LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Awarding Body that enforces its own Labor Compliance Program for some but not all projects

Report for the reporting period _______ to _______ CLOSING REPORT 11/28/2018

1. Name of Labor Compliance Program (LCP):
   THEODORE PAYNE FOUNDATION

2. LCP I.D. Number (assigned by DIR):
   LCP ID: 2013.01167

3. Date of Initial Approval:
   5/20/2013

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):
   KITTY CONNOLLY
   EXECUTIVE DIRECTOR
   10459 TUXFORD STREET, SUN VALLEY, CA 91352
   PHONE: (818) 768-1802

5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?
   Please check one:
   □ Yes  If Yes, proceed to item 6 on the next page
   □ No  If No, complete the information below, sign the form and submit to DIR,
   Office of the Director, Attn: LCP Special Assistant,
   1515 Clay Street, 17th Floor, Oakland CA 94612

What suggestions do you have for the Department of Industrial Relations to better assist you with your program in the coming year
(attach additional sheets if necessary)

SUBMITTED BY:

[Signature]

[Name and Title]

[Date]