907.	0.	0.
WARREN COHEN 5800 METRO DRIVE BALTIMORE, MD 21215	EXEC VICE PRES 2.00	0.	0.	0.
THOMAS FRASIER 5800 METRO DRIVE BALTIMORE, MD 21215	VICE PRESIDENT 2.00	0.	0.	0.
KARAN ENGERMAN 5800 METRO DRIVE BALTIMORE, MD 21215	SECRETARY 2.00	0.	0.	0.

KENYA CAMPBELL 5800 METRO DRIVE BALTIMORE, MD 21215	ELEMENTARY VP 2.00	0.	0.	0.
LABRINA HOPKINS 5800 METRO DRIVE BALTIMORE, MD 21215	ELEMENTARY VP 2.00	0.	0.	0.
CAROLYN JONES 5800 METRO DRIVE BALTIMORE, MD 21215	ELEMENTARY VP 2.00	0.	0.	0.
LOTTIE RUHLE 5800 METRO DRIVE BALTIMORE, MD 21215	ELEMENTARY VP 2.00	0.	0.	0.
PATRICIA COOK-FERGUSON 5800 METRO DRIVE BALTIMORE, MD 21215	MIDDLE SCHOLL VP 2.00	0.	0.	0.
ELLA HAMILTON 5800 METRO DRIVE BALTIMORE, MD 21215	MIDDLE SCHOLL VP 2.00	0.	0.	0.
JUDITH FRUMKIN 5800 METRO DRIVE BALTIMORE, MD 21215	SR HIGH VP 2.00	0.	0.	0.
ARTHUR HARRIS 5800 METRO DRIVE BALTIMORE, MD 21215	SR HIGH VP 2.00	0.	0.	0.
MELBA EVANS 5800 METRO DRIVE BALTIMORE, MD 21215	SPECIAL SERV VP 2.00	0.	0.	0.
BARBARA HOCKER 5800 METRO DRIVE BALTIMORE, MD 21215	SPECIAL SERV VP 2.00	0.	0.	0.
M. BERTHA MCCLOUD 5800 METRO DRIVE BALTIMORE, MD 21215	VOCATIONAL VP 2.00	0.	0.	0.
GEORGE HENDRICKS 5800 METRO DRIVE BALTIMORE, MD 21215	MEMBER-AT-LARGE 2.00	0.	0.	0.
TIFANNY JOHNSON 5800 METRO DRIVE BALTIMORE, MD 21215	MEMBER-AT-LARGE 2.00	0.	0.	0.



RAYMOND ENGLISH 5800 METRO DRIVE BALTIMORE, MD 21215	MEMBER-AT-LARGE 2.00	0.	0.	0.
TONYA LONDON 5800 METRO DRIVE BALTIMORE, MD 21215	MEMBER-AT-LARGE 2.00	0.	0.	0.
SHIRLEY KANE 5800 METRO DRIVE BALTIMORE, MD 21215	EXEC VICE PRES 2.00	0.	0.	0.
BETTYE ALEXANDER 5800 METRO DRIVE BALTIMORE, MD 21215	VICE PRESIDENT 2.00	0.	0.	0.
MARY REDMOND 5800 METRO DRIVE BALTIMORE, MD 21215	SECRETARY 2.00	0.	0.	0.
DAISY ALSTON 5800 METRO DRIVE BALTIMORE, MD 21215	ELEMENTARY VP 2.00	0.	0.	0.
SANDRA DAVIS 5800 METRO DRIVE BALTIMORE, MD 21215	ELEMENTARY VP 2.00	0.	0.	0.
WANDA DEW 5800 METRO DRIVE BALTIMORE, MD 21215	ELEMENTARY VP 2.00	0.	0.	0.
SAMARIAN SMITH 5800 METRO DRIVE BALTIMORE, MD 21215	ELEMENTARY VP 2.00	0.	0.	0.
LINDA STEWARD 5800 METRO DRIVE BALTIMORE, MD 21215	MIDDLE SCHOLL VP 2.00	0.	0.	0.
SITA CHAITRAM 5800 METRO DRIVE BALTIMORE, MD 21215	SR HIGH VP 2.00	0.	0.	0.
THERESA BAILEY-GWYNN 5800 METRO DRIVE BALTIMORE, MD 21215	SPECIAL SERV VP 2.00	0.	0.	0.
INEZ CHAMBERS 5800 METRO DRIVE BALTIMORE, MD 21215	SPECIAL SERV VP 2.00	0.	0.	0.

MAZINE HARDY 5800 METRO DRIVE BALTIMORE, MD 21215	SPECIAL SERV VP 2.00	0.	0.	0.
OZELLE HOWELL 5800 METRO DRIVE BALTIMORE, MD 21215	VOCATIONAL VP 2.00	0.	0.	0.
EUNICE CARR 5800 METRO DRIVE BALTIMORE, MD 21215	MEMBER-AT-LARGE 2.00	0.	0.	0.
HATTIE RHAMES 5800 METRO DRIVE BALTIMORE, MD 21215	MEMBER-AT-LARGE 2.00	0.	0.	0.
TAMMIE WILLIAMS-MALLORY 5800 METRO DRIVE BALTIMORE, MD 21215	MEMBER-AT-LARGE 2.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

230,326.	57,050.	12,000.
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FORM 990                      PART VIII - RELATIONSHIP OF ACTIVITIES TO                      STATEMENT 12  
 ACCOMPLISHMENT OF EXEMPT PURPOSES

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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A & B	FOR EDUCATIONAL PURPOSES
94	MEMBER SERVICES
103A	ASSISTANCE FROM NATIONAL ORGANIZATION FOR EXEMPT PURPOSES
103B	MISCELLANEOUS SALES TO MEMBERS
103C	VENDOR REFUNDS

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.

Form fields for Part II: 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). Includes checkboxes for Form 990, 990-EZ, 990-T, 1041-A, 5227, 8870, 990-BL, 990-PF, 4720, 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) and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2007
5 For calendar year, or other tax year beginning JUL 1, 2005 and ending JUN 30, 2006
6 If this tax year is for less than 12 months, check reason
7 State in detail why you need the extension

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits.
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.

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: [Handwritten Signature] Title: CPA Date: 1/25/07

Notice to Applicant - To Be Completed by the IRS

- Checkboxes for IRS notice: We have approved this application, We have not approved this application (10-day grace period), We have not approved this application (no grace period), We cannot consider this application, Other.

Director By: Date

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

Alternate Mailing Address fields: Name (CALIBRE CPA GROUP PLLC), Address (1850 K STREET, N.W.), City (WASHINGTON, DC 20006).