			print - DO NOT PROCESS As Filed Data -				3493311001536	
(Form	٥٥		Return of Organization Exempt From	Income [·]	Tax	C	OMB No 1545-0047	
	33		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	de (excent n	rivate		2015	
<u>و</u>			foundations)				2012	
Depart Treasu		of the	 Do not enter social security numbers on this form as it ma Information about Form 990 and its instructions is at ww 				Open to Public	
	•	enue Servic					Inspection	
A Fo	or the	e 2015 ca	endar year, or tax year beginning 07-01-2015 🔰 , and ending 06-30-201	6				
_		applicable	C Name of organization THE BALTIMORE TEACHERS UNION		D Emplo	yer ider	ntification number	
·		change	LOCAL 340		52-6	044136	5	
<u> </u>	ime ch itial ret	3	Doing business as					
Fir		cum			E Teleph	one num	ber	-
return/		nated I return	Number and street (or P O box if mail is not delivered to street address) Room/suit 5800 METRO DRIVE	.e	(410)	358-6	600	
·		n pending	City or town, state or province, country, and ZIP or foreign postal code		()			-
		. ,	BALTIMORE, MD 212153209		G Gross	receipts \$	\$ 6,853,384	
			F Name and address of principal officer	H(a) Is th	s a group	return	for	
			MARIETTA A ENGLISH 5800 METRO DRIVE		rdınates?		🗌 Yes 🗸	ŕ
			BALTIMORE,MD 212153209	No H(b) Area	III subord	inates	TYes No	
I ⊺a>	<-exen	npt status	501(c)(3) ▼ 501(c)(5) ◀ (insert no) 4947(a)(1) or 527	inclu	ded?			
J W	ebsite	e: ► WW	W BALTIMORETEACHERS ORG	If "N H(c) Grou			(see instructions)	
K Earm	. of or	rganization	Corporation Trust ▼ Association Cther ►	L Year of fo			State of legal domicile	-
R FUIII		ganization		-		M	5	
Pa	rt I	Sum	mary					
		•	scribe the organization's mission or most significant activities RGANIZATION EXEMPT UNDER IRC SECTION 501(C)(5)					
e		ADORO	RGANIZATION EXEMPT UNDER IKE SECTION SUI(C)(S)					-
anc	_							_
ema	-	Chock th	is here b T if the extension discentinued its energians or dispessed a	fmoro than '		, pot po		-
Governance	2 (Check th	is box ▶ If the organization discontinued its operations or disposed o		2 5 % 01 11	s net as	Sels	
	3 1	Number o	of voting members of the governing body (Part VI, line 1a)			3	48	
Activities &	4 i	Number o	of independent voting members of the governing body (Part VI, line 1b)			4	47	
INT	5	Total nur	nber of individuals employed in calendar year 2015 (Part V , line 2a) $\ $.			5	22	
Act	6	Total nur	nber of volunteers (estimate if necessary)	· · ·		6	0	
			elated business revenue from Part VIII, column (C), line 12		• •	7a	0	_
	bΝ	let unrela	ited business taxable income from Form 990-T, line 34		•	7b	()
	•	C t	huters and muchs (Deut)(III, hus th)	Pric	or Year	0	Current Year	_
¢,	8 9		butions and grants (Part VIII, line 1h)		6,700,	-	6,711,347	_
enneven	10	-	ment income (Part VIII, column (A), lines 3, 4, and 7d)			394	8,488	
ęΗ	11						133,549	; ;
	111	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		125,	510	155,545	-
	12	⊤otal ı	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue—add lines 8 through 11 (must equal Part VIII, column (A), line					Ļ
	12	Totalı 12)	revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		125, 6,828,	233	6,853,384	
	12 13	Total 1 12) Grants	revenue—add lines 8 through 11 (must equal Part VIII, column (A), line and similar amounts paid (Part IX, column (A), lines 1–3)			233	6,853,384 C)
	12 13 14	Totalı 12) Grants Benefi	revenue—add lines 8 through 11 (must equal Part VIII, column (A), line and similar amounts paid (Part IX, column (A), lines 1–3) ts paid to or for members (Part IX, column (A), line 4)		6,828,	233 0 0	6,853,384 ()
ses	12 13	Totalı 12) Grants Benefi	revenue—add lines 8 through 11 (must equal Part VIII, column (A), line s and similar amounts paid (Part IX, column (A), lines 1–3) ts paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column (A), lines			233 0 0	6,853,384 C)
ศารคร	12 13 14	Total (12) Grants Benefi Salaris 5–10)	revenue—add lines 8 through 11 (must equal Part VIII, column (A), line s and similar amounts paid (Part IX, column (A), lines 1–3) ts paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column (A), lines		6,828,	233 0 0	6,853,384 (5
Expenses	12 13 14 15	Total (12) Grants Benefi Salario 5–10) Profes	revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines and similar amounts paid (Part IX, column (A), lines 1–3) ts paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column (A), lines		6,828,	233 0 0 328	6,853,384 C C 2,302,176	5
Expenses	12 13 14 15 16a b 17	Total (12) Grants Benefi Salario 5–10) Profes Total fu Other	revenue—add lines 8 through 11 (must equal Part VIII, column (A), line and similar amounts paid (Part IX, column (A), lines 1–3) ts paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column (A), lines sional fundraising fees (Part IX, column (A), line 11e) ndraising expenses (Part IX, column (D), line 25) $\blacktriangleright 0$ expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		6,828, 2,157, 4,452,	233 0 0 328 0 650	6,853,384 C 2,302,176 C 4,564,482	
Expenses	12 13 14 15 16a b 17 18	Total (12) Grants Benefi Salario 5–10) Profes Total fu Other Total o	revenue—add lines 8 through 11 (must equal Part VIII, column (A), line and similar amounts paid (Part IX, column (A), lines 1–3) ts paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column (A), lines sional fundraising fees (Part IX, column (A), line 11e) indraising expenses (Part IX, column (D), line 25) \blacktriangleright expenses (Part IX, column (A), lines 11a–11d, 11f–24e) expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		6,828, 2,157, 4,452, 6,609,	233 0 328 0 650 978	6,853,384 C 2,302,176 C 4,564,482 6,866,658	2 2 3
	12 13 14 15 16a b 17	Total (12) Grants Benefi Salario 5–10) Profes Total fu Other Total o	revenue—add lines 8 through 11 (must equal Part VIII, column (A), line and similar amounts paid (Part IX, column (A), lines 1–3) ts paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column (A), lines sional fundraising fees (Part IX, column (A), line 11e) ndraising expenses (Part IX, column (D), line 25) $\blacktriangleright 0$ expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		6,828, 2,157, 4,452,	233 0 328 0 650 978	6,853,384 C 2,302,176 C 4,564,482	2 2 3
	12 13 14 15 16a b 17 18	Total (12) Grants Benefi Salario 5–10) Profes Total fu Other Total o	revenue—add lines 8 through 11 (must equal Part VIII, column (A), line and similar amounts paid (Part IX, column (A), lines 1–3) ts paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column (A), lines sional fundraising fees (Part IX, column (A), line 11e) indraising expenses (Part IX, column (D), line 25) \blacktriangleright expenses (Part IX, column (A), lines 11a–11d, 11f–24e) expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		6,828, 2,157, 4,452, 6,609, 218,	233 0 328 0 650 978 255	6,853,384 C 2,302,176 C 4,564,482 6,866,658	2 2 3
	12 13 14 15 16a b 17 18	Total (12) Grants Benefi Salario 5–10) Profes Total fu Other Total o Reven	revenue—add lines 8 through 11 (must equal Part VIII, column (A), line and similar amounts paid (Part IX, column (A), lines 1–3) ts paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column (A), lines sional fundraising fees (Part IX, column (A), line 11e) indraising expenses (Part IX, column (D), line 25) \blacktriangleright expenses (Part IX, column (A), lines 11a–11d, 11f–24e) expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	· · · · · · · · · · · · · · · · · · ·	6,828, 2,157, 4,452, 6,609, 218,	233 0 328 0 650 978 255 Year	6,853,384 () 2,302,176 () 4,564,482 6,866,658 (-13,274	
	12 13 14 15 16a b 17 18 19	Total (12) Grants Benefi Salario 5–10) Profes Total fu Other Total o Reven	revenue—add lines 8 through 11 (must equal Part VIII, column (A), line a and similar amounts paid (Part IX, column (A), lines 1–3) ts paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column (A), lines ssional fundraising fees (Part IX, column (A), line 11e) indraising expenses (Part IX, column (D), line 25) \blacktriangleright expenses (Part IX, column (A), lines 11a–11d, 11f–24e) expenses Add lines 13–17 (must equal Part IX, column (A), line 25) ue less expenses Subtract line 18 from line 12	· · · · · · · · · · · · · · · · · · ·	6,828, 2,157, 4,452, 6,609, 218, of Current	233 0 328 0 4 50 978 255 Year 714	6,853,384 () () () () () () () () () () () () ()	
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Fund Balances	12 13 14 15 16a b 17 18 19 20 21 22 t 11	Total (12) Grants Benefi Salario 5–10) Profes Total fu Other Total o Reven Total a Total 1 Net as Sign	revenue—add lines 8 through 11 (must equal Part VIII, column (A), line a and similar amounts paid (Part IX, column (A), lines 1–3)	· · · · · · · · · · · · · · · · · · ·	6,828, 2,157, 4,452, 6,609, 218, of Current 5,705, 4,017,	233 0 328 0 4 5 5 978 255 Year 714 873	6,853,384 () () () () () () () () () () () () ()	
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For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2015)				Page 2
Par	t IIII Statemer	nt of Program Service A	ccomplishments		
	Check If Sc	hedule O contains a response	or note to any line in this Part II	I	
1	Briefly describe th	ne organization's mission			
SEE	SCHEDULE O FOR	DETAILS			
2	Did the organizatio	on undertake any significant pr	ogram services during the year v	which were not listed on	
	-) or 990-EZ?			└Yes ↓No
		these new services on Schedu			
3	Did the organizatio	on cease conducting, or make	significant changes in how it con-	ducts, any program	
	services?				Yes √No
		these changes on Schedule O			
4	expenses Section		omplishments for each of its thre nizations are required to report t program service reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
		CATING THE INTERESTS OF TEACHER	5, PARAPROFESSIONALS AND SCHOOL R	, ,	•
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program se	ervices (Describe in Schedule	0)		
	(Expenses \$	including	grants of \$) (Revenue \$)
4e	Total program se	rvice expenses 🕨			
					Earm 600 (2015)

