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

FORM LM-10 EMPLOYER REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013

For Official Hise Only

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

454 820

Part A

1. File Number E- 64235	2. Fiscal Year Month/Day/Year (mm/dd/yyyy)			Month/Day/Year (mm/dd/yyyy)	
T. THE HAMILE I GARBON	Covered From:		Through:	12 / 31 / 2010	
3. Name and address of Reporting Employer (inc. trade name, if any). Employer Mandalay Corp. Trade Name Mandalay Bay Resort and Casino Attention To Laura Lee Title Vice President of Human Resources Mailing Address P.O. Box, Bldg., Room No., if any Street 3950 Las Vegas Boulevard South City Las Vegas State Nevada ZIP Code + 4 89119	From: 01 / 01 / 2010 Through: 12 / 31 / 2010 4. Name and address of President or corresponding principal officer, if different from address in Item 3. Name Chuck Bowling P.O. Box, Building and Room Number, If any Street City State ZIP Code + 4				
5. Any other address where records necessary to verify this report will be available for examination. Name n/a Title Organization P.O. Box, Building and Room Number, If any Street City State ZIP Code + 4	6. Indicate by che necessary to v X Address Address Address Address	in Item 4	ox or boxes w ailable for ex	here records amination.	
7. Tune of organization	1				
7. Type of organization.				, where the	
Corporation Partnership Individual	Other (specify)				
Signa	atures				
Each of the undersigned, duly authorized officers of the above employer declar information submitted in this report (including the information contained in any a best of the undersigned's knowledge and belief, true, correct, and complete. (See 13. Signed President (if other title, see instructions) President & Chief Operating Officer On 03/13/1/2011 702-632-9705 Telephone Number	ccompanying docu Section VIII on per 14. Signed Title Oth	ments) has been examination in the instructions.) mer (Specify) V.P./Chief Fine 3//2011	ed by the sign	Treasurer (if other title, see instructions)	

Part A, Continued			
Name of Reporting Employer: Mandalay Corp.	ber E- 6	4235	
8. Type of Reportable Activity Engaged In By Employer Read the following questions and the accompanying instructions carefully, taking into consider the instructions for these items, and check either "Yes" or "No" for each item. For each item the attach a Part B which appears on Page 3. Complete a separate Part B for each "Yes" answer Also, if the answer is "Yes" for more than one person or organization, complete a separate Part organization. If you answer "Yes", enter the number of Part Bs that are submitted for that item is	t is ans to any c rt B for (wered of Item each i	l "Yes", you must as 8.a. through 8. person or
DURING THE FISCAL YEAR COVERED BY THIS REPORT:	i uie iiii	e iiiui	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?	YES	NO	0
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?	YES	NO X	0
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 representatives of their own choosing?	YES	NO	0
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?	YES	NO X	0 :
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?	YES	NO	1
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?	YES	NO X	0,

TOTAL NUMBER OF PART Bs FOR THIS REPORT IS 1

Name of Reporting Employer: Mandalay Corp.					File Number E- 64235			
ITEM 8.a	ITEM 8.b	ITEM 8.c	ITEM 8.d		ITEM 8.e 🔀	ITEM 8.f		
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9.a. Agreement Payment X Both			9.c. Position In labor organization or with employer (if an independent labor consultant, so state). Independent Labor Consultant					
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 Ed Young				Organization Government Resources Consultants of America				
P.O. Box, Building and Room Number, if any Street 253 Commerce Drive, Suite 106			P.O. Box, Building and Room Number, if any					
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i san and	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City Graysla	ike			0		
ZIP Code + 4	60030	State Illinois ZIP Code + 4 60030						
10.a. Date of the promise, agreement, or arrangement pursuant to		10.b. The promise, agreement, or arrangement was:						
which payments or expenditures were agreed to or made.		✓ Oral						
On or about 1/8/2010			(*Written agreements entered into during the fiscal year must be attached.)					
		11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)						
1	49,268	Payment - Check						
	10,615	Payment - Check						
	4,116	Expenditure - Room and Board						
	rms of any oral agrees	ment or understanding r	nursuant to w	hich they	were made			
cted group me ntation and c andalay Corp.	eetings and t collective ba in lawfully	raining to pro rgaining proce conveying its	vide empesses und position	ployee der th on dur	es with informe NLRA, and	orovided		
	Both whom or through to whom paymer any ZIP Code + 4 or arrangement powere agreed to or 2010 11.b. Amount of or expendent paymer and and alay Corp.	ITEM 8.a ITEM 8.b ITE	ITEM 8.a ITEM 8.b ITEM 8.c	ITEM 8.a ITEM 8.b ITEM 8.c ITEM 8.d Soc. Position In labor organizal abor consultant, so state). Independent Labor to whom or through whom a reto whom payments were 9.d. Name and address of firmenployed or affiliated. Organization Government Resource Organization Government Resource	ITEM 8.6	ITEM 8.a ITEM 8.b ITEM 8.c ITEM 8.d ITEM 8.e		