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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)

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

OMB No. 1545-0047

**2006**

Open to Public Inspection

**A** For the 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007**

<b>B</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	<b>C</b> Name of organization <b>THE BALTIMORE TEACHERS UNION</b> <b>LOCAL 340</b>		<b>D</b> Employer identification number <b>52-6044136</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>5800 METRO DRIVE</b>		<b>E</b> Telephone number <b>(410) 358-6600</b>
		City or town, state or country, and ZIP + 4 <b>BALTIMORE, MD 21215-3209</b>		<b>F</b> 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 **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

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**

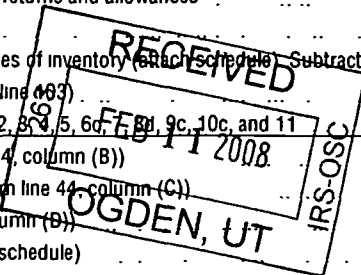
**J** Organization type (check only one)  501(c)(05) (insert no)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **5,185,343.**

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

Revenue		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received:				
<b>a</b>	Contributions to donor advised funds	<b>1a</b>			
<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>			
<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>			
<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>			
<b>e</b>	Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)			<b>1e</b>	<b>0.</b>
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b>	<b>174,023.</b>
<b>3</b>	Membership dues and assessments			<b>3</b>	<b>4,866,232.</b>
<b>4</b>	Interest on savings and temporary cash investments			<b>4</b>	<b>15,752.</b>
<b>5</b>	Dividends and interest from securities			<b>5</b>	
<b>6 a</b>	Gross rents <b>SEE STATEMENT 1</b>	<b>6a</b>	<b>50,124.</b>		
<b>b</b>	Less: rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss). Subtract line 6b from line 6a			<b>6c</b>	<b>50,124.</b>
<b>7</b>	Other investment income (describe _____)			<b>7</b>	
<b>8 a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
<b>b</b>	Less: cost or other basis and sales expenses	<b>8a</b>			
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b>	Net gain or (loss) Combine line 8c, columns (A) and (B)	<b>8c</b>		<b>8d</b>	
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1b)	<b>9a</b>			
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a			<b>9c</b>	
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b>	Less: cost of goods sold	<b>10b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			<b>10c</b>	
<b>11</b>	Other revenue (from Part VII, line 493)			<b>11</b>	<b>79,212.</b>
<b>12</b>	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 9c, 10c, and 11			<b>12</b>	<b>5,185,343.</b>
<b>13</b>	Program services (from line 44, column (B))			<b>13</b>	
<b>14</b>	Management and general (from line 44, column (C))			<b>14</b>	
<b>15</b>	Fundraising (from line 44, column (D))			<b>15</b>	
<b>16</b>	Payments to affiliates (attach schedule)		<b>SEE STATEMENT 2</b>	<b>16</b>	<b>2,025,709.</b>
<b>17</b>	Total expenses. Add lines 16 and 44, column (A)			<b>17</b>	<b>4,875,010.</b>
<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12			<b>18</b>	<b>310,333.</b>
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	<b>157,041.</b>
<b>20</b>	Other changes in net assets or fund balances (attach explanation)		<b>SEE STATEMENT 3</b>	<b>20</b>	<b>16,648.</b>
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			<b>21</b>	<b>484,022.</b>



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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
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0 • If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ 0 • noncash \$ 0 • If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	25a	298,092.		
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.		
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	758,875.		
27 Pension plan contributions not included on lines 25a, b, and c	27	86,481.		
28 Employee benefits not included on lines 25a - 27	28	217,872.		
29 Payroll taxes	29	80,141.		
30 Professional fundraising fees	30			
31 Accounting fees	31	60,245.		
32 Legal fees	32	143,664.		
33 Supplies	33	37,902.		
34 Telephone	34	27,731.		
35 Postage and shipping	35			
36 Occupancy	36	162,510.		
37 Equipment rental and maintenance	37	44,692.		
38 Printing and publications	38	61,993.		
39 Travel	39	39,445.		
40 Conferences, conventions, and meetings	40	334,223.		
41 Interest	41	98,792.		
42 Depreciation, depletion, etc. (attach schedule)	42	134,978.		
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 4	43g	261,665.		
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,849,301.		

