

U.S. Occupational Safety and Health Review Commission

OSHRC

Performance and Accountability Report

Fiscal Year 2025





U.S. OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

**PERFORMANCE AND ACCOUNTABILITY REPORT,
INDEPENDENT AUDITOR'S REPORT
AND
FINANCIAL STATEMENTS**

FOR THE YEAR ENDED SEPTEMBER 30, 2025

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UNITED STATES OF AMERICA
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION
ONE LAFAYETTE CENTRE
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WASHINGTON, DC 20036-3457

OFFICE OF THE CHAIRMAN

December 18, 2025

The Honorable Donald Trump, President
The White House
1600 Pennsylvania Ave, N.W.
Washington DC 20500

Dear Mr. President:

I am pleased to transmit the Occupational Safety and Health Review Commission's (Review Commission) Fiscal Year (FY) 2025 Performance and Accountability Report (PAR). The PAR includes performance information, as required by the Government Performance and Results Act (GPRA) and the GPRA Modernization Act, and audited financial statements and related documentation, as required by the Accountability of Tax Dollars Act of 2002.

The Review Commission's sole mandate is to serve as an administrative court providing fair and expeditious resolution of disputes involving the Occupational Safety and Health Administration (OSHA), employers charged with violations of the Occupational Safety and Health Act, and employees and/or their representatives. The Review Commission continues to set high performance standards for accomplishing its mission. During FY 2025, we demonstrated measurable success in meeting our stated goals.

The Review Commission provides two levels of adjudication when an employer timely contests a citation issued by OSHA: Administrative Law Judge (ALJ)-level and Commission review-level. At the Commission review-level, 32 cases were pending on its docket at the beginning of FY 2025. It received 2 new cases and resolved one case due to a settlement terminating the proceedings before the Commission. The Commission-review level operated with just one Commissioner for seven months and no quorum for all of FY 2025. Despite this challenge, the Commission review-level was able to meet its goal of developing and implementing case management practices that will minimize the average age of all pending Commission review-level cases.

Our ALJs disposed of 1,753 cases in FY 2025 and met several of their targeted performance goals. These goals include disposing of 100 percent of simplified cases within one year; disposing of 96 percent of conventional cases within 17 months; disposing of 91 percent of complex cases within 20 months; and providing training opportunities to ALJs, all attorneys, and support staff, to enhance their capabilities on technical and legal issues, legal writing, ethics, and technology and case management. Furthermore, the ALJ-level came very close to achieving the following two targeted goals: (1) 100 percent of all pleadings received in our electronic filing

system initiated electronically (at the close of the FY, the percent of all pleadings received in our electronic filing system that were initiated electronically was 98 percent); and (2) dispose of 95 percent of settlement part cases within 19 months (at the close of the FY, the percentage of conventional cases disposed of was 90 percent).

The primary factor that adversely impacted the ALJ-level's ability to meet two of its goals was the increased complexity of the cases before the ALJs. This increased complexity of cases was likely due to OSHA's focus on encouraging more resource and time-intensive inspections, as well as the Department of Labor, Office of the Solicitor's decision to leverage litigation resources and shift focus away from high-volume, in favor of high-impact strategic cases. The increase in complexity of cases is a challenge for the Review Commission because processing such cases requires the ALJs to invest a greater amount of time in handling the matters, and it places an increased demand on the full-time equivalent positions assigned to handle the volume of cases. Nevertheless, our ALJs have continued to perform outstanding work and achieved significant progress in reducing the case inventory on hand. Furthermore, the primary factor that prevented the ALJ-level from meeting the goal of having 100 percent of all pleadings received in our electronic filing system from being electronically initiated was the inability of some individuals to file in this manner (e.g., many pro se claimants are not capable of filing documents electronically).

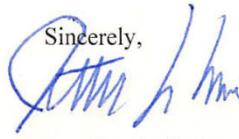
Finally, the Executive Director function met its ten targeted performance goals. Highlights of these goals include: (1) ensuring that the agency's website provides access to all users and serves as a useful repository for information about the agency and its adjudicatory activities; (2) broadening the agency's outreach activities to the regulated community; (3) ensuring that the agency's electronic filing system provides access to all users; (4) recruiting, investing in, and valuing all employees through professional development, workplace flexibilities, fair treatment, and recognition; and (5) maintaining and enhancing secure electronic information systems for case management, legal research, public access to data through the internet, and continuity of the agency's operations at all times. The full list of targeted performance goals for the Executive Director function is outlined in the PAR.

As Chairman, I remain committed to providing the best performance possible, consistent with our resources, during the current fiscal year. We will continue to explore new ways to increase our efficiency and effectiveness and to provide superior quality adjudication of safety and health cases that come before the Review Commission.

I am also pleased to report that the Review Commission received an unmodified opinion from an independent audit of its financial statements. The audit report identified no material weaknesses or other significant deficiencies. In addition, the Review Commission can provide reasonable assurance that the agency is in substantial compliance with the Federal Managers Financial Integrity Act of 1982 and the Office of Management and Budget (OMB) Circular A-123, Management's Responsibility for Internal Control. Further, the Review Commission is confident that the internal controls designed to monitor financial reporting are operating effectively to produce reliable financial reports.

If you have any questions regarding this report, please contact me.

Sincerely,



Jonathan L. Snare
Chairman

Enclosure

U.S. Occupational Safety and Health Review Commission Fiscal Year (FY) 2025 Performance and Accountability Report

Management's Discussion and Analysis

Overview and Mission

The U.S. Occupational Safety and Health Review Commission (OSHRC or Review Commission) is an independent adjudicatory agency created by the Occupational Safety and Health Act of 1970 (the Act). The sole statutory mandate is to serve as an administrative court providing fair and expeditious resolution of disputes involving the Occupational Safety and Health Administration (OSHA), employers charged with violations of Occupational Safety and Health Act, and employees and/or their representatives. The Review Commission was created by Congress as an agency completely independent of OSHA and the Department of Labor to ensure that OSHA's enforcement actions are carried out in accordance with the law and that parties are accorded due process.

Our Function and Procedures

The Act and the Review Commission's Rules of Procedure provide two levels of adjudication when an employer timely contests an OSHA citation. The first level affords an employer and/or affected employee who files a timely notice of contest with an opportunity for a hearing before a Review Commission Administrative Law Judge (ALJ). The ALJ's decision becomes a final order under the Act unless a member of the three-member Commission exercises their discretion to direct the case for review. The second level involves the Commission's review of an ALJ decision. The Commission's three members, appointed by the President and subject to Senate confirmation, serve six-year terms. The principal (National) office of the Review Commission is located in Washington, DC. There is a regional office in Denver, where additional Review Commission ALJs and staff are assigned. OSHRC also had a regional office in Atlanta that closed on July 31, 2025. Both before its ALJs and the Commission members, the agency seeks to provide fair, impartial, and timely adjudication of cases concerning employee safety and health.

Vision Statement

The Review Commission strives to be:

1. An adjudicative body that is—and is recognized for being—objective, fair, prompt, professional, and respected.
2. An agency that creates a body of law through its decisions that defines and clarifies the rights and responsibilities of employers and employees under the Act.
3. A model federal agency with highly effective processes, a highly motivated, qualified workforce, and modern information management, communications, and administrative systems.
4. An agency that values teamwork, develops its employees, and strives to improve its performance, service, and value to the American people.

Challenges, Opportunities, and Forward-Looking

The Review Commission's ability to meet its case disposition goals depends on a variety of factors. These include: (1) continued presence of a quorum at the Commission level; (2) the magnitude and nature of the cases received; (3) the number of cases that can be identified for simplified proceedings as well as mandatory and voluntary settlement proceedings which all have a high rate of settlement; and (4) the number, location, length, and complexity of hearings held. Looking forward, the Review Commission is committed to working within such constraints to improve its service to the public although these factors are largely outside the Review Commission's control.

The Review-level consists of three members appointed by the President with the advice and consent of the Senate. The Act prescribes that a quorum consists of a minimum of two Commissioners. By statute, decisions can only be decided on the affirmative vote of a quorum. During periods when the Commission lacks a quorum, no cases can be decided. In addition, with only two Commissioners, it may be more difficult to reach agreement sufficient to dispose of some cases. In cases in which such agreement cannot be reached, deadlocks result. Consequently, without three members, action on important issues may be postponed and disposition of some pending cases will be delayed. Over the past 5 years the Commission has operated with fewer than three Commissioners over 75 percent of the time and operated with only one Commissioner 40 percent of the time. In FY 2025, the Commission-review level operated with one Commissioner for seven months. That Commissioner's term expired in April of 2025 leaving no Commissioners and no quorum throughout the remainder of FY 2025.

Other factors that influence the agency's workload, and hence its strategies, are the number of safety and health inspections carried out by OSHA each year, the nature of those inspections, and the number and characterization of violations and total penalties proposed by OSHA in each citation. OSHA conducted an estimated 34,346 inspections in FY 2024. The number of OSHA inspections and their focus on the highest hazard workplaces affects the Review Commission's ALJ caseload. Contested citations arising from these inspections have tended to result in more complex and contentious cases, consuming extensive judicial time. For such cases, the discovery process is lengthy and time consuming, motion practice is expanded, legal research and decision-writing time is protracted, and of necessity, the trial process is elongated and complicated. As discussed below, in addition to its regular procedures, the Review Commission utilizes two alternative procedures to facilitate case adjudication before the ALJs in appropriate circumstances – Settlement Part, for relatively complex cases, and Simplified Proceedings, for relatively simple cases.

