

FORM LM-10 EMPLOYER REPORT

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.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E

Part A

<p>1. File Number E- <input style="width: 50px;" type="text"/></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: none;">2. Fiscal Year Covered</td> <td style="width: 20%; border-bottom: none;">Month/Day/Year (mm/dd/yyyy)</td> <td style="width: 10%; border-bottom: none;"></td> <td style="width: 15%; border-bottom: none;"></td> <td style="width: 15%; border-bottom: none;">Month/Day/Year (mm/dd/yyyy)</td> </tr> <tr> <td style="border-top: none;">From:</td> <td style="border-top: none;"><input style="width: 20px;" type="text"/></td> <td style="border-top: none;"><input style="width: 20px;" type="text"/></td> <td style="border-top: none;"><input style="width: 20px;" type="text"/></td> <td style="border-top: none;">Through:</td> </tr> <tr> <td style="border-top: none;"></td> <td style="border-top: none;"><input style="width: 20px;" type="text"/></td> <td style="border-top: none;"><input style="width: 20px;" type="text"/></td> <td style="border-top: none;"><input style="width: 20px;" type="text"/></td> <td style="border-top: none;"><input style="width: 20px;" type="text"/></td> </tr> </table>	2. Fiscal Year Covered	Month/Day/Year (mm/dd/yyyy)			Month/Day/Year (mm/dd/yyyy)	From:	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	Through:		<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
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	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>												
<p>3. Name and address of Reporting Employer (inc. trade name, if any).</p> <p>Employer <input style="width: 100%;" type="text"/></p> <p>Trade Name <input style="width: 100%;" type="text"/></p> <p>Attention To <input style="width: 50%;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 50%;" type="text"/></p> <p>Title <input style="width: 100%;" type="text"/></p> <p>Mailing Address</p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 100%;" type="text"/></p> <p>Street <input style="width: 100%;" type="text"/></p> <p>City <input style="width: 100%;" type="text"/></p> <p>State <input style="width: 30%;" type="text"/> Zip Code + 4 <input style="width: 30%;" type="text"/></p>	<p>4. Name and address of President or corresponding principal officer, if different from address in Item 3.</p> <p><input style="width: 100%;" type="text"/></p> <p>P.O. Box, Building and Room Number, if any</p> <p><input style="width: 100%;" type="text"/></p> <p>Street <input style="width: 100%;" type="text"/></p> <p>City <input style="width: 100%;" type="text"/></p> <p>State <input style="width: 30%;" type="text"/> ZIP Code +4 <input style="width: 30%;" type="text"/></p>															
<p>5. Any other address where records necessary to verify this report will be available for examination.</p> <p>Name <input style="width: 50%;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 50%;" type="text"/></p> <p>Title <input style="width: 100%;" type="text"/></p> <p>Organization <input style="width: 100%;" type="text"/></p> <p>P.O. Box, Building and Room Number, if any</p> <p><input style="width: 100%;" type="text"/></p> <p>Street <input style="width: 100%;" type="text"/></p> <p>City <input style="width: 100%;" type="text"/></p> <p>State <input style="width: 30%;" type="text"/> ZIP Code + 4 <input style="width: 30%;" type="text"/></p>	<p>6. Indicate by checking the appropriate box or boxes where records necessary to verify this report will be available for examination.</p> <p><input type="checkbox"/> Address in Item 3</p> <p><input type="checkbox"/> Address in Item 4</p> <p><input type="checkbox"/> Address in Item 5</p>															
<p>7. Type of organization.</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual Other (specify) <input style="width: 100%;" type="text"/></p>																

Signatures

Each of the undersigned, duly authorized officers of the above employer 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 VIII on penalties in the instructions.)

<p>13. Signed <input style="width: 100%;" type="text"/></p> <p>Title <input style="width: 100%; text-align: center; border: none;" type="text" value="President"/></p> <p>On <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/></p> <p style="text-align: center; font-size: small;">Date</p> <p><input style="width: 100%;" type="text"/></p> <p style="text-align: center; font-size: small;">Telephone Number</p>	<p>14. Signed <input style="width: 100%;" type="text"/></p> <p>Title <input style="width: 100%; text-align: center; border: none;" type="text" value="Treasurer"/></p> <p>On <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/></p> <p style="text-align: center; font-size: small;">Date</p> <p><input style="width: 100%;" type="text"/></p> <p style="text-align: center; font-size: small;">Telephone Number</p>
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Name of Reporting Employer:	File Number E-

8. Type of Reportable Activity Engaged In By Employer

Read the following questions and the accompanying instructions carefully, taking into consideration the exclusions listed in the instructions for these items, and check either "Yes" or "No" for each item. For each item that is answered "Yes", you must attach a Part B which appears on Page 3. Complete a separate Part B for each "Yes" answer to any of Items 8.a. through 8.f. Also, if the answer is "Yes" for more than one person or organization, complete a separate Part B for each person or organization. If you answer "Yes", enter the number of Part Bs that are submitted for that item in the line indicated.

DURING THE FISCAL YEAR COVERED BY THIS REPORT:

- | | YES | NO | | If "Yes", number
of Part Bs
attached |
|---|--------------------------|--------------------------|--|--|
| 8.a. Did you make or promise or agree to make, directly or indirectly, any payment or loan of money or other thing of value (including reimbursed expenses) to any labor organization or to any officer, agent, shop steward, or other representative or employee of any labor organization? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8.b. Did you make, directly or indirectly, any payment (including reimbursed expenses) to any of your employees, or to any group or committee of your employees, for the purpose of causing them to persuade other employees to exercise or not to exercise, or as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing without previously or at the same time disclosing such payment to all such other employees? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8.c. Did you make any expenditure where an object thereof, directly or indirectly, was to interfere with, restrain, or coerce employees in the right to organize and bargain collectively through representative of their own choosing? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8.d. Did you make any expenditure where an object thereof, directly or indirectly, was to obtain information concerning the activities of employees or of a labor organization in connection with a labor dispute in which you were involved? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8.e. Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to persuade employees to exercise or not to exercise, or as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing; or did you make any payment (including reimbursed expenses) pursuant to such an agreement or arrangement? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8.f. Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to furnish you with information concerning activities of employees or of a labor organization in connection with a labor dispute in which you were involved; or did you make any payment pursuant to such agreement or arrangement? | <input type="checkbox"/> | <input type="checkbox"/> | | |

TOTAL NUMBER OF PART Bs FOR THIS REPORT IS

Part B

Name of Reporting Employer:	File Number E-
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a	ITEM 8.b	ITEM 8.c	ITEM 8.d	ITEM 8.e	ITEM 8.f
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<p>9.a. <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input type="checkbox"/> Both</p> <p>_____</p>	<p>9.c. Position in labor organization or with employer (if an independent labor consultant, so state).</p> <p>_____</p>
<p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name _____</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization _____</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>

<p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.</p> <p>_____</p>	<p>10.b. The promise, agreement, or arrangement was:</p> <p><input type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both</p> <p>(*Written agreements entered into during the fiscal year must be attached.)</p>
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11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure.	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property).
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12.a. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

12.b. If your Part B applies to Items 8.b. – 8.f., did the payments or agreements concern employees performing work pursuant to a Federal contract or subcontract?

Yes No N/A If yes, enter your Unique Entity Identifier, if you have one. Enter the Federal contracting agency(ies) that are a party to the Federal contract(s).
