U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-EMPLOYER REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires 08/31/2026

For Official Use Only

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.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

Part A

MonthIDayIYear		MonthIDayIYear							
(mmlddlyyyy)	Through:	(mmlddlyyyy)							
ss of President or cor dress in Item 3.	orresponding pr								
Street									
	ZIP Cod	le + 4							
6. Indicate by checking the appropriate box or boxes where records necessary to verify this report will be available for examination. Address in Item 3 Address in Item 4 Address in Item 5									
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.) 13. Signed President Title (if other title, see instructions) Title Title On Date Telephone Number On Date On Date On Date On Date On Date Telephone Number									
 Numb	er	er							

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Part A, Continued

Name of	f 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.								
DUI	RING THE FISCAL YEAR COVERED BY THIS REPORT:				es", number of Part Bs attached			
n	Did you make or promise or agree to make, directly or indirectly, any payment or loamoney or other thing of value (including reimbursed expenses) to any labor organizer to any officer, agent, shop steward, or other representative or employee of any laborganization?	ın of ation	YES	NO				
c r c	Did you make, directly or indirectly, any payment (including reimbursed expenses) to for your employees, or to any group or committee of your employees, for the purpose 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 represent their own choosing without previously or at the same time disclosing such paymes such other employees?	e of ne ntatives	YES	NO				
ir	Did you make any expenditure where an object thereof, directly or indirectly, was to nterfere with, restrain, or coerce employees in the right to organize and bargain collectively through representatives of their own choosing?		YES	NO				
0	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 is connection with a labor dispute in which you were involved?	'n	YES	NO				
ir V to tl	Did you make any agreement or arrangement with a labor relations consultant or oth independent contractor or organization pursuant to which such person undertook active an object thereof, directly or indirectly, was to persuade employees to exercise of exercise, or as to the manner of exercising, the right to organize and bargain collections hrough representatives of their own choosing; or did you make any payment (include eimbursed expenses) pursuant to such an agreement or arrangement?	tivities se or not ectively	YES	NO				
ir w a y	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 of employees or of a labor organization in connection with a labor dispute it wou were involved; or did you make any payment pursuant to such agreement or arrangement?	tivities ncerning	YES	NO				
	TOTAL NUMBER OF PART Bs	FOR THIS R	REPOF	rt is				

Part B

Name of Reporting Employer:			File Number E-					
Check Item Number (from Page 2)	ITEM 8.a	ITEM 8.b	ITEM 8.c	ITEM 8.d	ITEM 8.e ITEM 8.f			
to which this Part B applies	TILW O.A	TTENT 6.5	TT LIVI O.C	TILIVI O.U	TILIW 6.6			
9.a. Agreement Payment		9.c. Position in labor organization or with employer (if an independent labor consultant, so state).						
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.			9.d. Name and address of firm or labor organization with whom employed or affiliated.					
Name			Organization					
P.O. Box, Building and Room Number, if any			Employer Identification Number					
Street			P.O. Box, Building and Room Number, if any					
City		Street						
State	ZIP Code + 4_		City					
			State		ZIP Code + 4			
	10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.				gement was:			
			Oral	Written*	☐ Both ng the fiscal year must be attached.)			
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of payment o	each r expenditure	11.c. Kind of each		liture (Specify whether			
12a. Explain fully the circumstances of all	l payments, includin	g the terms of any	oral agreement or un	nderstanding pursua	nt to which they were made.			
12.b. If your Part B applies to Items 8.b - 8 subcontract?	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							
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).								