Form 990 (2015)
Part IV Checklist of Required Schedules

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

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year ?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 🐒	28 c	Yes	
29	Did the organization receive more than $25,000$ in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I $$.	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
Ь	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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Pa	Statements Regarding Other IRS Filings and Tax Compliance Check If Schedule O contains a response or note to any line in this Part V			F
		· ·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 30			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
h	by this return	2b	Yes	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year? \ldots .	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \ldots . \ldots	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
_		7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. DId a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	year I2D Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand	Į		ļ
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		

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Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10)b belo	W,
	Check if Schedule O contains a response or note to any line in this Part VI	. <u>.</u>		🗸
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 48	1		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 47			
2		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$.	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8 a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		No
D	O ther officers or key employees of the organization	15b		No
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
6.		16b		
<u> </u>	ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed►			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

(3)s only) available for	r public inspection	Indicate how yo	u made these available	Check all that apply

☐ Own website ☐ Another's website ↓ Upon request ☐ Other (explain in Schedule O)
 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

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

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

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

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

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			5	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the		
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W-2/1099- MISC)	organization and related organizations
See Additional Data Table										

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

	(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t perso	han o n is	one l both	an o /tru	heck so officer steenplovee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W 2/1099-MISC)	- 01	(F) Estima mount of compens from t rganizati relate organiza	ted fother ation he on and ed
			ustee	Trustee		99 9	npensated						
See	Addıtıonal Data Table												
1b	Sub-Total			•			▶						
c d	Total from continuation sheet Total (add lines 1b and 1c) .				·	• .	. ► ►		782,965	0		1	.82,736
2	Total number of individuals (in \$100,000 of reportable compe	cluding but not l	limited t	to the	ose l	iste	d abov	e) wl	no received more th	an			
												Yes	No
3	Did the organization list any fc on line 1a? <i>If "Yes," complete S</i>						emplo	yee, •	or highest compen	sated employee	3		No
4	For any individual listed on line organization and related organi												

	ındıvıdual	4
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for	
	services rendered to the organization? If "Yes," complete Schedule J for such person	5

S	Section B. Independent Contractors					
1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.					
	(A) Name and business address	(B) Description of services	(C) Compensation			
KAH	IN SMITH & COLLINS PA	LEGAL SERVICES	421,310			
	NORTH CHARLES STREET TIMORE, MD 21201					
2	Total number of independent contractors (including but not limited to those	listed above) who received more than				

otal number of independent contractors (including but not limited to those listed above) who r ed more than 100,000 of compensation from the organization ≥ 1