Under Commission Rule 120, 29 Code of Federal Regulations (CFR) § 2200.120, and when the parties consent, the Chief Judge may assign a Settlement Judge to a pending proceeding to aid the parties in disposing of the case. When the aggregate amount of the penalty sought by the Secretary of Labor is \$205,000 or greater, the Mandatory Settlement Part procedure goes into effect. The Settlement Judge appointed by the Chief ALJ has full control of the proceeding and may require that the parties' representatives be accompanied at the settlement conference by officials having full settlement authority. This procedure has aided the Commission in disposing of some extremely complex cases, with the approval of all parties (if settlement efforts are not successful, the case may be assigned to a different judge for trial).

The Simplified Proceedings process includes cases in which the total proposed penalty is not more than \$20,000, or up to \$30,000 when found eligible by the Chief ALJ. The process allows parties with relatively simple cases to have their "day in court" unencumbered by formal procedural and evidentiary rules, while ensuring that due process requirements are maintained. Under this process, a business, with or without counsel, can present its case before an ALJ and receive a prompt decision. Most paperwork, including legal filings, is eliminated so that justice can be rendered swiftly and inexpensively. The process reduces the time and legal expenses to employers contesting relatively small penalty cases.

Performance Goals and Results

In accordance with Public Law 111-352, the Government Performance and Results Modernization Act of 2010 (GPRA Modernization Act of 2010) and Public Law 103-62, the Government Performance and Results Act (GPRA) of 1993, the Review Commission has set measurable, outcome-oriented objectives that advance the agency's ability to meet its strategic goals. The agency has included its strategic goals and objectives and their associated measures in its Strategic Plan (fiscal years 2022 through 2026). OSHRC has four overarching strategic goals:

1. Promptly and fairly resolving the cases before it, including reducing the average age of all pending cases;
2. To the extent consistent with the agency's statutory authority and responsibilities, and consistent with due process requirements, seeking to enhance the transparency of its operations;
3. Promoting organizational excellence, including a culture of professionalism, mutual respect, and organizational pride, and ensuring that staff members are adequately trained and developed; and
4. Managing agency resources in a manner that instills public trust, including using information and technology to monitor, evaluate, and improve programs and processes in order to better accomplish the agency's mission.

Commission Review Level Function

The function of the Commissioners is to review and decide cases contested under the Act, following an initial decision by an ALJ. This higher level of review must be prompt, fair, and protective of the parties' rights, consistent with our overall strategic goals.

In FY 2025, the Commission had 32 cases pending on its docket at the beginning of the year. It received 2 new cases and resolved just one case due to a settlement terminating the proceedings before the Commission.¹

The following table provides the performance goals and results for this function for fiscal years 2021 through 2025.

| Outcome Goals | Performance Measures | FY 2021 Actual (Target) | FY 2022 Actual (Target) | FY 2023 Actual (Target) | FY 2024 Actual ² (Target) | FY 2025 Actual ² (Target) |
|--|--|---|---|---|--|---|
| Resolve all priority cases at the agency in a timely manner. | Percent of priority cases disposed of within 6 months. | 100% Target met (100%) | 100% Target met (Dispose of 100 percent of all priority cases within 6 months of designation.) | 100% Target met (Dispose of 100 percent of all priority cases within 6 months of designation.) | 0% ³ Target not met (Dispose of 100 percent of all priority cases within 6 months of designation.) | 0% Target not met (Dispose of 100 percent of all priority cases within 6 months of designation.) |

¹ See 41 Fed. Reg. 37,173 (Sept. 2, 1976), amended at 44 Fed. Reg. 7255 (Feb. 6, 1979) (Commission delegated Executive Secretary authority to grant settlement agreements).

² These goals were established in our Strategic Plan (fiscal years 2022 – 2026) to measure case production and efficiency each fiscal year. The Commission operated without a full complement of Commissioners in FY 2024 and FY 2025. As a result, the Commission was only able to meet part of its goals as no cases can be decided when there is a lack of quorum.

³ This measure has been updated from the Review Commission's FY 2024 Performance and Accountability Report to correct a reporting error. This update does not change the outcome of the goal.

| Outcome Goals | Performance Measures | FY 2021 Actual (Target) | FY 2022 Actual (Target) | FY 2023 Actual (Target) | FY 2024 Actual² (Target) | FY 2025 Actual² (Target) |
|--|--|--|---|---|---|---|
| Develop and implement case management practices that will minimize the average age of all pending Commission review-level cases. | Whether case management practices have been developed and implemented. | Implementation of case management practices were evaluated. Target met (Evaluate implementation of case management practices.) | Case management practices were fully implemented. Target met (Full implementation of case management practices.) | Case management practices were fully implemented. Target met (Full implementation of case management practices.) | Case management practices were fully implemented. Target met (Full implementation of case management practices.) | Case management practices were fully implemented. Target met (Full implementation of case management practices.) |
| Reduce the average age of all pending Review-level cases to 20 months from direction for review. | Average age of all pending Review-level cases. | Average age of all Review-level cases reduced to 15 months. Target met (Average age of all Review-level cases reduced to 20 months.) | New goal was developed to support the Strategic Plan for FYs 2022 through 2026. | New goal was developed to support the Strategic Plan for FYs 2022 through 2026. | New goal was developed to support the Strategic Plan for FYs 2022 through 2026. | New goal was developed to support the Strategic Plan for FYs 2022 through 2026. |
| Reduce the average age of Commission review-level cases to 18 months from direction for review. | Average age of all pending Commission review-level cases. | New goal developed to support the Strategic Plan for FYs 2022 through 2026. | The average age of all Commission review-level cases was reduced to 12 months. Target met (Average age of all pending Commission review-level cases reduced to 22 months.) | The average age of all Commission review-level cases reduced to 12 months. Target met (Average age of all pending Commission review-level cases reduced to 21 months.) | The average age of all Commission review-level cases reduced to 16 months. Target met (Average age of all pending Commission review-level cases reduced to 20 months.) | The average age of all Commission review-level cases was reduced to 26 months. Target not met (Average age of all pending Commission review-level cases reduced to 18 months.) |
| Reduce the number of Review-level cases over two years in age. | Percent reduction in the number of Review-level cases over two years in age. | Share of Review-level cases over two years in age was 19% of all cases. Target met (Reduce the share of Review-level cases over two years in age as follows: No | New goal was developed to support the Strategic Plan for FYs 2022 through 2026. | New goal was developed to support the Strategic Plan for FYs 2022 through 2026. | New goal was developed to support the Strategic Plan for FYs 2022 through 2026. | New goal was developed to support the Strategic Plan for FYs 2022 through 2026. |

| Outcome Goals | Performance Measures | FY 2021 Actual (Target) | FY 2022 Actual (Target) | FY 2023 Actual (Target) | FY 2024 Actual ² (Target) | FY 2025 Actual ² (Target) |
|--|---|---|---|---|---|--|
| | | greater than 20% of all cases.) | | | | |
| Ensure that no more than 20 percent of Commission review-level cases are older than two years and ensure that no cases are older than three years from direction for review. | Percentage of Commission review-level cases that are older than two years and percentage of cases older than three years. | New goal was developed to support the Strategic Plan for FYs 2022 – 2026. | <p>-The share of Commission review-level cases over two years in age was 19% of all cases.</p> <p>-Number of Commission Review-level cases exceeding three years was zero.</p> <p>Target met (-Reduce the percent of Review-level cases over two years in age as follows: No greater than 20% of all cases.</p> <p>-Reduce the number of Commission review-level cases exceeding three years to zero.)</p> | <p>-The share of Commission review-level cases over two years in age was 16% of all cases.</p> <p>-Number of Commission Review-level cases exceeding three years was zero.</p> <p>Target met (-Reduce the percent of Review-level cases over two years in age as follows: No greater than 20% of all cases.</p> <p>-Reduce the number of Commission review-level cases exceeding three years to zero.)</p> | <p>-The share of Commission review-level cases over two years in age was 22% of all cases.</p> <p>Target not met (-Reduce the percent of Review-level cases over two years in age as follows: No greater than 20% of all cases.)</p> <p>Target met (-Number of Commission Review-level cases exceeding three years was zero.</p> <p>-Reduce the number of Commission review-level cases exceeding three years to zero.)</p> | <p>The share of Commission review-level cases over two years in age was 59% of all cases.</p> <p>Target not met (-Reduce the percent of Commission review-level cases over two years in age as follows: No greater than 20% of all cases.)</p> <p>Target not met (-Number of Commission review-level cases exceeding three years was 7.</p> <p>-Reduce the number of Commission review-level cases exceeding three years to zero.)</p> |

Commission Review-Level Case Activity

The following table summarizes actual Review-level case activity for fiscal years 2021 through 2025.

| | FY 2021 <u>Actual</u> | FY 2022 <u>Actual</u> | FY 2023 <u>Actual</u> | FY 2024 <u>Actual</u> | FY 2025 <u>Actual</u> |
|-------------------------------------|--|--|--|--|--|
| New Cases: | | | | | |
| Cases Directed for Review: | 8 | 14 | 16 | 12 | 2 |
| Other New Cases: | | | | | |
| Interlocutory | | | | | |
| Appeals | 0 | 0 | 0 | 0 | 0 |
| Remands | 0 | 1 | 2 | 0 | 0 |
| Other | 0 | 0 | 0 | 0 | 0 |
| Total Other New Cases: | 0 | 1 | 2 | 0 | 0 |
| Total New Cases: | 8 | 15 | 18 | 12 | 2 |
| Case Inventory from Prior Year: | 23 | 16 | 19 | 20 | 32 |
| Total Caseload: | 31 | 31 | 37 | 32 | 34 |
| Dispositions: | 15 | 12 | 17 | 0 | 1 |
| Case Inventory, End of Year: | 16 | 19 | 20 | 32 | 33 |

Administrative Law Judge Function

The function of the Review Commission's ALJs is to conduct formal hearings and related proceedings in a fair, just, and expeditious manner, consistent with OSHRC's overall strategic goals.

