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U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210		FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT		Form Approved Office of Management and Budget No. 1245-0003 Expires: 07-31-2019	
This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.					
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.					
For Official Use Only E	1. FILE NUMBER 545-511	2. PERIOD COVERED MO DAY YEAR From 01/01/2017 Through 12/31/2017		3. (a) AMENDED - If this is an amended report, check here: ☐ (b) HARDSHIP - If filing under hardship procedures, check here: ☐ (c) TERMINAL - If this is a terminal report, check here: ☐	
	4. AFFILIATION OR ORGANIZATION NAME AIR TRAFFIC CONTROLLERS AFL-CIO		8. MAILING ADDRESS (Type or print in capital letters)		
5. DESIGNATION (Local, Lodge, etc.) LOCAL UNION		6. DESIGNATION NUMBER 0		First Name JAMES L Last Name BAILEY	
7. UNIT NAME (if any) SPG		P.O Box - Building and Room Number			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 69.) Yes ☐ No ☐		Number and Street 550 5TH AVE SE City ST. PETERSBURG State FL v ZIP Code + 4 33701			
Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned individual's knowledge and belief, true, correct, and complete (See Section VI on penalties in the instructions.)					
70. SIGNED:		PRESIDENT		71. SIGNED:	
		(If other title, see instructions)		(If other title, see instructions)	
Date:		Telephone Number:		Date:	
				Telephone Number:	

Add Additional Signatures

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COMPLETE ITEMS 10 THROUGH 21

FILE NUMBER:545-511

10. During the reporting period did the labor organization create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?

Yes ☐
No ☐

11(a). During the reporting period did the labor organization have a political action committee (PAC) fund?

Yes ☐
No ☐

11(b). During the reporting period did the labor organization have a subsidiary organization as defined in Section X of these Instructions?

Yes ☐
No ☐

12. During the reporting period did the labor organization have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?

Yes ☐
No ☐

13. During the reporting period did the labor organization discover any loss or shortage of funds or other assets? (Answer "Yes" even if there has been repayment or recovery.)

Yes ☐
No ☐

14. What is the maximum amount recoverable under the labor organization's fidelity bond for a loss caused by any officer, employee or agent of the labor organization who handled union funds?

15. During the reporting period did the labor organization acquire or dispose of any assets in any manner other than by purchase or sale?

Yes ☐
No ☐

16. Were any of the labor organization's assets pledged as security or encumbered in any other way at the end of the reporting period?

Yes ☐
No ☐

17. Did the labor organization have any contingent liabilities at the end of the reporting period?

Yes ☐
No ☐

18. During the reporting period did the labor organization have any changes in its constitution and bylaws, other than rates of dues and fees, or in practices/procedures listed in the instructions?

Yes ☐
No ☐

19. What is the date of the labor organization's next regular election of officers?

20. How many members did the labor organization have at the end of the reporting period? (Total from the Members Line of Schedule 13)

21. What are the labor organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees					
Dues/Fees	Amount		Unit	Minimum	Maximum
(a) Regular Dues/Fees		per			
(b) Working Dues/Fees		per			
(c) Initiation Fees		per			
(d) Transfer Fees		per			
(e) Work Permits		per			

If the answer to any of the above questions is "Yes", provide details in Item 69 (Additional Information) as explained in the instructions for each item.

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STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER:545-511

Cash Reconciliation : \$0

Complete Schedules 1 through 20 Before Completing Statement A

ASSETS

ASSETS	Schedule Number	Start of Reporting Period (A)	End of Reporting Period (B)
22. Cash			
23. Accounts Receivable	1		\$0
24. Loans Receivable	2		\$0
25. U.S. Treasury Securities			
26. Investments	5		\$0
27. Fixed Assets	6		\$0
28. Other Assets	7		\$0
29. TOTAL ASSETS		\$0	\$0

LIABILITIES

LIABILITIES	Schedule Number	Start of Reporting Period (C)	End of Reporting Period (D)
30. Accounts Payable	8		\$0
31. Loans Payable	9		\$0
32. Mortgages Payable			
33. Other Liabilities	10		\$0
34. TOTAL LIABILITIES		\$0	\$0

35. NET ASSETS(Item 29 Less Item 34)	\$0	\$0
--------------------------------------	-----	-----

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STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER:545-511