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

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**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? ▶ LABOR ORGANIZATION EXEMPT UNDER IRC SECTION 501(C)(5)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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 LABOR UNION ADVOCATING THE INTERESTS OF TEACHERS AND PARAPROFESSIONALS IN BALTIMORE CITY'S PUBLIC SCHOOLS.</b>  (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 Other program services (attach schedule)</b> (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (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.	170.
	46 Savings and temporary cash investments	1,055,276.	1,556,394.
	47 a Accounts receivable	249,032.	
	b Less: allowance for doubtful accounts		249,032.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 a Receivables from current and former officers, directors, trustees, and key employees		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	57,715.	40,917.
	54 a Investments - publicly-traded securities STMT 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	685,724.	766,977.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
	56 Investments - other SEE STATEMENT 5	360,915.	372,584.
	57 a Land, buildings, and equipment: basis	2,606,927.	
b Less: accumulated depreciation STMT 6	1,208,734.	1,398,193.	
58 Other assets, including program-related investments (describe)			
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	3,872,096.	4,384,267.	
Liabilities	60 Accounts payable and accrued expenses	1,064,450.	1,056,896.
	61 Grants payable		
	62 Deferred revenue	736,890.	826,356.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable STMT 7 STMT 8	1,215,586.	1,109,446.
	65 Other liabilities (describe SEE STATEMENT 9)	698,129.	907,547.
66 <b>Total liabilities.</b> Add lines 60 through 65	3,715,055.	3,900,245.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	157,041.	484,022.
	68 Temporarily restricted		
	69 Permanently restricted		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	157,041.	484,022.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	3,872,096.	4,384,267.	

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

a Total revenue, gains, and other support per audited financial statements		a	5,201,991.
b Amounts included on line a but not on Part I, line 12:			
1 Net unrealized gains on investments	b1	16,648.	
2 Donated services and use of facilities	b2		
3 Recoveries of prior year grants	b3		
4 Other (specify):	b4		
Add lines b1 through b4		b	16,648.
c Subtract line b from line a	c		5,185,343.
d Amounts included on Part I, line 12, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify): <u>RENTAL EXPENSES</u>	d2		
Add lines d1 and d2		d	0.
e Total revenue (Part I, line 12). Add lines c and d	e		5,185,343.

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

a Total expenses and losses per audited financial statements		a	4,875,010.
b Amounts included on line a but not on Part I, line 17:			
1 Donated services and use of facilities	b1		
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify): <u>RENTAL EXPENSES</u>	b4		
Add lines b1 through b4		b	0.
c Subtract line b from line a	c		4,875,010.
d Amounts included on Part I, line 17, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2		
Add lines d1 and d2		d	0.
e Total expenses (Part I, line 17). Add lines c and d	e		4,875,010.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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 plans	(E) Expense account and other allowances
SEE STATEMENT 11		224,318.	60,574.	13,200.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (continued) Yes No

<b>75 a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	43		
<b>b</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
<b>c</b> 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 the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c		X
<b>d</b> Does the organization have a written conflict of interest policy?	75d		X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (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 (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				
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**Part VI Other Information** (See the instructions.) Yes No

<b>76</b> Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
<b>77</b> 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
<b>78 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
<b>80 a</b> 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>b</b> If "Yes," enter the name of the organization N/A			
<b>81 a</b> Enter direct or indirect political expenditures. (See line 81 instructions.) and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	81a	0.	
<b>b</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		N/A
d	Section 162(e) lobbying and political expenditures		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		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		N/A
b	Gross receipts, included on line 12, for public use of club facilities		N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		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.)		N/A
87b			
88 a	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
88a			
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
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		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		N/A
89g			
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, 2006	90b	17
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
91b			X

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**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 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

**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	53,597.	
b REGISTRATION FEES					30,225.
c ASSISTANCE - AFT					90,201.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					4,866,232.
95 Interest on savings and temporary cash investments			14	15,752.	
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	50,124.	
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 OTHER REVENUE					5,096.
b REIMBURSED EXPENSES					74,116.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		119,473.	5,065,870.
105 Total (add line 104, columns (B), (D), and (E))					5,185,343.

Note: Line 105 plus line 1e, 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).

Form 990 (2006)

THE BALTIMORE TEACHERS UNION  
LOCAL 340

Form 990 (2006)

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**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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 English* Signature of officer | 1-25-08 Date

Type or print name and title: *Marietta A. English*

Paid Preparer's Use Only: Preparer's signature: *Ann Woodson* Date: 1/23/08 Check if self-employed:  Preparer's SSN or PTIN (See Gen. Inst. X):  
 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: Phone no: (202) 331-9880

Form 990 (2006)

2006 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	LAND	010180L				33,241.			33,241.			0.
2	BUILDING & IMPROVEMENTS	VARIABLES		.000	16	1936450.			1936450.	663,605.		74,255.
3	FURNITURE & EQUIPMENT	VARIABLES		.000	16	398,496.			398,496.	337,315.		17,421.
4	AUTOMOBILE	VARIABLES		.000	16	51,291.			51,291.	33,127.		5,812.
5	CAPITAL LEASE	VARIABLES		.000	16	187,449.			187,449.	39,709.		37,490.
	* TOTAL 990 PAGE 2 DEPR					2606927.		0.	2606927.	1073756.	0.	134,978.