The ALJ function began FY 2025 with 1,410 cases in its inventory, and 1,615 new cases were received during the year, for a total of 3,025 cases. A total of 1,753 cases were disposed of, leaving 1,272 cases in the inventory at the end of the fiscal year. At the ALJ level, we continue to intake a high number of contested cases, reflecting a continuing trend in recent years. OSHA's enforcement activity will likely increase due to its enforcement priorities in areas such as workplace falls, heat stress, and warehousing and distribution center operations.

The number of OSHA inspections and their focus also affects the Review Commission's caseload. In particular, high-hazard workplace inspections – especially those with high injury and illness rates, fatalities, repeat offenders, and egregious violations – tend to result in more complex and contentious cases, consuming extensive time. The discovery process is lengthy and time-consuming, motion practice is expanded, legal research and decision-writing time is protracted, and, of necessity, the trial process is elongated and complicated. Additionally, these cases tend to result in larger contestable proposed penalties, presumably leading to more cases being contested.

Case complexity increases the time required to resolve cases at the ALJ level. Factors leading to increased case complexity include OSHA's focus on encouraging more resource and time-intensive high-impact inspections, as well as the Office of the Solicitor's decision to leverage litigation resources and focus away from high-volume cases in favor of high-impact strategic cases. The increase in case complexity is a challenge for the Review Commission because processing such cases requires the ALJs to invest a greater amount of time in handling the matters and place an increased demand on the full-time equivalent positions assigned to handle the volume of cases.

The following table provides the performance goals and results for the ALJ function for fiscal years 2021 through 2025.

| Outcome Goals | Performance Measures | FY 2021 Actual (Target) | FY 2022 Actual (Target) | FY 2023 Actual (Target) | FY 2024 Actual (Target) | FY 2025 Actual (Target) |
|--|--|--|--|--|--|---|
| Develop and implement case management practices that will minimize the average age of all pending ALJ-level cases. | Whether new case management practices have been developed and implemented. | 98% of cases received in our e-file system as a result of scheduling orders directing e-filing and the implementation of mandatory e-filing in June 2019. Target not met (100% of all pleadings received in our electronic filing system would have been initiated electronically.) | 98% of cases received in our e-file system as a result of scheduling orders directing e-filing and the implementation of mandatory e-filing in June 2019. Target not met (100% of all pleadings received in our electronic filing system would have been initiated electronically.) | 98% of all pleadings received in our electronic filing were initiated electronically. Target not met (100% of all pleadings received in our electronic filing system would have been initiated electronically.) | 98% of all pleadings received in our electronic filing were initiated electronically. Target not met (100% of all pleadings received in our electronic filing system would have been initiated electronically.) | 98% of all pleadings received in our electronic filing system were initiated electronically. Target not met (100% of all pleadings received in our electronic filing system would have been initiated electronically.) |
| Ensure that a significant proportion of both complex and non-complex cases at the ALJ level are resolved within one year to 20 months from docketing. ⁴ | -Percent of simplified cases disposed of within one year at ALJ level. -Percent of conventional cases disposed of within 17 months. -Percent of settlement part cases disposed of within 19 months. -Percent of complex cases disposed of within 20 | 94% Target not met (Dispose of 95% of simplified cases within one year.) 93% Target met (Dispose of 90% of conventional cases within 17 months.) 95% Target met (Dispose of 95% of settlement part cases within 19 | New targets developed to support the Strategic Plan for FYs 2022 – 2026. | New targets developed to support the Strategic Plan for FYs 2022 – 2026. | New targets developed to support the Strategic Plan for FYs 2022 – 2026. | New targets were developed to support the Strategic Plan for FYs 2022-2026. |

⁴Except for mandatory settlement cases, which are assigned by the Chief Judge upon receipt from the Office of the Executive Secretary, judges are not assigned cases until initial pleadings have been filed. This assignment generally occurs approximately 60 days after the case has been docketed due to the parties' frequent requests for extensions of time for filing initial pleadings.

| Outcome Goals | Performance Measures | FY 2021 Actual (Target) | FY 2022 Actual (Target) | FY 2023 Actual (Target) | FY 2024 Actual (Target) | FY 2025 Actual (Target) |
|--|--|---|---|---|---|--|
| | months at ALJ level. | months.) 89% Target not met (Dispose of 95% of complex cases within 20 months.) | | | | |
| Ensure that a significant proportion of both complex and non-complex cases at the ALJ level are resolved within one year to 20 months from docketing. ⁵ | -Percent of simplified cases disposed of within one year at the ALJ level. -Percent of non-complex conventional cases disposed of within 17 months at the ALJ level. -Percent of settlement part cases disposed of within 19 months. -Percent of complex cases disposed of within 20 months at the ALJ level. | New targets developed to support the Strategic Plan for FYs 2022 – 2026. | 94% Target met (Dispose of 90 percent of simplified cases within one year.) 89% Target not met (Dispose of 95 percent of conventional cases within 17 months.) 91% Target not met (Dispose of 95 percent of settlement part cases within 19 months.) 87% Target met (Dispose of 85 percent of complex cases within 20 months.) | 99% Target met (Dispose of 90 percent of simplified cases within one year.) 93% Target not met (Dispose of 95 percent of conventional cases within 17 months.) 96% Target met (Dispose of 95 percent of settlement part cases within 19 months.) 87% Target not met -Dispose of 90 percent of complex cases within 20 months.) | 99% Target met (Dispose of 90 percent of simplified cases within one year.) 96% Target met (Dispose of 95 percent of conventional cases within 17 months.) 89% Target not met (Dispose of 95 percent of settlement part cases within 19 months.) 88% Target not met -Dispose of 90 percent of complex cases within 20 months.) | 100% Target met (Dispose of 90 percent of simplified cases within one year.) 96% Target met (Dispose of 95 percent of conventional cases within 17 months.) 90% Target not met (Dispose of 95 percent of settlement part cases within 19 months.) 91% Target met (Dispose of 90 percent of complex cases within 20 months.) |

⁵Except for mandatory settlement cases, which are assigned by the Chief Judge upon receipt from the Office of the Executive Secretary, judges are not assigned cases until initial pleadings have been filed. This assignment generally occurs approximately 60 days after the case has been docketed due to the parties' frequent requests for extensions of time for filing initial pleadings.

| Outcome Goals | Performance Measures | FY 2021 Actual (Target) | FY 2022 Actual (Target) | FY 2023 Actual (Target) | FY 2024 Actual (Target) | FY 2025 Actual (Target) |
|--|---|---|---|---|---|---|
| Provide training opportunities to (1) ALJs and (2) all attorneys and support staff, in order to enhance their capabilities on technical and legal issues, legal writing, ethics, and technology and case management. | Increased attendance and participation in training opportunities, internal and/or external, for ALJs and all attorneys and support staff. | Training opportunities were provided to all ALJs, attorneys, and support staff. Target met (Attendance and participation in at least one training opportunity devoted to management of electronic documents prior to and during hearings (i.e., e-filing, electronic discovery, or electronic exhibits.)) | Training opportunities were provided to all ALJs, attorneys, and support staff. Target met (Attendance and participation in at least one training opportunity devoted to management of electronic documents prior to and during hearings (i.e., e-filing, electronic discovery, or electronic exhibits.)) | Training opportunities were provided to all ALJs, attorneys, and support staff. Target met (Attendance and participation in at least one training opportunity devoted to management of electronic documents prior to and during hearings (i.e., e-filing, electronic discovery, or electronic exhibits)). | Training opportunities were provided to all ALJs, attorneys, and support staff. Target met (Attendance and participation in at least one training opportunity devoted to management of electronic documents prior to and during hearings (i.e., e-filing, electronic discovery, or electronic exhibits)). | Training opportunities were provided to all ALJs, attorneys, and support staff. Target met (Attendance and participation in at least one training opportunity devoted to management of electronic documents prior to and during hearings (i.e., e-filing, electronic discovery, or electronic exhibits.)) |

Administrative Law Judge Case Activity

The following table provides actual ALJ workloads for fiscal years 2021 through 2025.

| | FY 2021 <u>Actual</u> | FY 2022 <u>Actual</u> | FY 2023 <u>Actual</u> | FY 2024 <u>Actual</u> | FY 2025 <u>Actual</u> |
|---|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| OSHA Inspections*: | 31,013 | 31,400 | 33,790 | 34,346 | 31,643 |
| a. Case Inventory, Start of Year | 1,259 | 1,201 | 1,165 | 1,377 | 1,410 |
| b. New Cases | 1,365 | 1,510 | 1,881 | 1,819 | 1,615 |
| c. Total Caseload | 2,624 | 2,711 | 3,046 | 3,196 | 3,025 |
| d. Disposals | | | | | |
| (1) With Hearing | 14 | 24 | 24 | 19 | 23 |
| (2) Mandatory Settlement Conferences | 59 | 31 | 44 | 34 | 26 |
| (3) Without Hearing | 1,350 | 1,491 | 1,601 | 1,733 | 1,704 |
| e. Total Dispositions | 1,423 | 1,546 | 1,669 | 1,786 | 1,753 |
| Total Case Inventory, End of Year | 1,201 | 1,165 | 1,377 | 1,410 | 1,272 |

*Provided by OSHA.

Executive Director Function

The Office of the Executive Director (OEXD) provides administrative services to support the Review Commission in fulfilling its mission.

The Executive Director function provides operational management for the agency, including procurement, information technology management, human resources management, budget and financial management, and administrative services. The day-to-day tasks of this office are led by the Executive Director and include:

- Supporting the development and implementation of the agency's strategic goals;
- Maintaining and enhancing a website to provide the public with greater access to Review Commission information;
- Providing agency-wide support in the areas of finance, budget, procurement and contracting, human resources, equal opportunity, and general administrative services;
- Providing personnel, payroll, benefits, reproduction, mail services, and travel assistance to agency employees;
- Procuring goods and services, maintenance and needed repairs of equipment, training, reference materials, supplies, and office space;
- Implementing case management and administrative systems through information technology hardware and software;
- Developing and maintaining computer systems and information security enhancements; and
- Enhancing telecommunications and improving technology efficiency and effectiveness.