Complete Schedules 1 Through 20 Before Completing Statement B

Item	CASH RECEIPTS	SCH#	AMOUNT
36.	Dues and Agency Fees		
37.	Per Capita Tax		
38.	Fees, Fines, Assessments, Work Permits		
39.	Sale of Supplies		
40.	Interest		
41.	Dividends		
42.	Rents		
43.	Sale of Investments and Fixed Assets	3	\$0
44.	Loans Obtained	9	\$0
45.	Repayments of Loans Made	2	\$0
46.	On Behalf of Affiliates for Transmittal to Them		
47.	From Members for Disbursement on Their Behalf		
48.	Other Receipts	14	\$0
49.	TOTAL RECEIPTS		\$0

Item	CASH DISBURSEMENTS	SCH#	AMOUNT
50.	Representational Activities	15	\$0
51.	Political Activities and Lobbying	16	\$0
52.	Contributions, Gifts, and Grants	17	\$0
53.	General Overhead	18	\$0
54.	Union Administration	19	\$0
55.	Benefits	20	\$0
56.	Per Capita Tax		
57.	Strike Benefits		
58.	Fees, Fines, Assessments, etc.		
59.	Supplies for Resale		
60.	Purchase of Investments and Fixed Assets	4	\$0
61.	Loans Made	2	\$0
62.	Repayment of Loans Obtained	9	\$0
63.	To Affiliates of Funds Collected on Their Behalf		
64.	On Behalf of Individual Members		
65.	Direct Taxes		
66.	Subtotal		\$0
67.	Withholding Taxes and Payroll Deductions		
67a.	Total Withheld		
67b.	Less Total Disbursed		
67c.	Total Withheld But Not Disbursed		\$0
68.	TOTAL DISBURSEMENTS(Line 66-Line 67c)		\$0

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SCHEDULE 1 - ACCOUNTS RECEIVABLE AGING SCHEDULE

Add Accounts Receivable

FILE NUMBER:545-511

Entity or Individual Name (A)	Total Account Receivable (B)	90-180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Receivable (E)
1				
2				
3				
4				
5				
6				
7				
Total of all itemized accounts receivable				
Total from all other accounts receivable				
Totals (Total of Column(B) will be automatically entered in Item 23, Column (B))				

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SCHEDULE 2 - LOANS RECEIVABLE

Add Loans Receivable

FILE NUMBER:545-511

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)

Loans
Outstanding at
Start of Period
(B)

Loans Made
During Period
(C)

Repayments Received During Period
Cash
(D)(1) Other Than Cash
(D)(2)

Loans
Outstanding at
End of Period
(E)

☒ Name:					
1 Purpose:					
Security:					
Terms of Repayment:					
☒ Name:					
2 Purpose:					
Security:					
Terms of Repayment:					
☒ Name:					
3 Purpose:					
Security:					
Terms of Repayment:					
☒ Name:					
4 Purpose:					
Security:					
Terms of Repayment:					
☒ Name:					
Total of loans not listed above					
Total of all lines above					
Totals will be automatically entered in	Item 24 Column (A)	Item 61	Item 45	Item 69 with Explanation	Item 24 Column (B)

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SCHEDULE 3 - SALE OF INVESTMENTS AND FIXED ASSETS

Add Investments And Fixed Assets Sales

FILE NUMBER:545-511

	Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1					
2					
3					
4					
5					
6					
7					
Total of all lines above					
				Less Reinvestments	
(The total from Net Sales Line will be automatically entered in Item 43.) Net Sales					

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SCHEDULE 4 - PURCHASE OF INVESTMENTS AND FIXED ASSETS			Add Investments And Fixed Assets Purchases	FILE NUMBER:545-511
	Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
☒	1			
☒	2			
☒	3			
☒	4			
☒	5			
☒	6			
☒	7			
☒				
Total of all lines above				
			Less Reinvestments	
(The total from Net Purchases Line will be automatically entered in Item 60.)			Net Purchases	

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SCHEDULE 5 - INVESTMENTS

FILE NUMBER: 545-511

Description (A)	Amount (B)
Marketable Securities Add More Marketable Securities	
A. Total Cost	
B. Total Book Value	
C. List each marketable security which has a book value over \$5,000 and exceeds 5% of Line B.	
☒ 1	
☒ 2	
☒ 3	
☒ 4	
☒ 5	
☒ 6	
☒ 7	
Other Investments Add More Other Investments	
D. Total Cost	
E. Total Book Value	
F. List each other investment which has a book value over \$5,000 and exceeds 5% of Line E. Also, list each subsidiary for which separate reports are attached.	
☒ 1	
☒ 2	
☒ 3	
☒ 4	
☒ 5	
☒ 6	
☒ 7	
G. Total of Lines B and E (Total will be automatically entered in Item 26, Column (B))	

