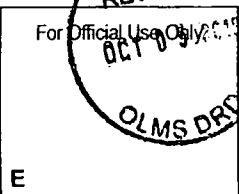


10/5
FORM LM-21
RECEIPTS AND DISBURSEMENTS REPORT

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.
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

599874

| | | | | | |
|-------------------|-------|--|--|----------|--|
| 1. File Number C- | 65536 | 2. Period Covered By This Report From: | Month/Day/Year (mm/dd/yyyy) 07/01/2014 | Through: | Month/Day/Year (mm/dd/yyyy) 06/30/15 |
|-------------------|-------|--|--|----------|--|

A. Person Filing

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

Name: Randy C. McCarthy
Title: Sec-Tres
Organization: National Consultants Associated Ltd
P.O. Box, Building and Room Number, if any:
Street: 66 Rodeo Drive
City: Hopewell Junction
State: New York ZIP Code + 4: 12533

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: [Signature] President
Title: President
(if other title, see instructions)

18. Signed: [Signature] Treasurer
Title: Treasurer
(If other title, see instructions)

On: 9/28/2015 845-592-4400
Date Telephone Number

On: 9/28/2015 845-592-4400
Date Telephone Number

| | |
|--|-----------------------------|
| Name of Person Filing: <u>National Consultants Associated, Ltd</u> | File Number C- <u>65536</u> |
|--|-----------------------------|

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.

| | |
|--|---|
| <p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer <u>Park West Montessori, Inc.</u></p> <p>Trade Name _____</p> <p>Attention To <u>Brook Haberman</u></p> <p>Title <u>President</u></p> | <p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any <u>Rm. 1200</u></p> <p>Street <u>315 Central Park West</u></p> <p>City <u>New York</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>10025</u></p> |
| 5.b. Termination Date <u>3/2/15</u> | 5.c. Amount <u>\$2,500.00</u> |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS <u>\$31,500.00</u> [See attached re: 5.a.] | |

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 |
|---|---------------|--------------|--------------|
| <u>Andrew J. Grallin</u> | <u>6,493</u> | <u>1,741</u> | <u>8,234</u> |
| <u>Randy C. McCarthy</u> | <u>6,493</u> | <u>1,741</u> | <u>8,234</u> |
| | | | |
| | | | |
| | | | |
| 8. Total disbursements to officers and employees: | <u>16,468</u> | | |

| | |
|---|---------------|
| 9. Office and Administrative Expenses | <u>1,734</u> |
| 10. Publicity | <u>0</u> |
| 11. Fees for Professional Services | <u>1,989</u> |
| 12. Loans Made | <u>0</u> |
| 13. Other Disbursements | <u>6,014</u> |
| 14. Total Disbursements (Sum of Items 8-13) | <u>26,205</u> |

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 | 15.d. Amount |
| <p>Name _____</p> <p>Title _____</p> <p>Organization _____</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State <u>Washington</u> ZIP Code + 4 _____</p> | 15.e. Purpose |
| | |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY <u>\$26,205</u> | |

ITEM #5. a. National Consultants Assoc'd, Ltd pg. 1 of 1
File No: C-65536
End of Reporting Period 6/30/2015

2. ASPIRA, Inc. of Pennsylvania
Attention To: Fred Ramirez, Pres. of Board of Education
for ASPIRA
4322 N. 5th Street - 3rd Fl.
Philadelphia, PA 19140

Termination Date: 4/28/15
Fee: \$25,000.00

3. Park West Montessori, Inc.
Attention To: Brook Haberman - Pres.
315 Central Park West - Rm. 1200
New York, N.Y. 10025

Termination Date: 6/8/15
Fee: \$4,000.00