Yes

No

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Form 99	· ·	,						Page 9
Part V	/1111	Statement of Rev Check if Schedule O		aco or poto to opy lu	no in this Dort VIII			F
				ise of note to any m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s S	1 a	Federated campaigns	5 1a					
ant	Ь	Membership dues .	1b					
, Gr	c	Fundraising events	1c					
ifts ar /	d	Related organizations	s 1d					
s, G imil	e	Government grants (contr	ibutions) 1e					
ion r Si	f	All other contributions, gift similar amounts not includ						
tributions, Gifts, Grants Other Similar Amounts	g	Noncash contributions incl						
Contributions, Gifts, Grants and Other Similar Amounts		1a-1f \$ Total. Add lines 1a-1	f					
	– "	Total. Add Imes 14-1						
nue	2a	MEMBERSHIP DUES		Business Code 900099	6,634,780	6,634,780		
5 A.S.	b	REGISTRATION FEES		900099	39,538	39,538		
Ce F	c	ASSISTANCE - AFT		900099	25,920	25,920		
Ser v	d	SPONSORSHIPS - MEETIN	G	900099	11,109			11,109
an	e							
Program Service Revenue	f	All other program ser						
<u> </u>	g 3	Total. Add lines 2a-2			6,711,347			
		Investment income (and other similar amo	ounts)	i . ►	8,488			8,488
	4	Income from investment						
	5	Royalties	(I) Real	(II) Personal				
	6 a	Gross rents	72,494					
	ь	Less rental	0					
	с	expenses Rental income ex (lass)	72,494					
	d	or (loss) Net rental income or	(loss)		72,494			72,494
		(I) Gross amount	Securities	(II) Other				
	7a	from sales of assets other than inventory						
	b c	Less cost or other basis and sales expenses Gain or (loss)						
	d	Net gain or (loss) .		· · · ·				
Other Revenue	oa	Gross income from fu events (not including \$ of contributions repo						
ler Re		See Part IV, line 18						
0th	1	Less direct expense Net income or (loss)		events				
		Gross income from g See Part IV, line 19	aming activities					
	1	Less direct expense Net income or (loss)	sb					
	10a	Gross sales of invent returns and allowance		►				
	Ь	Less costofgoods s	soldb					
	c	Net income or (loss) Miscellaneous Reve		entory ► Business Code				
	11a	OTHER REVENUE	enue	Business Code 900099	61,055	61,055		
	Ь							
	c							
	d	All other revenue .						
	e	Total. Add lines 11a-			61,055			
	12	Total revenue. See Ir	nstructions .	🕨	6,853,384	6,761,293		92,091 Form 990 (2015)

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	TIX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns				
	Check if Schedule O contains a response or note to any line in t	this Part IX			
) ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV , line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	311,894			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,377,686			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	191,684			
9	Other employee benefits	318,820			
10	Payroll taxes	102.002			
11	Fees for services (non-employees)	102,092			
а	Management				
b		357,144			
c	Accounting	68,060			
d		08,000			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A)				
3	amount, list line 11g expenses on Schedule O)	50,273			
12	Advertising and promotion	7,921			
13	Office expenses	151,175			
14	Information technology				
15	Royalties				
16	Occupancy	208,573			
17	Travel	24,587			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	567,394			
20	Interest				
21	Payments to affiliates	2,600,435			
22	Depreciation, depletion, and amortization	80,108			

23 Insurance 24 Other expenses Itemize expenses not covered above (List

miscellaneous expenses in line 24e If line 24e amount exceeds $10\,\%$ of line 25, column (A) amount, list line 24e expenses on Schedule O) POST RETIREMENT BENEFIT а

308,469 COLLECTIVE BARGAINING b 78,488 ELECTIONS с 39,219 OTHER d 22,636 е All other expenses 25 Total functional expenses. Add lines 1 through 24e 6,866,658 26 Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ► _ If following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet . .

rai	tΧ	Balance Sheet					—
		Check if Schedule O contains a response or note to any lir	ie in this	spartx	 (A)	•••	· · · · []
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			3,639,591	1	3,753,412
	2	Savings and temporary cash investments			360,268	2	360,87
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			27,177	4	34,593
	5	Loans and other receivables from current and former offic key employees, and highest compensated employees Co Schedule L	cers, dır omplete	ectors, trustees,		5	
Assets	6	Loans and other receivables from other disqualified persons section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of s voluntary employees' beneficiary organizations (see inst II of Schedule L	c)(3)(B section), and 501(c)(9)		6	
ISS	7	Notes and loans receivable, net	_			7	
A	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			18,022	9	60,659
	10a	Land, buildings, and equipment cost or other basis				-	
		Complete Part VI of Schedule D	10a	2,994,379			
	b	Less accumulated depreciation	10b	1,955,546	854,352	1 0 c	1,038,833
	11	Investments—publicly traded securities			70,194	11	74,073
	12	Investments—other securities See Part IV, line 11 .			475,006	12	489,295
	13	Investments—program-related See Part IV, line 11 .				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			261,104	15	259,074
	16	Total assets. Add lines 1 through 15 (must equal line 34)			5,705,714	16	6,070,810
	17	Accounts payable and accrued expenses			1,078,082	17	1,151,920
	18	Grants payable				18	
	19	Deferred revenue			1,106,711	19	1,109,248
	20	Tax-exempt bond liabilities				20	
ŝ	21	Escrow or custodial account liability Complete Part IV of				21	
.iabilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and di	ed				
abi		persons Complete Part II of Schedule L				22	
Ľ.	23	Secured mortgages and notes payable to unrelated third				23	
	24	Unsecured notes and loans payable to unrelated third pa				24	
	25	Other liabilities (including federal income tax, payables t and other liabilities not included on lines 17-24) Complete Part X of Schedule D	o relate	d thırd partıes,			
		· · · · · · · · · · · · · · · · · · ·			1,833,080	25	2,956,705
	26	Total liabilities. Add lines 17 through 25			4,017,873	26	5,217,873
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re 🕨 🔽	7 and complete			
an	27	Unrestricted net assets			1,499,329	27	852,937
Bal	28	Temporarily restricted net assets			188,512	28	
ри	29	Permanently restricted net assets			,	29	
Fui	-	Organizations that do not follow SFAS 117 (ASC 958), cl					
٥٢		complete lines 30 through 34.	// 01	· · · · · · · ·			
ots	30	Capital stock or trust principal, or current funds				30	
\$\$6	31	Paid-in or capital surplus, or land, building or equipment	fund .			31	
t A	32	Retained earnings, endowment, accumulated income, or early a second second second second second second second s	other fui	nds		32	
Ne.	33	Total net assets or fund balances			1,687,841	33	852,937
	34	Total liabilities and net assets/fund balances			5,705,714	34	6,070,810
							Form 990 (2015)