The following table provides the performance goals and results of the OEXD function for fiscal years 2021 through 2025.

| Outcome Goals | Performance Measures | FY 2021 Actual (Target) | FY 2022 Actual (Target) | FY 2023 Actual (Target) | FY 2024 Actual (Target) | FY 2025 Actual (Target) |
|---|--|---|---|---|---|---|
| Ensure that the Review Commission's website is accessible to people with disabilities and serves as a useful repository for information about the agency and its adjudicatory activities. | Timeliness of postings to agency web site. | Materials were posted to the agency's website within one day after issuance. Target met (All material posted no later than 4 days after issuance.) | New goal was developed to support the Strategic Plan for FYs 2022-2026. | New goal was developed to support the Strategic Plan for FYs 2022-2026. | New goal was developed to support the Strategic Plan for FYs 2022-2026. | New goal was developed to support the Strategic Plan for FYs 2022-2026. |

| Outcome Goals | Performance Measures | FY 2021 Actual (Target) | FY 2022 Actual (Target) | FY 2023 Actual (Target) | FY 2024 Actual (Target) | FY 2025 Actual (Target) |
|---|--|---|---|---|---|---|
| Ensure that the agency's website provides access to all users and serves as a useful repository for information about the agency and its adjudicatory activities. | <p>-Timeliness of postings to agency website.</p> <p>-Perform annual vendor-initiated review of the agency's webpage for compliance with Section 508 of the Americans with Disabilities Act.</p> | New goal was developed to support the Strategic Plan for FYs 2022-2026. | <p>-Materials were posted to the agency's website within 2 days after issuance.</p> <p>-Accessibility information and guidelines were posted on the agency's website.</p> <p>Target met (-All material to be posted no later than 4 days after issuance.</p> <p>-Conduct periodic reviews of the agency's website to seek alternative methods for ensuring access to all users.)</p> | <p>-Materials were posted to the agency's website within 2 days after issuance.</p> <p>-Accessibility information and guidelines were updated and posted on the agency's website.</p> <p>Informational materials were translated in various languages and posted on the agency's website.</p> <p>Target met (-All material to be posted no later than 3 days after issuance.</p> <p>-Research opportunities for developing a mobile version of the agency's website to optimize access using smartphones or similar mobile devices.)</p> | <p>-Materials were posted to the agency's website within 2 days after issuance.</p> <p>-Accessibility information and guidelines were updated and posted on the agency's website.</p> <p>Informational materials were translated in various languages and posted on the agency's website.</p> <p>Target met (-All material to be posted no later than 3 days after issuance.</p> <p>-Research opportunities for developing a mobile version of the agency's website to optimize access using smartphones or similar mobile devices.)</p> | <p>-Materials were posted to the agency's website within 2 days after issuance.</p> <p>-A committee was used to redesign a more robust and user-friendly website that is easily accessible for internal and external stakeholders.</p> <p>Target met (-All material to be posted no later than 2 days after issuance.</p> <p>-Conduct periodic reviews of the agency's website to seek alternative methods for ensuring fair access to all users. This will be accomplished by having an ongoing committee to review the website and make recommended edits and enhances.)</p> |

| Outcome Goals | Performance Measures | FY 2021 Actual (Target) | FY 2022 Actual (Target) | FY 2023 Actual (Target) | FY 2024 Actual (Target) | FY 2025 Actual (Target) |
|--|--|---|--|---|---|---|
| Broaden the agency's outreach activities to the regulated community. | <p>-Participation in professional conferences and meetings and strategic engagement with the regulated community.</p> <p>-Expand electronic notification services information for internal and external users.</p> | <p>Continued to utilize and monitor the alert service on the agency's website to engage with the public.</p> <p>Target met (-Increase participation in at least two activities or meetings that promote strategic engagement to disseminate information including trends and services (e.g., LEP) provided by the agency.</p> <p>-Monitor the use of alert service used to engage the public.)</p> | <p>Social media outlets (e.g., alert service on the agency's website) were used to engage the public.</p> <p>Target met (-Increase participation in at least one activity or meeting that promotes strategic engagement to disseminate information including trends and services (e.g., LEP) provided by the agency.</p> <p>-Research additional social media outlets to notify and engage with internal and external users.)</p> | <p>-Social media outlets (e.g., alert service on the agency's website) continued to be utilized to engage the public.</p> <p>-Colleges, universities, bar associations, and miscellaneous agencies were notified of Review Commission vacancies.</p> <p>Target met (-Increase participation in at least two activities or meetings that promote strategic engagement to disseminate information including trends and services (e.g., LEP) provided by the agency.</p> <p>-Utilize social media outlets to notify and engage with internal and external users.)</p> | <p>-Social media outlets (e.g., alert service on the agency's website) continued to be utilized to engage the public.</p> <p>-Colleges, universities, and bar associations were notified of Review Commission vacancies.</p> <p>Target met (-Increase participation in at least two activities or meetings that promote strategic engagement to disseminate information including trends and services (e.g., LEP) provided by the agency.</p> <p>-Utilize social media outlets to notify and engage with internal and external users.)</p> | <p>-Social media outlets (e.g., alert service on the agency's website) continued to be utilized to engage the public.</p> <p>-Colleges, universities, veterans' organizations, and bar associations were notified of Review Commission vacancies.</p> <p>Target met (-Increased participation in at least two activities or meetings that promote strategic engagement to disseminate information including trends and services provided by the agency.</p> <p>-Utilize social media outlets to notify and engage with internal and external users.)</p> |

| Outcome Goals | Performance Measures | FY 2021 Actual (Target) | FY 2022 Actual (Target) | FY 2023 Actual (Target) | FY 2024 Actual (Target) | FY 2025 Actual (Target) |
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| Ensure that the agency's electronic filing (e-filing) system provides access to all users. | Monitor monthly maintenance activities performed by application host. | New goal was developed to support the Strategic Plan for FYs 2022-2026. | <p>-Enhancements were made to the agency's e-filing system.</p> <p>-Informal training on the e-filing system was provided to internal users.</p> <p>Target met (-Make needed enhancements to the e-filing system based on feedback received from users.</p> <p>-Provide annual training for internal users.)</p> | <p>A review of the e-filing system was conducted. Visual mobile access to the e-filing system was enhanced.</p> <p>Target met (Conduct an annual audit of the agency's e-filing system to ensure compliance with Section 508 of the Americans with Disabilities Act.)</p> | <p>Conducted routine audits of the e-filing system and made needed changes.</p> <p>Target met (Perform routine audits of the agency's e-filing system to ensure continued compliance with Section 508 of the Americans with Disabilities Act.)</p> | <p>Routine audits of the e-filing system were conducted which resulted in beneficial enhancements.</p> <p>Target met (-Perform routine audits of the agency's e-filing system to ensure continued compliance with Section 508 of the Americans with Disabilities Act.</p> <p>-Make edits to the e-filing system to enhance the search capabilities.)</p> |
| Recruit, invest in, and value all employees through professional development, workplace flexibilities, fair treatment, and recognition. | <p>-Recruit, develop, and retain a highly motivated, and talented workforce to accomplish the agency's mission.</p> <p>-Identify areas in which the agency can enhance talent.</p> | <p>-Agency directives pertaining to workplace flexibilities were updated.</p> <p>-Devoted budgetary resources to training.</p> <p>-Reviewed performance management directives.</p> <p>Target met (-Ensure that the agency's performance management system(s) are aligned with its</p> | <p>-The agency's performance management systems were evaluated to ensure alignment with the revised strategic plan.</p> <p>-Budgetary resources were devoted to employee training and development.</p> <p>-The agency's telework and hours of work directives were reviewed and updated to enhance</p> | <p>-The agency's performance management systems were evaluated to ensure alignment with the agency's strategic plan.</p> <p>-Budgetary resources were devoted to employee training and development.</p> <p>-The agency's telework directive was reviewed and updated.</p> <p>Target met</p> | <p>-The agency's performance management systems were reviewed to ensure alignment with the agency's strategic plan.</p> <p>-Budgetary resources were devoted to employee training and development.</p> <p>-The agency's telework agreement was revised.</p> <p>Target met (-Ensure that</p> | <p>-The agency's performance management systems and telework policies were revised to align with the Administration's goals and priorities.</p> <p>-Budgetary resources were devoted to employee training and development.</p> <p>Target met (-Ensure that the agency's performance management system(s) are</p> |

| Outcome Goals | Performance Measures | FY 2021 Actual (Target) | FY 2022 Actual (Target) | FY 2023 Actual (Target) | FY 2024 Actual (Target) | FY 2025 Actual (Target) |
|---------------|----------------------|--|---|---|---|---|
| | | <p>goals and objectives.</p> <p>-Enhance employee development and learning opportunities by making budgetary resources available for staff training.</p> <p>-Annually review and/or update agency directives pertaining to workplace flexibilities (e.g., hours of work, telework.))</p> | <p>workplace flexibilities.</p> <p>Target met (-Conduct an annual review of the agency's performance management systems to ensure they align with the agency's revised strategic plan.</p> <p>-Enhance employee development and learning opportunities by making budgetary resources available for staff training.</p> <p>-Annually review and/or update agency directives pertaining to workplace flexibilities (e.g., hours of work, telework.))</p> | <p>(-Ensure that the agency's performance management system(s) are aligned with its goals and objectives.</p> <p>-Enhance employee development and learning opportunities by increasing budgetary resources for training.</p> <p>-Annually review and/or update agency directives pertaining to workplace flexibilities (e.g., hours of work, telework.))</p> | <p>the agency's performance management system(s) are aligned with its goals and objectives.</p> <p>-Enhance employee development and learning opportunities by increasing budgetary resources for training.</p> <p>-Annually review and/or update agency directives pertaining to workplace flexibilities (e.g., hours of work.))</p> | <p>aligned with its goals and objectives.</p> <p>-Update the agency's performance management system(s) to ensure they align with the Presidential priorities.</p> <p>-Enhance employee development and learning opportunities through training.</p> <p>-Annually review and/or update agency directives pertaining to workplace flexibilities.)</p> |