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FORM 990 RENTAL INCOME STATEMENT 1

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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
OFFICE BLDG	1	50,124.
TOTAL TO FORM 990, PART I, LINE 6A		50,124.

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		1,302,252.

<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		660,249.

<u>AFFILIATE'S NAME</u>	<u>AFFILIATE'S ADDRESS</u>	
MD AFL-CIO		
<u>PURPOSE OF PAYMENT</u>		<u>AMOUNT</u>
PER CAPITA DUES		35,588.

<u>AFFILIATE'S NAME</u>	<u>AFFILIATE'S ADDRESS</u>	
METRO LABOR COUNCIL		
<u>PURPOSE OF PAYMENT</u>		<u>AMOUNT</u>
PER CAPITA DUES		27,620.

TOTAL TO FORM 990, PART I, LINE 16		<u>2,025,709.</u>
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FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
DESCRIPTION		AMOUNT	
NET UNREALIZED GAINS ON INVESTMENTS		16,648.	
TOTAL TO FORM 990, PART I, LINE 20		16,648.	

FORM 990	OTHER EXPENSES			STATEMENT	4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
CONSULTING	8,761.				
PROGRAM STAFF - TEACHER CENTER	15,656.				
ADVERTISING	9,952.				
PAYROLL FEES	7,498.				
OTHER	71,024.				
TEMPORARY SERVICES	15,050.				
POST RETIREMENT BENEFIT EXPENSE	133,724.				
TOTAL TO FM 990, LN 43	261,665.				

FORM 990	OTHER INVESTMENTS	STATEMENT	5
DESCRIPTION	VALUATION METHOD	AMOUNT	
ANNUITY CONTRACT	MARKET VALUE	372,584.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		372,584.	

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	33,241.	0.	33,241.
BUILDING & IMPROVEMENTS	1,936,450.	737,860.	1,198,590.
FURNITURE & EQUIPEMENT	398,496.	354,736.	43,760.
AUTOMOBILE	51,291.	38,939.	12,352.
CAPITAL LEASE	187,449.	77,199.	110,250.
TOTAL TO FORM 990, PART IV, LN 57	2,606,927.	1,208,734.	1,398,193.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 7

LENDER'S NAME TERMS OF REPAYMENT

LUCENT MONTHLY

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
05/23/05	05/23/10	133,143.	7.50%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

RELATIONSHIP OF LENDER

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	79,208.

LENDER'S NAME TERMS OF REPAYMENT

LUCENT

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

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

RELATIONSHIP OF LENDER

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	36,828.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B 116,036.



FORM 990	OTHER LIABILITIES	STATEMENT	8
DESCRIPTION		AMOUNT	
DEFERRED PENSION		177,234.	
DEFERRED COMPENSATION		542,395.	
POSTRETIREMENT BENEFIT OBLIGATION		187,918.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		907,547.	

FORM 990	NON-GOVERNMENT SECURITIES			STATEMENT	9
SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS	FMV			766,977.	766,977.
TO FORM 990, LINE 54A, COL B				766,977.	766,977.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 10

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	108,818.	23,621.	6,000.
LORETTA JOHNSON 5800 METRO DRIVE BALTIMORE, MD 21215	PRESIDENT 40.00	115,500.	36,953.	6,000.
SHIRLEY KANE 5800 METRO DRIVE BALTIMORE, MD 21215	EXEC VICE PRES 2.00	0.	0.	0.
KENYA CAMPBELL 5800 METRO DRIVE BALTIMORE, MD 21215	EXEC VICE PRES 2.00	0.	0.	0.
CASSONDRIA GREENE 5800 METRO DRIVE BALTIMORE, MD 21215	TREASURER 2.00	0.	0.	600.
DEBORAH CROCKETT 5800 METRO DRIVE BALTIMORE, MD 21215	TREASURER 2.00	0.	0.	600.
MARY REDMOND 5800 METRO DRIVE BALTIMORE, MD 21215	SECRETARY 2.00	0.	0.	0.
JUDITH FRUMKIN 5800 METRO DRIVE BALTIMORE, MD 21215	SECRETARY 2.00	0.	0.	0.
PATRICIA COOK-FERGUSON 5800 METRO DRIVE BALTIMORE, MD 21215	VICE PRESIDENT 2.00	0.	0.	0.
BETTE L. ALEXANDER 5800 METRO DRIVE BALTIMORE, MD 21215	VICE PRESIDENT 2.00	0.	0.	0.
SITA CHAITRAM 5800 METRO DRIVE BALTIMORE, MD 21215	SENIOR VP 2.00	0.	0.	0.