Form 990 (2015)

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				🗸
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,8	353,384
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,8	366,658
3	Revenue less expenses Subtract line 2 from line 1	3			-13,274
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\ .$.	4			587,841
5	Net unrealized gains (losses) on investments	5			11,134
6	Donated services and use of facilities	6			11,15-
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10		10			332,764
Dar	column (B)) t XII Financial Statements and Reporting	10			352,937
Fai	Check if Schedule O contains a response or note to any line in this Part XII				. 🔽
		• •	<u> </u>	Yes	No
1	Accounting method used to prepare the Form 990 Cash 🔽 Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	No
	If Yes,' check a box below to indicate whether the financial statements for the year were compiled or revi- a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig of the audit, review, or compilation of its financial statements and selection of an independent accountant		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	IN			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зb		

Form **990** (2015)

Page **12**

Software ID:

Software Version:

EIN: 52-6044136

Name: THE BALTIMORE TEACHERS UNION

LOCAL 340

Compensated Employees, and Inde	pendent Co	ntrac	tors	5						
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe offi direc	han erso cer	not one n is and rust	tee)		(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	,	Individual trustee or director	Institutional Trustee	<u>*</u>	employee	Highest compensated employee	ler			organizations
MIRIAM BROOKS-ARNETTE	2 00	x		x				0	0	с
SPECIAL SERVICES VP										
RAYMOND ENGLISH MEMBER AT LARGE	2 00	x		x				0	0	С
ROGIE LEGASPI MIDDLE SCHOOL VP	2 00	x		x				0	0	С
	2 00									
WANDA THOMPSON MEMBER AT LARGE		x		x				0	0	с
PAMELA WILSON MEMBER AT LARGE	2 00	x		x				0	0	C
TERRY HARPER PSRP CHAPTER SECRETARY	2 00	x		x				0	0	С
CARLA MCCOY VOCATIONAL VP	2 00	x		×				0	0	С
ROSALIND STEWART	2 00	x		x				0	0	С
CYNTHIA BRUCE SPECIAL SERVICES VP	2 00	x		x				0	0	C
GLORIA FOSTER-WILLIAMS SPECIAL SERVICES VP	2 00	x		x				0	0	C

(A)	(B)			ן (כ	2)			(D)	(E)	(F)
Name and Title	A verage hours per week (list any hours for related organizations	unles c	nore t ss pe offi direct	n (do than erso icer tor/t	o not o one on is and (trus)	stee)	, nan	Reportable compensation	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization
	below dotted line)	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	M15C)	MISC)	organization and related organizations
AVA PARRAN SPECIAL SERVICES VP	2 00	x		×				0	0	
IRENE BOOZE SPECIAL SERVICES VP	2 00	×		x				0	0	
INEZ CHAMBERS SPECIAL SERVICES VP	2 00	×		x				0	0	
SHERRI HARRIS GIBBS SPECIAL SERVICES VP	2 00	×		x				0	0	
MARIETTA ENGLISH PRESIDENT	45 00	×		x				193,852	2 0	48,62
SITA CHAITRAM HIGH SCHOOL VP	2 00	×		x				0	0	
LAKEISHA PURNELL HIGH SCHOOL VP	2 00	x		x				0	0	
COREY DEBNAM MIDDLE SCHOOL VP	2 00	×		x				0	0	
YVETTE TURNER MIDDLE SCHOOL VP	2 00	×		x				0	0	
THERESA BAILEY-GWYNN MIDDLE SCHOOL VP	2 00	×		x				0	0	

(A) Name and Title	(B) Average hours per week (list any hours for related	m unles	nore tl ss pe	than ersoi icer tor/t	o not one on is and 'trust		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
LURITA JOHNSON ELEMENTARY SCHOOL VP	2 00	×		×				0	0	
SUSAN IRELAND ELEMENTARY SCHOOL VP	2 00	×		x				0	0	
CAROLYN JONES ELEMENTARY SCHOOL VP	2 00	×		x				0	0	
SARAH MARTIN ELEMENTARY SCHOOL VP	2 00	×		x				0	0	
BRANDI BOONE-WEST ELEMENTARY SCHOOL VP	2 00	×		x				0	0	
DARLENE RANDALL-BROWN ELEMENTARY SCHOOL VP	2 00	×		x				0	0	
KEVIN MEDLEY ELEMENTARY SCHOOL VP	2 00	×		x				0	0	
KENYA CAMPBELL TEACHER CHAPTER CHAIR	2 00	×		×				0	0	
LABRINA HOPKINS TEACHER CHAPTER VICE CHAIR	2 00	×		x				0	0	
PAT CHILDS TEACHER CHAPTER SECRETARY	2 00	×		×				0	0	

(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos mi unles	sition nore tl ss pe offic direct	than ersoi icer a tor/t	o not one on is and trust	stee)	, i an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
JAMES BLANCHARD TEACHER CHAPTER TREASURER	2 00	×		x				900	0	
SANDRA DAVIS PSRP CHAPTER CHAIR	2 00	×		x				0	0	
SHAWN MCKAY PSRP CHAPTER VICE CHAIR	2 00	×		x				0	0	
PATRICIA KELLER ELEMENTARY SCHOOL VP	2 00	×		x				0	0	
MARY FISHER PSRP CHAPTER SECRETARY	2 00	×		x				0	0	
DEBORAH CROCKETT PSRP CHAPTER TREASURER	2 00	×		x				900	0	
GERALDA THOMPSON ELEMENTARY SCHOOL VP	2 00	×		x				0	0	
LINDA STEWARD MIDDLE SCHOOL VP	2 00	×		x				0	0	
BERNARD BARBER PSRP CHAPTER MEMBER AT LARGE	2 00	×		×				0	0	
CELIA ELLIOT MEMBER AT LARGE	2 00	×		x				0	0	

