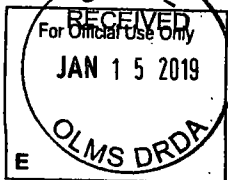


FORM LM-21

RECEIPTS AND DISBURSEMENTS 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. Required of persons including Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

687135

1. File Number C- 68211	2. Period Covered By This Report From: 01/01/2018 Through: 12/31/2018
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A. Person Filing

3. Name and mailing address (include ZIP Code):

Name **Kenneth L Morrison**
Title **Sole Member**
Organization **Morrison HR Strategies, LLC**
P.O. Box, Building and Room Number, if any
Street **932 Echo Drive**
City **Burlington**
State **Wisconsin** ZIP Code + 4 **53105-1313**

4. Any other address where records necessary to verify this report are kept:

Name
Title
Organization
P.O. Box, Building and Room Number, if any
Street
City
State ZIP Code + 4

Signatures

Each of the undersigned 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 the Section on penalties in the instructions).

17. Signed *Kenneth L. Morrison* President
Title **Other (Specify) Sole Member** (if other title, see instructions)

On **1/8/2019** **262-492-1619**
Date Telephone Number

18. Signed _____ Treasurer
Title **Treasurer** (if other title, see instructions)

On _____
Date Telephone Number

Name of Person Filing: Kenneth L. Morrison, Morrison HR Strategies, LLC

File Number C-68211

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

Employer P.O. Box, Building and Room Number, if any
 Trade Name Street
 Attention To ☐ City
 Title State ZIP Code + 4

5.b. Termination Date

5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	9. Office and Administrative Expenses <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10. Publicity <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	11. Fees for Professional Services <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12. Loans Made <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13. Other Disbursements <input type="text"/>
8. Total disbursements to officers and employees: <input type="text"/>				14. Total Disbursements (Sum of Items 8-13) <input type="text"/>

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

15.b. Trade Name, If any:

15.c. To Whom Paid

Name ☐

Title

Organization

P.O. Box, Building and Room Number, if any

Street

City

State Washington ZIP Code + 4

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

United States Department of Labor

Office of Labor-Management Standards

Office of Labor-Management Standards (OLMS)

Form LM-21 Special Enforcement Policy

Special enforcement policy for certain Form LM-21 requirements

Filers of Form LM-20 who must also file a Form LM-21 will not be required to complete two parts of the LM-21. Specifically, OLMS will not take enforcement action based upon a failure to complete the following Parts of Form LM-21:

- Part B (Statement of Receipts), which ordinarily requires the filer to report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services, and/or
- Part C (Statement of Disbursements), which ordinarily requires the filer to report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

Form LM-21 must be signed by the president and treasurer of the consultant to certify the accuracy and completeness of the information provided. So long as this special enforcement policy is in place, a Form LM-21 that omits the information requested by Parts B and C will be deemed complete.

In addition, Section 206 of the LMRDA requires all individuals who must file reports such as Form LM-21 to maintain applicable records such as "vouchers, worksheets, receipts, and applicable resolutions" for a period of at least five years after such reports have been filed. 29 U.S.C. § 436. While this special enforcement policy is in effect, consultants need not maintain records solely relating to Part B and Part C.

This special enforcement policy is effective immediately. It will remain in effect until further notice, which will be provided no less than 90 days prior to any change.

Posted: 4-13-16 (Updated: 7-18-18)