

PAGE 1

PAGE 2

ADDNL INFO

VALIDATION
SUMMARY

Save

Add Attachments

Validate

Submit

Help

Print



U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210		FORM LM-4 LABOR ORGANIZATION ANNUAL REPORT FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN \$10,000 IN TOTAL ANNUAL RECEIPTS		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		5. DESIGNATION (Local, Lodge, etc.) LOCAL UNION		6. DESIGNATION NUMBER 0										
7. UNIT NAME (if any) SPG			8. MAILING ADDRESS (Type in capital letters) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">First Name JAMES L</td> <td style="width: 50%;">Last Name BAILEY</td> </tr> <tr> <td colspan="2">P.O. Box - Building and Room Number (if any)</td> </tr> <tr> <td colspan="2">Number and Street 550 5TH AVE SE</td> </tr> <tr> <td colspan="2">City ST. PETERSBURG</td> </tr> <tr> <td>State FL v </td> <td>ZIP Code + 4 33701</td> </tr> </table>			First Name JAMES L	Last Name BAILEY	P.O. Box - Building and Room Number (if any)		Number and Street 550 5TH AVE SE		City ST. PETERSBURG		State FL v	ZIP Code + 4 33701
First Name JAMES L	Last Name BAILEY														
P.O. Box - Building and Room Number (if any)															
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 the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)															
20. SIGNED: _____ (If other title, see instructions)		PRESIDENT		21. SIGNED: _____ (If other title, see instructions)											
Date: _____ Telephone Number: _____		Date: _____ Telephone Number: _____		TREASURER											

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

***AI** - Additional Information must be provided for this item. Click the "AI" to enter.

PAGE 1

PAGE 2

ADDNL INFO

VALIDATION
SUMMARY

Save

Add Attachments

Validate

Help

Print



COMPLETE ITEMS 9 THROUGH 18

FILE NUMBER:545-511

Enter Amounts in Dollars Only - Do Not Enter Cents

9. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? (If the constitution and bylaws have changed, attach two new dated copies. If practices/ procedures have changed, see instructions.)

Yes ☐
No ☐

10. Did your organization change its rates of dues and fees during the reporting period? (If "Yes," report the new rates in Item 19 on page 1.)

Yes ☐
No ☐

11. Did your organization discover any loss or shortage of funds or property during the reporting period? (If "Yes," provide details in Item 19. Answer "Yes" even if there has been repayment or recovery.)

Yes ☐
No ☐

12. Was your organization insured by a fidelity bond during the reporting period?

Yes ☐
No ☐

If "Yes," enter the maximum amount recoverable under the bond for loss caused by any person.

13. How many members did your organization have at the end of the reporting period?

14. Enter the total value of your organization's assets at the end of the reporting period (cash, bank accounts, equipment, etc.).

15. Enter the total liabilities (debts) of your organization at the end of the reporting period (unpaid bills, loans owed, etc.).

16. Enter the total receipts of your organization during the reporting period (dues, fees, interest received, etc.). (If \$10,000 or more, your organization must file Form LM-2 or LM-3 instead of this form.)

17. Enter the total disbursements made by your organization during the reporting period (per capita tax, loans made, net payment to officers, payments for office supplies, etc.).

18. Enter the total payments to officers and employees during the reporting period (gross salaries, lost time payments, allowances, expenses, etc.).

Please be sure to:

- Enter your union's 6-digit file number in Item 1.
- Report a time period of no more than one year in Item 2.
- Have your union's president and treasurer sign the Form LM-4 in Items 20 and 21.
- **FILE ON TIME.** Form LM-4 must be filed within 90 days after the end of your union's fiscal year.

If the answer to questions 9, 10, or 11 is "Yes," provide details in Item 19 (Additional Information) as explained in the instructions for each item.

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

***AI** - Additional Information must be provided for this item. Click the "AI" to enter.

[DOL Home](#)> [OLMS](#)> [EFS](#)> [Home Page](#)

Electronic Forms System

PAGE 1

PAGE 2

ADDNL INFO

VALIDATION SUMMARY

SaveAdd AttachmentsGeneral InformationHelpPrint

19. ADDITIONAL INFORMATION SUMMARY

FILE NUMBER:545-511

Form LM-4 (Revised 2000)

(Page 3 of 4)

[Log out](#)

Electronic Forms System

PAGE 1

PAGE 2

ADDNL INFO

VALIDATION SUMMARY

Save

Add Attachments

Print

FILE NUMBER:545-511

VALIDATION SUMMARY PAGE