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Pos m unles	sition nore t ss pe offi direct	than erso icer tor/t	o not o one on is and (trus)		, an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
ARYAH FRADKIN MEMBER AT LARGE	2 00	×		x				0	0	
KATRINA KICKBUSH ELEMENTARY SCHOOL VP	2 00	×		x				0	0	
ANGELA MITCHELL-BUTLER MEMBER AT LARGE	2 00	×		x				0	0	
TIFFANIE MURRAY ELEMENTARY SCHOOL VP	2 00	x		×				0	0	
LENA FUGETT POLITE MEMBER AT LARGE	2 00	x		x				0	0	
HARRY PRESTON VOCATIONAL VP	2 00	x		×				0	0	
KRISTEN ROBINSON MEMBER AT LARGE	2 00	x		x				0	0	
JUANITA WARE VOCATIONAL VP	2 00	x		×				0	0	
JOHN CASEY FIELD STAFF	40 00					×		115,039	0	28,94
PEGGY GLADDEN FIELD STAFF	40 00					x		120,454	. 0	31,46

(A) Name and Title	(B) A verage hours per week (list any hours for related	unles d	ore t ss pe	than ersoi icer a	o not i one on is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee			Highest compensated employee	Former	MISC)	organızatıon and related organızatıons	
CONNIE GOODLY FIELD STAFF	40 00					x		128,075	0	25,83
GEORGE HENDRICKS FIELD STAFF	40 00					x		108,706	0	17,08
NEIL ROSS FIELD STAFF	40 00					x		115,039	0	30,79

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DL								N: 93493311001536
SCHE	DULE C		Political C	Campaign and	Lobbying	Activiti	es	OMBNo 1545-0047
(Form 990-EZ	990 or	►Complete	if the organizat	pt From Income Ta tion is described belo Schedule C (Form 990	w. 🕨 Attach to Fe	orm 990 or	Form 990-EZ.	27 2015 Open to Public
Departme Treasury	nt of the			<u>www.irs.gov/</u>	•			Inspection
Internal R	evenue							
Service If the ora	anization ar	 nswered "Yes	s" on Form 990	. Part IV. Line 3. or	Form 990-EZ. Pa	rt V. line 4	6 (Political Ca	ampaign Activities), then
-				and B Do not compl		,	- (
				anizations Complete P	arts I-A and C belo	ow Do not	complete Part	I-B
			ete Part I-A only s " on Form 990	, Part IV, Line 4, or I	Form 990-EZ. Pa	rt VI. line 4	47 (Lobbyina	Activities), then
 Sectio 	on 501(c)(3) c	organizations th	nat have filed Foi	rm 5768 (election unde	er section 501(h))	Complete	Part II-A Do no	
					oxy Tax) (see se	parate ins	structions) o	r Form 990-EZ, Part V,
			e instructions), inizations Compl					
Name of	the organiza	tion	·				Employer ide	entification number
LOCAL 340		S UNION					52-604413	6
Part I-A	Comple	te if the or	ganization is	s exempt under s	section 501(c) or is a	section 52	7 organization.
1 Prov	vide a descri	ption of the org	ganization's dire	ct and indirect politic	al campaign activ	vities in Pa	rt IV	
2 Poli	tical expendi	tures					•	\$
3 Volu	unteer hours							
Part I-B	Comple	te if the or	ganization is	s exempt under s	section 501(c)(3)		
				the organization und		<u>/////////////////////////////////////</u>	•	
				v organization manage		4955	•	₽ ¢
				, did it file Form 472				↓
	a correction							ΓYes ΓNo
b If"ץ	(es," describ	e in Part IV						
			ganization is	exempt under s	section 501(c), excep	t section 5	01(c)(3).
1 Ente	er the amoun	t directly expe	ended by the filir	ng organization for se	ction 527 exempt	function a	ctivities 🕨	\$
	er the amoun mpt function		rganızatıon's fui	nds contributed to oth	ner organizations	for section	527 ►	\$
3 Tota	al exempt fur	nction expendit	tures Add lines	1 and 2 Enter here a	and on Form 1120	POL, line	17b 🕨	\$
4 Did	the filing org	anızatıon file F e	orm 1120-POL fo	or this year?				Yes No
orga amo	anization mac ount of politic	le payments F al contributior	For each organiz	ntification number (EI ation listed, enter the were promptly and di committee (PAC) If a	e amount paid fror rectly delivered t	n the filing o a separat	organization's te political org	ns to which the filing funds Also enter the ganization, such as a
	(a) Name	2	(b)	Address	(c) EIN	filing or	ount paid from rganization's none, enter -0	contributions received
2								
								-
3								
4								
5								

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

6

Sc	hedule C (F	orm 990 or 990-EZ) 2015				Page 2
Ρ	art II-A	Complete if the organizatio under section 501(h)).	n is exempt under section 501(c)(3) a	ind file	ed Form 5768	(election
A	Check 🕨	If the filing organization belongs to expenses, and share of excess lob	o an affiliated group (and list in Part IV each affili bying expenditures)	ated gro	up member's nam	e, address, EIN
в	Check 🕨	🗌 If the filing organization checked l	box A and "limited control" provisions apply			
			ying Expenditures neans amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a		bying expenditures to influence public	opinion (grass roots			
	lobbying;					
b	i otal lob	bying expenditures to influence a legis	sative body (direct lobbying)			
c	Total lob	bying expenditures (add lines 1a and 1				
d	O ther ex	empt purpose expenditures				
e	⊤otal exe	empt purpose expenditures (add lines	1c and 1d)			
f	, 5	nontaxable amount Enter the amount				
	If the amo	ount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$	500,000	20% of the amount on line 1e			
	Over \$500	000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,50	0,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,0	00,000	\$1,000,000			
g	Grassroo	ts nontaxable amount (enter 25% of I				
h	Subtract	line 1g from line 1a If zero or less, er				
i	Subtract	line 1f from line 1c If zero or less, en				
j		s an amount other than zero on either section 4911 tax for this year?	20	I		

∏ Yes ∏No

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expe	nditures During	4-Year Avera	iging Period	•	•
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c)2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
с	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2015

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	(b)
activ			No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes		
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
с	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Des	t III A Complete if the exception is exempt under section $EO1(c)(A)$ section	- E01/a	\/E\ _	" costion

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		No

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
с	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

