FORM NLRB-501 (3-21)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

| DO NOT WRITE IN THIS SPACE | |
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| Case | Date Filed |

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT a. Name of Employer b. Tel. No. (646) 383-4762 Snohetta Architecture, Landscape Architecture, P.C. c. Cell No. f. Fax. No. d. Address (Street, city, state, and ZIP code) e. Employer Representative g. e-mail 80 Pine Street, 10th Floor elaine@snohetta.com Elaine Molinar, Partner & New York, NY 10005 Managing Director h. Number of workers employed j. Identify principal product or service i. Type of Establishment (factory, mine, wholesaler, etc.) Architecture studio architecture and landscape design The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Within the past six months, the Employer has unlawfully discriminated against several employees for having exercised their right to engage in concerted activities. 3. Full name of party filing charge (if labor organization, give full name, including local name and number) International Association of Machinists and Aerospace Workers, District Lodge 15 4a. Address (Street and number, city, state, and ZIP code) 4b. Tel. No. (718) 422-0090 154 Ridge Road 4c. Cell No. Lyndhurst, NJ 07071 4d. Fax No. 4e. e-mail 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) International Association of Machinists and Aerospace Workers Tel. No. 6. DECLARATION (301) 967-4512 I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief. Office, if any, Cell No. William H. Haller, Assoc. Gen'l Counsel (signature of representative or person making charge) (Print/type name and title or office, if any) Fax No. e-mail Address 9000 Machinists Place, Upper Marlboro, MD 20772 Date August 29, 2023 whaller@iamaw.org

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.