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| Integrate knowledge management processes into a plan to capture, share, and generate knowledge that establishes a unified network of personnel, processes, and technology to enhance all aspects of essential agency operations. | <p>-Conduct periodic knowledge management audits to identify sources of knowledge and “at risk” knowledge gaps.⁶</p> <p>-Tailor IT infrastructure to support the effortless sharing and transfer of knowledge.</p> <p>-Degree to which best practices and lessons learned are integrated into the performance management system.</p> | New goal was developed to support the Strategic Plan for FYs 2022-2026. | <p>A knowledge management subject matter index list was developed and disseminated to staff to identify gaps in essential agency programs.</p> <p>Target met (-Identify gaps in essential agency programs.</p> <p>-Develop a knowledge management subject matter index list to serve as a resource to staff.</p> <p>-Use the performance planning process to reflect the value of rewarding employees for creating, using, and sharing knowledge.)</p> | <p>-The agency’s knowledge management subject matter index list was updated to address gaps in essential agency programs.</p> <p>-IT program areas were reviewed to address technology needs of the agency.</p> <p>-The agency’s awards program was used to provide incentives to staff.</p> <p>Target met (-Knowledge gaps in essential agency programs are identified and addressed through an on-going annual evaluation.)</p> | <p>-Updated the agency’s knowledge management subject matter index list to address gaps in essential agency programs.</p> <p>-Reviewed IT program areas to address the technology needs of the agency.</p> <p>-Utilized the agency’s awards program to provide incentives to staff.</p> <p>Target met (-Knowledge gaps in essential agency programs are identified and addressed through an on-going annual evaluation.</p> <p>-Perform an annual audit to ensure that IT is aligned with the needs of the agency’s personnel and processes.</p> <p>-Use of the performance planning process to reflect the value of rewarding employees for creating, using, and sharing knowledge.)</p> | <p>-Updated the agency’s knowledge management subject matter index list to address gaps in essential agency programs.</p> <p>-Utilized the agency’s awards program to provide incentives to staff.</p> <p>Target met (-Knowledge gaps in essential agency programs are identified and addressed through an on-going annual evaluation.</p> <p>-Perform an annual audit to ensure that IT is aligned with the needs of the agency’s personnel and processes.</p> <p>-Use of the performance planning process to reflect the value of rewarding employees for creating, using, and sharing knowledge.)</p> |
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| Outcome Goals | Performance Measures | FY 2021 Actual (Target) | FY 2022 Actual (Target) | FY 2023 Actual (Target) | FY 2024 Actual (Target) | FY 2025 Actual (Target) |
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| Ensure that all agency personnel are aware of the agency's mission and how they contribute to its accomplishments. | Communicate significant organizational accomplishments with staff. | <p>-Routine staff meetings were conducted.</p> <p>-Annual Federal Employee Viewpoint Survey results were analyzed.</p> <p>Target met (-Communicate significant organizational accomplishments with staff during all-hands staff meetings and during supervisory/employee meetings.</p> <p>-Use results of the annual Federal Employee Viewpoint Survey to assess managers and supervisor's communication with employees about the agency's goals and priorities.)</p> | <p>-Staff meetings were held to discuss agency activities and accomplishments.</p> <p>-The Federal Employee Viewpoint Survey was distributed to staff and results were analyzed to determine if adjustments should be made to certain agency activities.</p> <p>Target met (-Communicate significant organizational accomplishments with staff during all-hands staff meetings and during supervisory/employee meetings.</p> <p>-Use results of the annual Federal Employee Viewpoint Survey to assess managers and supervisor's communication with employees about the agency's goals and priorities.)</p> | <p>-Employee orientation booklets were developed to provide educational materials to new hires about the agency's goals and mission.</p> <p>-The results of the annual Federal Employee Viewpoint Survey were used to assess managers and supervisor's communication with employees about agency goals and priorities.</p> <p>-Staff meetings were held to discuss agency activities and accomplishments.</p> <p>Target met (-Communicate significant organizational accomplishments with staff during all-hands staff meetings and during supervisory/employee meetings.)</p> | <p>-Revised employee orientation booklets to provide educational materials to new hires about the agency's goals and mission.</p> <p>-Used the results of the annual Federal Employee Viewpoint Survey to assess managers and supervisor's communication with employees about agency goals and priorities.</p> <p>-Conducted routine staff meetings to discuss agency activities and accomplishments.</p> <p>Target met (-Communicate significant organizational accomplishments with staff during all-hands staff meetings and during supervisory/employee meetings.</p> | <p>-Reviewed and updated employee orientation booklets to ensure they provided educational materials to new hires about the agency's goals and mission.</p> <p>-Conducted staff meetings to discuss agency activities and accomplishments.</p> <p>Target met (-Communicate significant organizational accomplishments with staff during all-hands staff meetings and during supervisory/employee meetings.</p> <p>-Enhance the agency's orientation program for new employees to provide materials about the agency's mission and how individuals can contribute to its accomplishments.</p> |

6Areas identified as potential "at risk" knowledge gaps include programs and functions where a subject matter expert is eligible to leave the agency (through retirement or career transition) in one to three years, and no backup expert has been identified to assume the duties and responsibilities vacated.

| Outcome Goals | Performance Measures | FY 2021 Actual (Target) | FY 2022 Actual (Target) | FY 2023 Actual (Target) | FY 2024 Actual (Target) | FY 2025 Actual (Target) |
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| | | | | | -Enhance the agency's orientation program for new employees to provide materials about the agency's mission and how individuals can contribute to its accomplishments. -Use results of the annual Federal Employee Viewpoint Survey to assess managers and supervisor's communication with employees about the agency's goals and priorities.) | -Use results of the annual Federal Employee Viewpoint Survey to assess managers and supervisor's communication with employees about the agency's goals and priorities.) |
| Develop and present an annual budget and performance plan that clearly represents how the organization will accomplish government-wide management priorities, agency-wide goals, and organizational goals. | System that links resources to specific activities that support measurable programmatic outcomes and objectives. | Aligned budget with agency program goals to efficiently accomplish mission. Target met (Align budget with agency program goals to efficiently accomplish mission (e.g., program, human capital, procurement, IT infrastructure, space, and facilities.) | Developed an annual budget that was aligned with the agency's revised strategic plan. Target met (Align the budget with agency program goals to efficiently accomplish its mission (e.g., program, human capital, procurement, IT infrastructure, space, and facilities.) | An annual budget was developed to align with agency goals and to efficiently accomplish mission requirements. Target met (Implementation of a measurement system to assess and report on progress of financial management improvements and budget integration | Developed a budget that aligned agency goals to efficiently accomplish mission requirements. Target met (Implementation of a measurement system to assess and report on progress of financial management improvements and budget integration reforms.) | Developed a budget that aligned agency goals and the Administration's goals and priorities to efficiently accomplish mission requirements. Target met (Implementation of a measurement system to assess and report on progress of financial management improvements and budget |

| Outcome Goals | Performance Measures | FY 2021 Actual (Target) | FY 2022 Actual (Target) | FY 2023 Actual (Target) | FY 2024 Actual (Target) | FY 2025 Actual (Target) |
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| | | | | management reforms.) | | integration management reforms. -Develop an annual budget that aligns with Presidential priorities.) |
| Improve technology infrastructure through efficiencies and investments (e.g., training, equipment, and services) to support the effective use of broadband, cyber security, and energy efficiency. | <ul style="list-style-type: none"> -Streamline operations and infrastructure to eliminate duplication; minimize servers, storage, and application sprawl. -Maintain standardized platforms including hardware and software. -Improve network/ Communications to ensure customers can access necessary information without delay. | <ul style="list-style-type: none"> -Reduced the number of physical servers and operating systems in use by agency personnel. -Explored and implemented measures to expand bandwidth for the agency. Target met (-Reduce physical servers through virtualization. -Reduce the number of operating systems in use. -Increase bandwidth for migration to cloud efficiencies.) | New goal was developed to support the Strategic Plan for FYs 2022-2026. | New goal was developed to support the Strategic Plan for FYs 2022-2026. | New goal was developed to support the Strategic Plan for FYs 2022-2026. | New goal was developed to support the Strategic Plan for FYs 2022-2026. |