	Return Reference	Explanation
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efi	le GRAPHIC p	orint - DO NOT PROCESS	As Filed Data -			DLN	93493311001	536
	HEDULE D m 990)	Suppler	nental Financi	al Statements			OMB No 1545-00	
,	, rtment of the			ered "Yes," on Form 990 ;, 11d, 11e, 11f, 12a, or 1) 990.			2015 Open to Publ	
Treas		Information about Schedule D			s.qov/f	orm990.	Inspection	
Na THE	me of the organi BALTIMORE TEACHI				Empl	oyer ident	ification number	
		izations Maintaining Donor				044136 F Acco l	ints.	
	Comple	ete if the organization answer	(a) Donor advised		(b)	Funds and	other accounts	
1	Total numbe	r at end of year			(0)			
2	year)	alue of contributions to (during						
3	Aggregate v	alue of grants from (during year)						
4	Aggregate v	alue at end of year						
5	funds are the o	ation inform all donors and donor a rganization's property, subject to	the organization's ex	clusive legal control?		sed	☐ Yes ☐	No
6	used only for cl	ation inform all grantees, donors, haritable purposes and not for the ermissible private benefit?				purpose	☐ Yes ☐	No
Pa	rt III Conse	rvation Easements. Comple	ete if the organizat	ion answered "Yes" o	n Forn	n 990, Pa		
1	Purpose(s) of c	onservation easements held by th	ne organization (chec	k all that apply)				
	Preservati education)	on of land for public use (e g , recr	eation or	Preservation of a	n hıstor	ically impo	ortant land area	
	Protection	of natural habitat		Preservation of a	certifie	d historic	structure	
	Preservati	on of open space						
2		2a through 2d if the organization he last day of the tax year	held a qualified conso	ervation contribution in t	he form	of a cons	ervation	
	Total number o	f concentration accomenta				Held a	t the End of the Yea	ır
a b		f conservation easements restricted by conservation easeme	onts		2a 2b			
с С	-	servation easements on a certified		cluded in (a)	20 2c			
d	Number of cons	servation easements included in (ire listed in the National Register			2d			
3	Number of constax year ►	servation easements modified, tra	nsferred, released, ex	tinguished, or terminate	ed by the	e organiza	tion during the	
4	Number of stat	es where property subject to cons	ervation easement is	located ►				
5	Does the organ	nization have a written policy regar enforcement of the conservation of	ding the periodic moi		dling of		Yes No	
6	Staff and volun year	teer hours devoted to monitoring,	inspecting, handling	of violations , and enforci	ing cons	ervation e		е
	▶							
7		enses incurred in monitoring, inspi	ecting, handling of vio	olations, and enforcing c	onserva	tion easer	ments during the yea	ar
8	B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(I) and section 170(h)(4)(B)(II)?							
9	balance sheet,	escribe how the organization repor and include, if applicable, the text n's accounting for conservation ea	of the footnote to the					
Par		izations Maintaining Collec			or Oth	er Simi	lar Assets.	
		ete if the organization answer ion elected, as permitted under Sl			nue stat	ement and	l balance sheet	
1 a	works of art, his	storical treasures, or other similar e, in Part XIII, the text of the foot	assets held for publi	c exhibition, education,	or resea	arch in furt		
b	works of art, his	tion elected, as permitted under S storical treasures, or other similar e the following amounts relating to	assets held for publi					
(i) Revenue inclu	ided on Form 990, Part VIII, line	1		▶\$			
(i	i) Assets include	ed in Form 990, Part X		1				
2	If the organizat	ion received or held works of art, interest of art, interest of art, interest of art, interest of a second	,	or other similar assets fo				
а	Revenue includ	led on Form 990, Part VIII, line 1				▶\$		-
b For I		d in Form 990, Part X : tion Act Notice, see the Instructi	one for Form 000	C - L - N -	E 2 2 0	►\$	edule D (Form 990)	2011
FULF	aperwork Keduc	LION ALL NULICE, SEE THE INSTITUCTI	UNSTOL FORM 990.	Cal NO	י אעער ו	שם שכ	CULLE D (FOLM 990)	ZUL

Schedule D (Form 990) 2015

d Equipment

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. • • . • • • • •

e Other .

• • . . .

•

. .

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

Sche	edule D (Form 990) 2015									Page 🕻
Par	titl Organizations Maintaining (continued)	Collections of Art,	Hī	sto	ric	al Tre	asures, or	Otl	ner Similar A	ssets
3	Using the organization's acquisition, acc collection items (check all that apply)	ession, and other record	s,c	hec	k a	ny of the	e following that	are	e a significant us	e of its
а	Public exhibition		d	ſ		Loan o	r exchange pro	gra	ms	
b	Scholarly research		е	Γ		Other				
с	Preservation for future generations									
4	Provide a description of the organization' Part XIII	's collections and explain	n ho	w th	ney	further	the organizatio	n's	exempt purpose	IN
5	During the year, did the organization soli assets to be sold to raise funds rather th								imilar Ye :	s 🔽 No
Pai	rt IV Escrow and Custodial Arra Complete if the organization a Part X, line 21.		orm	99(0, I	Part IV	, line 9, or re	epo	rted an amour	it on Form 990,
1 a	Is the organization an agent, trustee, cus included on Form 990, Part X?	stodian or other intermed	diar	y for	co	ntrıbutı	ons or other as	set	s not	s 🗌 No
b	If "Yes," explain the arrangement in P	art XIII and complete th	ne fo	llow	/ing	table		[Am	ount
с	Beginning balance						10	с		
d	Additions during the year						10	d		
е	Distributions during the year						16	e		
f	Ending balance						11	F		
2a	Did the organization include an amount o	n Form 990, Part X, line	21,	, for	eso	crow or	custodial acco	unt	liability? 🔽 Ye	s 🗌 No
b	If "Yes," explain the arrangement in Part	XIII Check here if the	exp	lana	tio	n has be	een provided in	Рa	rt XIII	🗆
Pa	rt V Endowment Funds. Comple									
		(a)Current year	(b) P	nor y	/ear	b (c) Two years back	(0) Three years back	(e)Four years back
1a	Beginning of year balance							_		
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses							1		
g	End of year balance									
2	Provide the estimated percentage of the	current year end balance	e (lı	ne 1	g,	column	(a)) held as			
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨									
с	Temporarily restricted endowment									
3a	Are there endowment funds not in the pos organization by	ssession of the organiza	tion	tha	tar	e held a	and administere	ed f	or the	Yes No
	(i) unrelated organizations		•	•	•	· ·	· ·			n(i)
	(ii) related organizations									(ii)
ь 4	If "Yes" on 3a(II), are the related organiz Describe in Part XIII the intended uses of							•		Bb
-	rt VI Land, Buildings, and Equip	oment.						50		(lune 10
	Complete if the organization a Description of property	answered tes to FOF			(a	i)	(b)		Accumulated	(d)Book value
	· · · /					her basıs ment)	Cost or other ba (other)	asıs	(c)depreciation	
1a	Land		+			-/	33,	241		33,241
	Buildings		. -				2,466,9		1,490,95	
	Leasehold improvements						, ,		. ,	,

Schedule	n i	Eorm	0001	2015
Schedule	υ	гопп	990	2013

29,581

1,038,833

464,589

. 🎽

494,170

.