ELOISE LARKINS 5800 METRO DRIVE BALTIMORE, MD 21215	SENIOR VP 2.00	0.	0.	0.
ARTHUR HARRIS 5800 METRO DRIVE BALTIMORE, MD 21215	SR HIGH VP 2.00	0.	0.	0.
GEORGE HENDRICKS 5800 METRO DRIVE BALTIMORE, MD 21215	SR HIGH VP 2.00	0.	0.	0.
RAYMOND ENGLISH 5800 METRO DRIVE BALTIMORE, MD 21215	MIDDLE SCHOLL VP 2.00	0.	0.	0.
TIFANNY JOHNSON 5800 METRO DRIVE BALTIMORE, MD 21215	MIDDLE SCHOLL VP 2.00	0.	0.	0.
LINDA STEWARD 5800 METRO DRIVE BALTIMORE, MD 21215	MIDDLE SCHOLL VP 2.00	0.	0.	0.
THERESA BAILEY-GWYNN 5800 METRO DRIVE BALTIMORE, MD 21215	MIDDLE SCHOLL VP 2.00	0.	0.	0.
CLAUDETTE EDGERTON-SWAIN 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.
LURITA JOHNSON 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.
WANDA DEW 5800 METRO DRIVE BALTIMORE, MD 21215	ELEMENTARY VP 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.
SAMARIAN SMITH 5800 METRO DRIVE BALTIMORE, MD 21215	ELEMENTARY VP 2.00	0.	0.	0.
MELBA EVANS 5800 METRO DRIVE BALTIMORE, MD 21215	SPECIAL SERV VP 2.00	0.	0.	0.
PATRICIA K. CHILDS 5800 METRO DRIVE BALTIMORE, MD 21215	SPECIAL SERV VP 2.00	0.	0.	0.
AVA PARRAN 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.
MELVIN JONES 5800 METRO DRIVE BALTIMORE, MD 21215	SPECIAL SERV VP 2.00	0.	0.	0.
HATTIE RHAMES 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.
OZELLE HOWELL 5800 METRO DRIVE BALTIMORE, MD 21215	VOCATIONAL VP 2.00	0.	0.	0.
JAMES BLANCHARD 5800 METRO DRIVE BALTIMORE, MD 21215	MEMBER-AT-LARGE 2.00	0.	0.	0.
FLORENCE BLUM 5800 METRO DRIVE BALTIMORE, MD 21215	MEMBER-AT-LARGE 2.00	0.	0.	0.
BRIAN LONG 5800 METRO DRIVE BALTIMORE, MD 21215	MEMBER-AT-LARGE 2.00	0.	0.	0.

COREY DEBNAM 5800 METRO DRIVE BALTIMORE, MD 21215	MEMBER-AT-LARGE 2.00	0.	0.	0.
GEORGE HENDRICKS 5800 METRO DRIVE BALTIMORE, MD 21215	MEMBER-AT-LARGE 2.00	0.	0.	0.
EUNICE CARR 5800 METRO DRIVE BALTIMORE, MD 21215	MEMBER-AT-LARGE 2.00	0.	0.	0.
SUSAN IRELAND 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.
GLORIA CARWILE 5800 METRO DRIVE BALTIMORE, MD 21215	MEMBER-AT-LARGE 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		224,318.	60,574.	13,200.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 11  
ACCOMPLISHMENT OF EXEMPT PURPOSES

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

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization <b>THE BALTIMORE TEACHERS UNION LOCAL 340</b>	Employer identification number <b>52-6044136</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>5800 METRO DRIVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BALTIMORE, MD 21215-3209</b>	

Check type of return to be filed (file a separate application for each return).

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

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 will cover

1 I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year \_\_\_\_\_ or  
 tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a	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	3a	\$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c	Balance Due. Subtract line 3b from line 3a. 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.	3c	\$ <b>N/A</b>

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.