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| <p>Improve technology infrastructure through efficiencies and investments (e.g., training, equipment, services) to support the effective use of broadband, cyber security, and energy efficiency.</p> | <p>-Streamline operations and infrastructure to eliminate duplication; minimize servers, storage, and application sprawl.</p> <p>-Consolidation of technological services and move from an “on premise” infrastructure to a modern “cloud” based system to promote efficiencies in systems management, remote accessibility, continuity of operations, and budget savings.</p> <p>-Maintain standardized platforms, including hardware and software.</p> <p>-Partner with Federal agencies that monitor network traffic and isolate potential risks.</p> | <p>New goal was developed to support the Strategic Plan for FYs 2022 – 2026.</p> | <p>-Researched resources and features available for migration associated with Cloud Services.</p> <p>-Trained staff on the use of Office 365, SharePoint, OneDrive, and Teams and Zoom platforms.</p> <p>-Reported compliance with executive orders and/or binding operational directives.</p> <p>Target met (-Reduce physical servers through virtualization.</p> <p>-Provide training for users to educate them on IT efficiencies (e.g., working in a cloud environment)).</p> | <p>-Reduced physical servers through virtualization to interact with hardware resources with greater flexibility.</p> <p>-Provided annual cyber security awareness training to all users.</p> <p>-Upgraded hardware to improve bandwidth utilization for the agency.</p> <p>-Complied with all annual reporting requirements.</p> <p>Target met (-Reduce physical servers through virtualization.</p> <p>-Provide annual IT training to all users.</p> <p>-Implement ways to improve bandwidth utilization for the agency.</p> <p>-Report annual compliance with applicable executive orders and/or binding operational directives.)</p> | <p>-Provided annual cyber security awareness training to all users.</p> <p>-Upgraded hardware to improve bandwidth utilization for the agency.</p> <p>-Completed all IT reporting requirements.</p> <p>-Replaced computers and laptops that are more energy efficient.</p> <p>Target met (-Reduce physical servers through virtualization.</p> <p>-Provide annual IT training to all users.</p> <p>-Implement ways to improve bandwidth utilization for the agency.</p> <p>-Report annual compliance with applicable executive orders and/or binding operational directives.)</p> | <p>-Initiated project to upgrade data circuits to address bandwidth usage as users returned to work.</p> <p>-Provided annual information technology training to users.</p> <p>-Reported annual compliance with applicable executive orders and/or binding operational directives.</p> <p>Target met (-Reduce physical servers through virtualization.</p> <p>-Provide annual IT training to all users.</p> <p>-Implement ways to improve bandwidth utilization for the agency.</p> <p>-Report annual compliance with applicable executive orders and/or binding operational directives.)</p> |
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| Outcome Goals | Performance Measures | FY 2021 Actual (Target) | FY 2022 Actual (Target) | FY 2023 Actual (Target) | FY 2024 Actual (Target) | FY 2025 Actual (Target) |
|--|--|--|--|---|---|---|
| Conduct all internal and external agency business in an ethical and timely manner. | Promote an ethical culture within the Review Commission through leadership, awareness, resources, and oversight. | <p>-Provided live virtual training to all agency personnel and contractors.</p> <p>-Continued to decrease response time to ethics inquiries by accomplishing the following: (1) promptly conducted internal discussions of ethics inquiries as they arose; (2) gathered information needed from inquirer to respond as soon as the need for additional information arose; and (3) timely consulted Office of Government Ethics (OGE) regulations and guidance, past advice, and additional resources.</p> <p>Target met (-Provide annual and more frequent ethics training to all agency filers.</p> <p>-Implement a plan to decrease response time to ethics inquiries.)</p> | <p>-Data was gathered throughout the FY from ethics inquiries to identify areas in need of targeted ethics training. Almost all ethics inquiries were responded to within one week from receipt.</p> <p>-Continued to decrease response time to ethics inquiries by (1) promptly conducting internal discussions of ethics inquiries as they arose; (2) gathering information needed from inquirer to respond as soon as the need for additional information arose; and (3) timely consulting OGE regulations and guidance, past advice, and any additional resources as needed.</p> <p>Target met (-Gather data to identify areas in need of targeted ethics training.</p> <p>-Respond to 50 percent of ethics inquiries</p> | <p>-Data was gathered throughout the FY from ethics inquiries to identify areas to address in annual ethics training.</p> <p>-Obtained information from OGE professional development outreach on creating engaging ethics trainings.</p> <p>-Almost all ethics inquiries were responded to less than one week from the date of receipt. Continued to decrease response time to ethics inquiries by (1) promptly conducting internal discussions of ethics inquiries as they arose; (2) gathering information needed from Inquirer to respond as soon as the need for additional information arose; and (3) timely consulting OGE regulations and guidance, past advice, and</p> | <p>-The Alternate Designated Agency Ethics Official (ADAEO) attended OGE training programs regarding annual and initial ethics training and used those resources to work with the Designated Agency Ethics Official (DAEO) in developing the annual training for the agency.</p> <p>-All ethics inquiries were responded to within two weeks of receipt. At least 60 percent of ethics inquiries were responded to within 48 hours.</p> <p>Target met (-Seek opportunities to obtain information for the development of ethics-related training resources.</p> <p>-Respond to 60 percent of ethics inquiries within two weeks of receipt.)</p> | <p>-The ADAEO attended OGE training programs regarding review of financial disclosure forms and OGE resources and used that information to work with the DAEO to develop ethics training for the agency.</p> <p>-All ethics inquiries were responded to within two weeks of receipt. At least 60 percent of ethics inquiries were responded to within 48 hours.</p> <p>Target met (-Seek opportunities to obtain information for the development of ethics-related training resources.</p> <p>-Respond to 60 percent of ethics inquiries within two weeks of receipt.)</p> |

| Outcome Goals | Performance Measures | FY 2021 Actual (Target) | FY 2022 Actual (Target) | FY 2023 Actual (Target) | FY 2024 Actual (Target) | FY 2025 Actual (Target) |
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| | | | within two weeks of receipt.) | <p>additional resources.</p> <p>-Almost all financial disclosure documents were reviewed and certified within one week of receipt. Improved timely notification of newly filed reports then promptly reviewed and certified those reports.</p> <p>Target met (-Seek opportunities to obtain information for the development of ethics-related training resources.</p> <p>-Respond to 60 percent of ethics inquiries within two weeks of receipt.)</p> | | |
| Maintain and enhance secure electronic information systems for case management, legal research, public access to data through the internet, and continuity of the agency's | Conduct periodic audits of information systems to verify that availability is acceptable levels. | New goal was developed to support the Strategic Plan for FYs 2022-2026. | Improve network communications to ensure stakeholders can access necessary information without delay. | <p>-Enhanced the search function on the agency's website to assist stakeholders with easily accessing case information.</p> <p>-Hardware platforms were maintained at proficient levels.</p> | <p>-Assessed the functionality of the search function on the agency's website to ensure that it continues to assist stakeholders with accessing case information.</p> <p>Target met</p> | <p>-Made enhancements to the search function on the agency's website to ensure that stakeholders could easily access case information.</p> <p>-Initiated network</p> |

| Outcome Goals | Performance Measures | FY 2021 Actual (Target) | FY 2022 Actual (Target) | FY 2023 Actual (Target) | FY 2024 Actual (Target) | FY 2025 Actual (Target) |
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| operations at all times. | | | | <p>Target met (-Improve network communications to ensure stakeholders can access necessary information without delay.</p> <p>-Maintain hardware platforms at proficient levels.)</p> | <p>(-Improve network communications to ensure stakeholders can access necessary information without delay.</p> <p>-Maintain hardware platforms at proficient levels.)</p> | <p>communication upgrades.</p> <p>Target met (-Improve network communications to ensure stakeholders can access necessary information without delay.</p> <p>-Maintain hardware platforms at proficient levels.)</p> |

Analysis of Financial Statements

The Review Commission had biennial audits of its financial statements from 1996 through 2002. Consistent with the Accountability of Tax Dollars Act of 2002, OSHRC began annual audits in FY 2003. The Review Commission received an unqualified opinion for each financial audit conducted from FY 1996 through FY 2013, and an unmodified opinion for FY 2014 through FY 2024 audits and the FY 2025 audit resulted in an unmodified opinion. The terms “unqualified” and “unmodified” refer to clean opinions.

Since 2002, the Review Commission has contracted with the Administrative Resources Center (ARC), Bureau of the Fiscal Service (BFS), for accounting services. The ARC prepared the Review Commission’s FY 2025 financial statements. The principal financial statements include the Balance Sheet, Statement of Net Cost, Statement of Changes in Net Position, and Statement of Budgetary Resources.

The changes described in the analyses below generally indicate that the budget execution process remains effective, given higher payroll costs and higher costs for goods and services to maintain operations and fulfill our mission.

Analysis of the Balance Sheet

OSHRC’s assets in FY 2025 totaled \$8,607,858 as of September 30, 2025. The Fund Balance with Treasury of \$8,593,045 was OSHRC’s largest asset in FY 2025 and represents 99.83 percent of the agency’s total assets. General Property, Plant, and Equipment were fully depreciated as of September 30, 2025.

OSHRC’s liabilities in FY 2025 totaled \$958,252 as of September 30, 2025. The accounts payable balance as of September 30, 2025, was \$142,989. Unfunded annual leave totaled \$568,957 and is approximately 59 percent of OSHRC’s total liabilities.

Net Position is the difference between total assets and total liabilities. The total net position for FY 2025 was \$7,649,606.

Analysis of Statement of Net Cost

The Statement of Net Cost shows the net cost of operations for the agency and is broken out between OSHRC’s programs, Administrative Law Judge, Commission Review-Level, and Executive Director. The total net cost of operations in FY 2025 was \$15,044,708.

Analysis of the Statement of Changes in Net Position

The Statement of Changes in Net Position reports the change in the agency’s net position during the reporting period. The net position consists of two components, the unexpended appropriations, and the cumulative results of operations. The Net Position increased \$992,102 in FY 2025, a change of approximately 15 percent.

Analysis of the Statement of Budgetary Resources

The Statement of Budgetary Resources presents how the budgetary resources were made available and the status of the budgetary resources at the end of the reporting period. The total budgetary resources must always equal the total status of budgetary resources. For FY 2025, OSHRC had total budgetary resources of \$18,635,695.

Limitations of the Financial Statements

The principal financial statements are prepared to report the financial position, financial condition, and results of operations of the Review Commission, pursuant to the requirements of 31 U.S.C. § 3515(b). The statements are prepared from the books and records of the Review Commission in accordance with Federal Generally Accepted Accounting Principles (GAAP) and the formats prescribed by OMB. Reports used to monitor and control budgetary resources are prepared from the same books and records. The financial statements should be read with the realization that they are for a component of the United States Government.