Part VII Investments—Other Securities. Complet See Form 990, Part X, line 12.	e if the organizat	ion answered 'Ye	s' on For	m 990, Part IV, line 11t
(a) Description of security or category (including name of security)	(b) Book value		:)Method of valuation r end-of-year market value
(1)Financial derivatives				
2)Closely-held equity interests 3)Other				
A) ANNUITY CONTRACT		489,295		F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶	489,295		
art VIII Investments—Program Related.				
Complete if the organization answered 'Yes' (a) Description of investment		art IV, line 11c. _{Se} b) Book value		990, Part X, line 13.
		b) book value		r end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX Other Assets. Complete if the organization answ		n 990, Part IV, line	11d See F	
(a) Description				(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			<u> </u>	
Part X Other Liabilities. Complete if the organizat				ine 11e or 11f.
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) Book value			
		1		
Federal Income taxes		4		

1.	(a) Description of liability	(b) Book value
Federal inc	ome taxes	
recerarine	ometaxes	
DEFERRED	COMPENSATION	243,496
POSTRETI	REMENT BENEFIT OBLIGATION	2,713,209
Total (Colur	mp (b) must agual Form 999, Part X, col (B) (po 25)	2 9 5 6 7 0 5

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII 🔽

Schedule D (Form 990) 2015

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	6,864,518
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a 11,134		
b	Donated services and use of facilities	1	
с	Recoveries of prior year grants]	
d	Other (Describe in Part XIII)]	
е	Add lines 2a through 2d	2e	11,134
3	Subtract line 2e from line 1	3	6,853,384
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)]	
с	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	6,853,384
Par	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	6,866,658
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	O ther losses		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	6,866,658
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
с	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	6,866,658

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

FINANCIAL STATEMENTS OR THAT MAY HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS AS	Return Reference	Explanation
REMAINS OPEN WITH THE U.S. FEDERAL JURISDICTION AND THE VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH THE UNION FILES RETURNS		STANDARDS CODIFICATION (ASC) TOPIC INCOME TAXES THESE PROVISIONS PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE UNION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED JUNE 30, 2016, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS AS OF JUNE 30, 2016, THE STATUTE OF LIMITATIONS FOR TAX YEARS 2012 THROUGH 2014 REMAINS OPEN WITH THE U S FEDERAL JURISDICTION AND THE VARIOUS STATES AND

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

efi	le GRAPHIC p	orint - DO NOT PROCESS As	s Filed I	Data -		DLN: 934	9331	1001	.536
Sch	nedule J	Com	pensat	ion In	formation	ОМ	BNo 1	L545-	0047
(For	m 990)	For certain Officers, D	Directors, ⁻	Trustees	. Key Employees, and High	est			
		Complete if the organize	Compensa			line 22	20		5
		Complete in the organize		h to Forn					
Depar Treas	tment of the ury	Information about Schedule J (F	Form 990)	and its i	nstructions is at <u>www.irs</u>	<u>gov/form990</u> .	pen t Insp		
Intern	al Revenue Service								
	me of the organiz BALTIMORE TEACHE					Employer identificat	ion nui	mber	
	AL 340					52-6044136			
Ра	rt I Questi	ons Regarding Compensatio	n						
4				6 6	- 11	habed on Farme		Yes	No
1a		opiate box(es) if the organization pro Section A , line 1a Complete Part II							
	First-clas	s or charter travel	Г	Housing	allowance or residence for	or personal use		ļ	
	•	companions		Paymen	ts for business use of per	sonal residence		ļ	
	Tax idemr	nfication and gross-up payments			or social club dues or initia				
	Discretion	nary spending account		Persona	l services (e g , maid, cha	uffeur, chef)			
b	'	xes in line 1a are checked, did the o	2						
-		or provision of all of the expenses d			•	•	1 b	Yes	
2	5	ation require substantiation prior to ees, officers, including the CEO/Exe		5	5 1	,	2	Yes	
							_		
3		If any, of the following the filing orga							
		CEO/Executive Director Check all t ed organization to establish compen:							
	,					xpiain in Part III			
		ation committee ent compensation consultant			employment contract Isation survey or study			1	
		of other organizations	। रू	•	il by the board or compens	sation committee		1	
		of other organizations	V	Applova	if by the board of compens			1	
4	During the year or a related org	r, did any person listed on Form 990 anization	, Part VII	, Section	A, line 1a with respect to	the filing organization	ı		
а	Receive a seve	rance payment or change-of-control	payment	7			4a		No
b	Participate in, o	or receive payment from, a suppleme	ental nonq	ualified r	etirement plan?		4b		No
С		pr receive payment from, an equity-b		-	-		4c		No
	If "Yes" to any	of lines 4a-c, list the persons and p	rovide the	applicat	ble amounts for each item	in Part III			
	Only 501(c)(3)	, 501(c)(4), and 501(c)(29) organiza	ations mus	st comple	ete lines 5-9.				
5	•	ted on Form 990, Part VII, Section A	A,line 1a,	did the o	organization pay or accrue	any			
а	The organization	contingent on the revenues of					5a		
b	Any related org						5a 5b		
-	• -	e 5a or 5b, describe in Part III							<u> </u>
6		ted on Form 990, Part VII, Section A contingent on the net earnings of	A, line 1a,	did the o	organization pay or accrue	e any			
а	The organizatio	n [,]					6 a		
b	Any related org	janization?					6b		
	If "Yes," on line	e 6a or 6b, describe in Part III							
7		ted on Form 990, Part VII, Section A lescribed in lines 5 and 6? If "Yes,"				on-fixed	7		
8		nts reported on Form 990, Part VII, nitial contract exception described i					8		
9	If "Yes" on line section 53 495	8, dıd the organızatıon also follow th 8-6(c)?	ne rebutta	ble presu	umption procedure describ	oed in Regulations	9		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	ļ	(B) Breakdown of	fW-2 and/or 1099-MIS	SC compensation	(C) Retirement and		(E) ⊤otal of columns		
		Base (1) compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 MARIETTA ENGLISH PRESIDENT	(i)	173,264	0	20,588	20,864	8,200	222,916	0	
I	(ii)	0	0	0	0	19,560	19,560	0	
2 PEGGY GLADDEN FIELD STAFF	(i)	120,454	0	0	17,056	4,400	141,910	0	
I	(ii)	0	0	0	0	10,004	10,004	0	
3 CONNIE GOODLY FIELD STAFF	(i)	128,075	0	0	18,294	7,538	153,907	0	
I	(ii)	0	0	0	0	0	0	0	