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**SCHEDULE 6 - FIXED ASSETS****FILE NUMBER:545-511**

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Value (E)
A. Land (give location)		Add Land		
1				
2				
3				
4				
5				
6				
7				
8				
9				
B. Buildings (give location)		Add Buildings		
1				
2				
3				
4				
5				
6				
C. Automobiles and Other Vehicles				
D. Office Furniture and Equipment				
E. Other Fixed Assets				
F. Totals of Lines A through E (Column (D) Total will be automatically entered in Item 27, Column (B))				

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SCHEDULE 7 - OTHER ASSETS

Add Other Assets

FILE NUMBER:545-511

	Description (A)	Book Value (B)
1		
2		
3		
4		
5		
6		
7		
Total (Total will be automatically entered in Item 28, Column(B))		

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SCHEDULE 8 - ACCOUNTS PAYABLE AGING SCHEDULE

Add Accounts Payable

FILE NUMBER:545-511

	Entity or Individual Name (A)	Total Account Payable (B)	90-180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Payable (E)
1					
2					
3					
4					
5					
6					
7					
	Total of all itemized accounts payable				
	Total from all other accounts payable				
	Totals (Total for Column (B) will be automatically entered in Item 30, Column (D))				

A1 - Additional Information has been provided. Click "A1" to view or edit the text.

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SCHEDULE 10 - OTHER LIABILITIES

Add Other Liabilities

FILE NUMBER:545-511

	Description (A)	Amount at End Of Period (B)
1		
2		
3		
4		
5		
6		
7		
8		
Total Other Liabilities (Total will be automatically entered in Item 33, Column (D))		

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SCHEDULE 11 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Add Disbursements To Officers

FILE NUMBER:545-511

	(A) Name	(B) Title	(C) Status	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL		
☒ X	Last Name	First Name	Middle Initial							
1A								\$0		
B										
C										
I	Schedule 15 Representational Activities	%	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%
☒ X	Last Name	First Name	Middle Initial							
2A								\$0		
B										
C										
I	Schedule 15 Representational Activities	%	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%
☒ X	Last Name	First Name	Middle Initial							
3A								\$0		
B										
C										
I	Schedule 15 Representational Activities	%	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%
☒ X	Last Name	First Name	Middle Initial							
4A								\$0		
B										
Total Officer Disbursements										
Less Deductions										
Net Disbursements										

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SCHEDULE 12 - DISBURSEMENTS TO EMPLOYEES

Add Disbursements To Employees

FILE NUMBER:545-511

	(A) Name	(B) Title	(C) Other Payee	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL				
☒	Last Name	First Name	Middle Initial									
1A								\$0				
B												
C												
I	Schedule 15 Representational Activities		%	Schedule 16 Political Activities and Lobbying		%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%
☒	Last Name	First Name	Middle Initial									
2A								\$0				
B												
C												
I	Schedule 15 Representational Activities		%	Schedule 16 Political Activities and Lobbying		%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%
☒	Last Name	First Name	Middle Initial									
3A								\$0				
B												
C												
I	Schedule 15 Representational Activities		%	Schedule 16 Political Activities and Lobbying		%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%
TOTAL RECEIVED BY ALL OTHER EMPLOYEES MAKING \$10,000 OR LESS												
I	Schedule 15 Representational Activities		%	Schedule 16 Political Activities and Lobbying		%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%
Total Employee Disbursements												
Less Deductions												
Net Disbursements												

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SCHEDULE 13 - MEMBERSHIP STATUS

Add Membership Statuses

FILE NUMBER:545-511

	Category of Membership (A)	Number (B)	Voting Eligibility (C)
1			Yes ☐
2			Yes ☐
3			Yes ☐
4			Yes ☐
5			Yes ☐
6			Yes ☐
7			Yes ☐
	Members (Total of all lines above)		
	Agency Fee Payers*		
	Total Members/Fee Payers		
	*Agency Fee Payers are not considered members of the labor organization.		