Management Assurances

Systems, Controls, and Legal Compliance

The Review Commission is in compliance with the Federal Managers Financial Integrity Act and OMB Circular A-123, Management's Responsibility for Internal Control. The system of internal controls for this agency is functioning well. It provides reasonable assurance as to the efficiency and effectiveness of programs and operations, reliability of financial and performance information, and compliance with laws and regulations. These controls satisfy the requirements of the Federal Managers' Financial Integrity Act. In addition, the appropriate policies and controls are in place to mitigate the risk of fraud and inappropriate charge card practices.

The Review Commission is a small, independent Federal agency and does not have a separate Inspector General Office. Therefore, the Review Commission's management team assumes the responsibility for assessing the agency's internal operations and determining if there are any weaknesses that need correction. For FY 2025, two program reviews took place. These include an audit of the FY 2025 financial statements and an audit of the agency's computer and information security.

Financial Audit

The Review Commission has had annual audits of its financial statements since FY 2003, including reviews of the adequacy of the Review Commission's internal control systems. The Review Commission received an unqualified opinion for each financial audit conducted from FY 2003 through FY 2013, and an unmodified opinion for the audits conducted in FY 2014 through FY 2024. The agency received an unmodified opinion for FY 2025.

Regarding financial management, the National Finance Center (NFC) provided payroll services, and the Bureau of the Fiscal Service (BFS) provided accounting, disbursement, and financial statement preparation services for the agency. Accordingly, certain aspects of the Review Commission's financial management system are largely influenced by the practices and procedures of the NFC and the BFS.

In addition to the practices and procedures of the NFC and BFS, the Review Commission has established certain internal controls and procedures that safeguard assets and ensure that obligations and disbursements are made consistent with management's direction. BFS reports are reviewed and reconciled to assure that the agency's obligation and disbursement actions are properly recorded and that the year-end financial statements are correctly stated. The agency's Budget and Finance Office also prospectively certifies funds availability for all obligations. In addition, OEXD staff conducts periodic reviews of internal systems including travel, payroll, and procurement.

The FY 2025 financial audit resulted in an "unmodified" opinion with no reported material weaknesses or other significant deficiencies. Generally, the system of internal controls for this agency is functioning well. It provides reasonable assurance as to the efficiency and effectiveness of programs and operations, reliability of financial and performance information, and compliance with laws and regulations. These controls satisfy the requirements of the Federal Managers' Financial Integrity Act. As previously

mentioned, the Review Commission has had annual audits of its financial statements since FY 2003, including reviews of the adequacy of the Review Commission's internal control systems.

The Review Commission contracted with the Treasury Franchise Fund, Administrative Resource Center, Bureau of the Fiscal Service, for accounting, disbursement, and travel services, and with the NFC for payroll and personnel services in FY 2025. In addition to the agency's internal controls and procedures that safeguard assets and ensure that obligations and disbursements are made consistent with management's direction, the BFS and the NFC have established practices and procedures that ensure appropriate internal controls. The two agencies' internal control systems are evaluated independently.

Improper Payments

The Review Commission did not make any improper payments in FY 2025. The agency continued the practice of reviewing the General Services Administration Excluded Parties List (EPLS) and the System for Awards Management prior to awarding contracts and purchase orders. In addition, all agency commercial awards are processed through to the Department of the Treasury's Do Not Pay (DNP) improper payments detection protocol. This automated system checks vendor data at pre-award, pre-payment, and payment instances to ensure continuity of payment eligibility. All payments made in FY 2025 were verified using the method above, except for payments to Federal vendors, payroll, and credit card payments.

Fraud Reduction

The Review Commission has identified its Charge Card Program, which includes purchase and travel cards, as a high-risk area for fraud. As a result, the agency utilizes various methods to eliminate fraud and misuse. For the purchase card program, cardholders must receive approval from the Executive Director prior to making purchases with a government purchase card. In addition, purchase cardholders are required to submit receipts with their monthly statements so that each charge can be reviewed and verified by budget staff prior to approval and payment. For the travel card program, a monthly detailed account cycle report from the charge card vendor is reviewed in conjunction with travel vouchers to detect card misuse. In FY 2025, the Review Commission reduced its purchase cardholders by 57 percent to align with the Administration's goals to reduce purchase cards within agencies.

The Review Commission continues to evaluate fraud risks within the agency. In addition, an audit of the financial statements and an audit of the agency's information technology systems were conducted for FY 2025. The results of the evaluation and the audits will be used to improve fraud prevention within the agency.

Computer and Information Security Program

Since FY 2003, the Review Commission has conducted annual independent evaluations with the assistance of private contractors. The Review Commission contracts for annual independent evaluations of its computer and information security programs consistent with the Federal Information Security Management Act (FISMA) of 2014. These evaluations are conducted in accordance with the requirements of the Government Information Security Reform Act (the predecessor to FISMA), as well as the Office of Management and Budget's implementing guidelines, and National Institute of Standards and Technology (NIST) guidance. Although the Review Commission does not have an Inspector General, we have requested that function be performed by an independent contractor.

The FY 2024 independent audit demonstrates the Review Commission's commitment to keeping up with additions and changes to FISMA law. Some specific examples in recent years include the incorporation of NIST Special Publication 800-53 Revision 5, NIST Special Publication 800-18, Federal Information Processing Standards (FIPS) 199, FIPS 200, and FIPS 201, each of which place additional requirements on the agency. The Review Commission's security program continues to be incorporated into its annual performance and security plans in accordance with the law and provides reasonable assurances and

safeguards to maintain integrity and competence. Furthermore, the Review Commission practices delegation of authority as a structured organization with defined separation of duties and supervision.

The Review Commission, in accordance with the Cybersecurity and Infrastructure Security Agency (CISA) at the U.S. Department of Homeland Security's (DHS) Binding Operational Directive 18-01, "Enhance Email and Web Security," has activated all components defined to ensure the integrity and confidentiality of internet-delivered data, minimize spam, and better protect users who might otherwise fall victim to a phishing email that appears to come from a government-owned system. All Review Commission systems use the HyperText Transfer Protocol (HTTP) Strict Transport Security, a web policy mechanism that helps protect our cloud services authentication against unauthorized connections. Additionally, the Review Commission has complied with and implemented necessary changes in accordance with Binding Operational Directives such as the Vulnerability Remediation Requirements for Internet-Accessible Systems.

The Review Commission continues to test its virus detection program along with automatic updates and scanning using a myriad of tools including third party scanning through a Managed Trusted Internet Protocol Service utilizing our internet service provider's Intrusion Prevention Security Service and continuous diagnostics and monitoring. The agency also provides a second level of virus and malware protection at the server and workstation level, which has significantly reduced the number of spam and other unwanted email messages reaching our users' mailboxes. Additional controls in place to protect data from accidental or malicious alteration or destruction include the DHS's Trusted Internet Connection, Einstein3a accelerated (U.S. Computer Emergency Readiness Team Program or U.S.-CERT), CISA's Continuous Diagnostics and Mitigation Defend F Suite of applications, and annual security refresher training for federal employees and contractors. These provide continuous monitoring of the network, intrusion detection and prevention, system and email scans, separation of duties based on access need and clearance, internal intrusion detection, monitoring and incident reporting and investigation.

In addition to security controls provided by CISA, OSHRC utilizes its deployed firewall and Intrusion Detection System to provide network perimeter security. Formal procedures for reviewing logs are in place and the information technology staff identifies incidents when a security violation occurs, engaging with CISA or other third-party constituents if necessary.

Along with the Review Commission's efforts to enhance its information security program, the agency has directed considerable resources to protect personally identifiable information (PII). In FY 2025, the agency revised its Privacy Act policy. In addition, the Senior Agency Official for Privacy (SAOP) and the privacy officer have either confirmed the accuracy of, or updated, the System of Records Notices (SORNs) for eight of the agency's system of records and published a new SORN for the agency's reasonable accommodation records. The privacy impact assessments (PIAs) are regularly updated for each of the four components of the Review Commission's information system, all of which were revised in FY 2025. To provide as much transparency as possible, SORNs, PIAs, and Privacy Act regulations are posted on the agency's privacy web page: <https://www.oshrc.gov/privacy/>. This page also includes procedures for making Privacy Act requests and provides a dedicated email address—created in FY 2022—to allow the public to communicate with the agency on any privacy-related matters. The Review Commission also regularly reviews its website and, where appropriate, adds or revises Privacy Act Statements to inform the public of any potential collections of PII.

As required by its Privacy Act directive, the Review Commission provides general Privacy Act training for its employees and contractors and provides additional role-based training to its privacy personnel, including its Privacy Act system managers. In addition, as required by the directive, the SAOP annually reviews the agency's collection and use of social security numbers (SSNs) and maintains an inventory of systems that include SSNs. In accordance with the directive, the SAOP also reviews the agency's contracts and recommends, where appropriate, inclusion of clauses concerning privacy matters.

The Review Commission has implemented a continuous monitoring privacy policy and strategy to ensure that the agency's privacy controls, including the ones discussed above, are reviewed at regular intervals. As with its information security program, the Review Commission has maximized its limited financial and human resources to establish a comprehensive privacy program that effectively protects data maintained by the agency.

Finally, the Review Commission has a limited social media presence. To address privacy concerns that could arise using social media, the agency has a social media use policy in place (revised in FY 2025) that covers all agency personnel, including contractors, and governs both official and personal social media use. Further, the agency has a formalized policy in place for redacting PII from documents that are posted on its website (revised in FY 2024) to ensure that such information is protected to the greatest extent possible. The agency also has a Breach Response Plan in place as required by OMB Memorandum 17-12. The SAOP has continued to comply with policy and OMB's guidance by conducting tabletop exercises annually and staying abreast of information security throughout the agency.