Schedule J (Form 990) 2015



Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

efile GRAPHI	C print - I	DO NOT	PROCE	SS A	s Filed Da	ta -				DLN:	9349	33110	01536
Schedule L (Form 990 or 990)-EZ)			► Comp	olete if the o	rganization an	ed Person Iswered 27, 28a, 28b, o					No 1545	
				or For	m 990-EZ, Pa	rt V, line 38a d	or 40b.	··,			2	01	.5
		►Info	mation a			990 or Form 99	90-EZ. () and its instru	ictions	is at				
Department of the Treasury		PINO	mación a	bout bene		<u>ov /form990</u> .	.) and its instit		15 at			en to P Ispecti	
Internal Revenue Serv													
Name of the orga THE BALTIMORE TEA LOCAL 340		N							nploye 2-604		ification	n numbe	r
Part I Exces	ss Benefi	t Trans	saction	S (section	501(c)(3), s	ection 501(c))(4), and 501(0				only)		
							25a or 25b, or						
1 (a) Name	e of disquali	fied pers	on	(b) Rel	•	tween disquali irganization	ified person an	d (-	cription saction	n of	(d) Cor	
						rgamzation			crun.	Suction		Yes	No
				•									
								+					
								_					
								_					
2 Enter the an 4958			••••			· · · ·		· ·	under •	▶ \$			
3 Enter the an	nount of tax	, if any, o	on line 2,	above, rei	mbursed by t	the organizatio	on	•	• •	▶ \$			
orga		ship Pui	amount of (c)		90, Part X, In to ne	90-EZ, Part V, ne 5, 6, or 22 (e)Original principal amount	, line 38a, or F (f)Balance due		In	rt IV , lır (h A ppro by boa commi) oved ard or	or if the (i)Wr agreer	
				То	From			Yes	No	Yes	No	Yes	No
													1
												_	
												_	
													+
Total			▶ \$										
					iterested		"+ T) (un =) =	,					
(a) Name of in	terested	(b) Re	lationship	between and the		t of assistance	rt IV, line 27 e (d) Type		stance	e (e)	Purpos	se of as s	istance
person	1		organizat										
For Paperwork Redu	uction Act N	otice, see	the Instr	uctions for	Form 990 or	990-EZ.	Cat No 50056A		Sche	dule L (F	orm 990) or 990-	·EZ) 2015

(

Part IV Business Transactions In					
Complete if the organization	n answered "Yes" on F	Form 990, Part IV, lin	e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sha of organiz revenu	f zation's
				Yes	No
	MARIETTA ENGLISH IS PRESIDENT OF BOTH BTU AND AFT MD		AFT MD LEASES SPACE FROM BTU		No
				<u> </u>	
				,	
				'	
				· · ·	
				'	
				, T	
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Part V Supplemental Information

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

Return Reference

Explanation

Schedule L (Form 990 or 990-EZ) 2015

Page 2

efile GRAPHIC pri	nt - DO NOT PROCESS	As Filed Data -		DLN: 9	93493311001536
SCHEDULE O	Supplementa	al Information t	o Form 990 or 990-E	Z	OMBNo 1545-0047
(Form 990 or 990-EZ)	· · ·		sponses to specific questions on ny additional information.		2015 Open to Public
Department of the Treasury	► Information about		or 990-EZ) and its instructions	is at	Inspection
Internal Revenue Service					-
Name of the organization	on		Emp	loyer identif	ication number

Name of the organization	Employer identification number
THE BALTIMORE TEACHERS UNION	
LOCAL 340	52-6044136

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	THE PRESIDENT OF THE UNION, MARIETTA ENGLISH AND MEMBER-AT-LARGE RAY MOND ENGLISH, ARE RELATED
FORM 990, PART VI, SECTION A, LINE 6	WITH THE CONSTITUTIONAL CHANGE IN 2010, THE DUES RATE IS BASED ON THE FULL DUES, MODIFIED AND MINIMAL DUES RATES WITH CONSTITUTIONAL CHANGE THE BTU NOW HAS TWO CHAPTERS AND ONLY O NE PRESIDENT THERE WAS ONCE TWO PRESIDENTS BY STATE LAW THE UNION WAS GIVEN AN ADDITIONA L UNIT TO REPRESENT SCHOOL RELATED PERSONNEL THE PARAPROFESSIONAL CHAPTER IS NOW THE " PARAPROFESSIONAL AND SCHOOL RELATED PERSONNEL "

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ACTIVE CHAPTER MEMBERS ELECT THE EXECUTIVE BOARD MEMBERS OF EACH CHAPTER IN MAY OF EVERY THIRD YEAR VOTING IS CONDUCTED BY SECRET BALLOT AMONG THE MEMBERS OF EACH CHAPTER IN GOOD STANDING
FORM 990, PART VI, SECTION A, LINE 8B	COMMITTEES CANNOT ACT ON BEHALF OF THE GOVERNING BODY

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS DRAFTED THROUGH A COLLABORATIVE EFFORT OF THE ORGANIZATION'S OUTSIDE AUDIT FIRM AND IN-HOUSE FINANCIAL AND LEGAL PROFESSIONALS THE FORM IS THEN FINALIZED AND SUBMITTED
FORM 990, PART VI, SECTION B, LINE 12C	EACH ELECTED OFFICER, STAFF MEMBER OR BTU EMPLOY EE IS REQUIRED TO ANNUALLY (1) REVIEW A CO PY OF THE POLICY AND TO ACKNOWLEDGE IN WRITING THAT HE OR SHE HAS DONE SO, (2) COMPLETE A DISCLOSURE FORM IDENTIFY ING ANY RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES IN WHICH HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST ARISING

Return Reference	Explanation
, ,	BTU'S FORM 990 IS AVAILABLE, AS REQUIRED BY LAW, UPON REQUEST BTU'S GOVERNING DOCUMENTS ALONG WITH AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE
FORM 990, PART XI, LINE 9	PENSION RELATED CHANGES OTHER THEN NET PERIODIC PENSION COST -832,764 WRITE-DOWN OF PREPAID DEVELOPMENT COSTS

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE EXECUTIVE BOARD IS RESPONSIBLE FOR SELECTION OF THE AUDITOR AND OVERSIGHT OF THE AUDIT AND FINANCIAL STATEMENTS
LINE 15	AS STATED IN THE BTU CONSTITUTION, THE EXECUTIVE BOARD SHALL SET AND ARRANGE FOR THE PAYME NT OF SALARIES AND EXPENSES OF EMPLOYEES AND OFFICERS

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