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**DETAILED SUMMARY PAGE - SCHEDULES 14 THROUGH 19**

FILE NUMBER:545-511

Complete Itemization Pages BEFORE the Detailed Summary Page

SCHEDULE 14 OTHER RECEIPTS	
1. Named Payer Itemized Receipts	\$0
2. Named Payer Non-itemized Receipts	\$0
3. All Other Receipts	
4. Total Receipts	\$0

Item
48

SCHEDULE 17 CONTRIBUTIONS, GIFTS & GRANTS	
1. Named Payee Itemized Disbursements	\$0
2. Named Payee Non-itemized Disbursements	\$0
3. To Officers	\$0
4. To Employees	\$0
5. All Other Disbursements	
6. Total Disbursements	\$0

Item
52

SCHEDULE 15 REPRESENTATIONAL ACTIVITIES	
1. Named Payee Itemized Disbursements	\$0
2. Named Payee Non-itemized Disbursements	\$0
3. To Officers	\$0
4. To Employees	\$0
5. All Other Disbursements	
6. Total Disbursements	\$0

Item
50

SCHEDULE 18 GENERAL OVERHEAD	
1. Named Payee Itemized Disbursements	\$0
2. Named Payee Non-itemized Disbursements	\$0
3. To Officers	\$0
4. To Employees	\$0
5. All Other Disbursements	
6. Total Disbursements	\$0

Item
53

SCHEDULE 16 POLITICAL ACTIVITIES AND LOBBYING	
1. Named Payee Itemized Disbursements	\$0
2. Named Payee Non-itemized Disbursements	\$0
3. To Officers	\$0
4. To Employees	\$0
5. All Other Disbursements	
6. Total Disbursements	\$0

Item
51

SCHEDULE 19 UNION ADMINISTRATION	
1. Named Payee Itemized Disbursements	\$0
2. Named Payee Non-itemized Disbursements	\$0
3. To Officers	\$0
4. To Employees	\$0
5. All Other Disbursements	
6. Total Disbursements	\$0

Item
54

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[Print This Page](#)**SCHEDULE 14 - OTHER RECEIPTS**

Add Other Receipts

FILE NUMBER:545-511

Show Payer: 

Delete Payer

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)		Purpose (C)	Date (D)	Amount (E)
Name				
P.O.Box				
Street				
City				
State				
Zip Code				
More Receipts For This Payer				
(B)Type or Classification		Total Itemized Transactions with this Payee/Payer		
		Total Non-Itemized Transactions with this Payee/Payer		
		Total of All Transactions with this Payee/Payer for this Schedule		

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SCHEDULE 15 - REPRESENTATIONAL ACTIVITIES

Add Representational Activities

FILE NUMBER:545-511

Show Payee:

Delete Payee

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)		Purpose (C)	Date (D)	Amount (E)
Name				
P.O.Box				
Street				
City				
State				
Zip Code				
More Disbursements For This Payee				
(B)Type or Classification		Total Itemized Transactions with this Payee/Payer		
		Total Non-Itemized Transactions with this Payee/Payer		
		Total of All Transactions with this Payee/Payer for this Schedule		

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**SCHEDULE 16 - POLITICAL ACTIVITIES AND LOBBYING**

Add Political Activities

FILE NUMBER:545-511Show Payee:

Delete Payee

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)		Purpose (C)	Date (D)	Amount (E)
Name		☒		
P.O.Box		☒		
Street		☒		
City		☒		
State		☒		
Zip Code		☒		
More Disbursements For This Payee		☒		
(B)Type or Classification		☒		
Total Itemized Transactions with this Payee/Payer				
Total Non-Itemized Transactions with this Payee/Payer				
Total of All Transactions with this Payee/Payer for this Schedule				

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SUMMARY**[Save & Calculate](#) [Import](#) [Add Attachments](#) [Validate](#) [Help](#) [Print This Page](#)**SCHEDULE 17 - CONTRIBUTIONS, GIFTS & GRANTS**[Add Gifts](#)**FILE NUMBER:545-511**Show Payee: [Delete Payee](#)**Complete Itemization Pages BEFORE the Detailed Summary Page**

Name and Address (A)		Purpose (C)	Date (D)	Amount (E)
Name				
P.O.Box				
Street				
City				
State				
Zip				
Code				
More Disbursements For This Payee				
(B) Type or Classification		Total Itemized Transactions with this Payee/Payer		
		Total Non-Itemized Transactions with this Payee/Payer		
		Total of All Transactions with this Payee/Payer for this Schedule		

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Name and Address (A)		Purpose (C)	Date (D)	Amount (E)
Name		1		
P.O.Box		2		
Street		3		
City		4		
State	v	5		
Zip Code		6		
More Disbursements For This Payee		7		
(B) Type or Classification		Total Itemized Transactions with this Payee/Payer		
		Total Non-Itemized Transactions with this Payee/Payer		
		Total of All Transactions with this Payee/Payer for this Schedule		

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Delete Payee

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SCHEDULE 20 - BENEFITS

Add Benefits

FILE NUMBER:545-511

	Description (A)	To Whom Paid (B)	Amount (C)
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