Performance Data Verification

For each strategic goal and its related objectives, the Review Commission formulated performance measures and numerical annual targets, whenever possible. A few measures are necessarily qualitative in nature. Case processing and adjudication measurements are used for several objectives contained in our Public Service Goal. Most of the data related to the Public Service Goal resides in the Review Commission's e-filing system. The e-filing system directly supports our annual performance plan's goals and targets, promotes transparency, supports technology improvements, and integrates business process automation to improve accuracy and efficiency in case management practices. In FY 2025, each of the 1,410 new cases docketed at the ALJ level were entered into the e-filing system and progress on all cases was tracked. To assure the quality of the data, management periodically reviews the information in the case management/tracking system. The agency conducts test runs of the data to ensure that information is entered and updated on a timely basis. The reports are used to assess workload and make workload adjustments, when necessary. At the end of the year, this data is used by the offices to measure performance related to the goals and to improve management.

Human resource measurements are used for the goals in the OEXD function. The data related to these goals is maintained and tracked in the Human Resource system, which includes spreadsheets to track training costs and hours, and employee personnel and performance files. Senior management reviews this information for accuracy.

**U.S. OCCUPATIONAL SAFETY AND HEALTH
REVIEW COMMISSION**

**INDEPENDENT AUDITOR'S REPORT
AND
FINANCIAL STATEMENTS**

**FOR THE YEAR ENDED
SEPTEMBER 30, 2025**



**Prepared By
Brown & Company CPAs and Management Consultants, PLLC
December 16, 2025**



INDEPENDENT AUDITOR'S REPORT

U.S. Occupational Safety and Health Review Commission
Washington, D.C. 20036

In our audit of the fiscal year 2025 financial statements of the U.S. Occupational Safety and Health Review Commission (OSHRC) we found

- OSHRC's financial statements as of and for the fiscal year ended September 30, 2025 are presented fairly, in all material respects, in accordance with U.S. generally accepted accounting principles;
- no material weaknesses in internal control over financial reporting based on the limited procedures⁷, we performed and
- no reportable noncompliance for fiscal year 2025 with provisions of applicable laws, regulations, contracts, and grant agreements we tested.

The following sections discuss in more detail (1) our report on the financial statements, which includes a section on required supplementary information (RSI)⁸ and a section on other information included with the financial statements⁹; (2) our report on internal control over financial reporting; and (3) our report on compliance with laws, regulations, contracts, and grant agreements.

Report on the Financial Statements

Opinion

In accordance with U.S. generally accepted government auditing standards we have audited OSHRC's financial statements. OSHRC's financial statements comprise the balance sheet as of September 30, 2025, the related statement of net cost, changes in net position, and budgetary resources for the fiscal year then ended; and the related notes to the financial statements. In our opinion, OSHRC's financial statements present fairly, in all material respects, OSHRC's financial position as of September 30, 2025, and its net cost of operations, changes in net position, and budgetary resources for the fiscal years then ended in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

We conducted our audits in accordance with U.S. generally accepted government auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit

⁷ A material weakness is a deficiency, or combination of deficiencies, in internal control over financial reporting, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis.

⁸ The RSI consists of "Management's Discussion and Analysis" and the "Statement of Budgetary Resources" which are included with the financial statements.

⁹ Other information consists of information included with the financial statements, other than the RSI and the auditor's report.

of the Financial Statements section of our report. We are required to be independent of OSHRC and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for

- the preparation and fair presentation of the financial statements in accordance with U.S. generally accepted accounting principles;
- preparing, measuring, and presenting the RSI in accordance with U.S. generally accepted accounting principles;
- preparing and presenting other information included in OSHRC's Performance and Accountability Report and ensuring the consistency of that information with the audited financial statements and the RSI; and
- designing, implementing, and maintaining effective internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to (1) obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and (2) issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit of the financial statements conducted in accordance with U.S. generally accepted government auditing standards will always detect a material misstatement or a material weakness when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered to be material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with U.S. generally accepted government auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to our audit of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of OSHRC's internal control over financial reporting. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Perform other procedures we consider necessary in the circumstances.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the financial statement audit.

Required Supplementary Information

U.S. generally accepted accounting principles issued by the Federal Accounting Standards Advisory Board (FASAB) require that the RSI be presented to supplement the financial statements. Such information is the responsibility of management and, although not a part of the financial statements, is required under standards issued by FASAB, which considers it to be an essential part of financial reporting for placing the financial statements in appropriate operational, economic, or historical context.

We have applied certain limited procedures to the RSI in accordance with U.S. generally accepted government auditing standards. These procedures consisted of (1) inquiring of management about the methods used to prepare the RSI and (2) comparing the RSI for consistency with management's responses to our inquiries, the financial statements, and other knowledge we obtained during the audit of the financial statements, in order to report omissions or material departures from FASAB guidelines, if any, identified by these limited procedures. We did not audit and we do not express an opinion or provide any assurance on the RSI because the limited procedures we applied do not provide sufficient evidence to express an opinion or provide any assurance.

Other Information

OSHRC's other information contains a wide range of information, some of which is not directly related to the financial statements. This information is presented for purposes of additional analysis and is not a required part of the financial statements or the RSI. Management is responsible for the other information included in OSHRC's Performance and Accountability Report. The other information comprises the following sections: a detailed statement of management assurances and other information as applicable. Other information does not include the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information, and we do not express an opinion or any form of assurance thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and consider whether a material inconsistency exists between the other information and the financial statements, or the other information otherwise appears to be materially misstated. If, based on the work performed, we conclude that an uncorrected material misstatement of the other information exists, we are required to describe it in our report.

Report on Internal Control over Financial Reporting

In connection with our audits of OSHRC's financial statements, we considered OSHRC's internal control over financial reporting, consistent with our auditor's responsibilities discussed below.

Results of Our Consideration of Internal Control over Financial Reporting

Our consideration of internal control was for the limited purpose described below, and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies¹⁰

¹⁰ A significant deficiency is a deficiency, or a combination of deficiencies, in internal control over financial reporting that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

or to express an opinion on the effectiveness of OSHRC's internal control over financial reporting. Given these limitations, during our 2025 audit, we did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that have not been identified.

Basis for Results of Our Consideration of Internal Control over Financial Reporting

We performed our procedures related to OSHRC's internal control over financial reporting in accordance with U.S. generally accepted government auditing standards and Office of Management and Budget audit guidance.

Responsibilities of Management for Internal Control over Financial Reporting

OSHRC's management is responsible for designing, implementing, and maintaining effective internal control over financial reporting relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibilities for the Consideration of Internal Control over Financial Reporting

In planning and performing our audit of OSHRC's financial statements as of and for the fiscal year ended September 30, 2025 in accordance with U.S. generally accepted government auditing standards, we considered OSHRC's internal control relevant to the financial statement audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of OSHRC's internal control over financial reporting. Accordingly, we do not express an opinion on OSHRC's internal control over financial reporting. We are required to report all deficiencies that are considered to be significant deficiencies or material weaknesses. We did not consider all internal controls relevant to operating objectives, such as those controls relevant to preparing performance information and ensuring efficient operations.

Definition and Inherent Limitations of Internal Control over Financial Reporting

OSHRC's internal control over financial reporting is a process effected by those charged with governance, management, and other personnel. The objectives of internal control over financial reporting are to provide reasonable assurance that:

- transactions are properly recorded, processed, and summarized to permit the preparation of financial statements in accordance with U.S. generally accepted accounting principles, and assets are safeguarded against loss from unauthorized acquisition, use, or disposition, and
- transactions are executed in accordance with provisions of applicable laws, including those governing the use of budget authority, regulations, contracts, and grant agreements, noncompliance with which could have a material effect on the financial statements.

Because of its inherent limitations, internal control over financial reporting may not prevent, or detect and correct, misstatements due to fraud or error.

Intended Purpose of Report on Internal Control over Financial Reporting

The purpose of this report is solely to describe the scope of our consideration of OSHRC's internal control over financial reporting and the results of our procedures, and not to provide an opinion on the effectiveness of OSHRC's internal control over financial reporting. This report is an integral part of an audit performed in accordance with U.S. generally accepted government auditing standards in considering internal control

over financial reporting. Accordingly, this report on internal control over financial reporting is not suitable for any other purpose.

Report on Compliance with Laws, Regulations, Contracts, and Grant Agreements

In connection with our audits of OSHRC's financial statements, we tested compliance with selected provisions of applicable laws, regulations, contracts, and grant agreements consistent with our auditor's responsibilities discussed below.

Results of Our Tests for Compliance with Laws, Regulations, Contracts, and Grant Agreements

Our tests for compliance with selected provisions of applicable laws, regulations, contracts, and grant agreements disclosed no instances of noncompliance for fiscal year 2025 that would be reportable under U.S. generally accepted government auditing standards. However, the objective of our tests was not to provide an opinion on compliance with laws, regulations, contracts, and grant agreements applicable to OSHRC. Accordingly, we do not express such an opinion.

Basis for Results of Our Tests for Compliance with Laws, Regulations, Contracts, and Grant Agreements

We performed our tests of compliance in accordance with U.S. generally accepted government auditing standards.

Responsibilities of Management for Compliance with Laws, Regulations, Contracts, and Grant Agreements

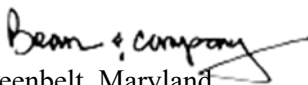
OSHRC's management is responsible for complying with laws, regulations, contracts, and grant agreements applicable to OSHRC.

Auditor's Responsibilities for Tests of Compliance with Laws, Regulations, Contracts, and Grant Agreements

Our responsibility is to test compliance with selected provisions of laws, regulations, contracts, and grant agreements applicable to OSHRC that have a direct effect on the determination of material amounts and disclosures in OSHRC financial statements, and to perform certain other limited procedures. Accordingly, we did not test compliance with all provisions of laws, regulations, contracts, and grant agreements applicable to OSHRC. We caution that noncompliance may occur and not be detected by these tests.

Intended Purpose of Report on Compliance with Laws, Regulations, Contracts, and Grant Agreements

The purpose of this report is solely to describe the scope of our testing of compliance with selected provisions of applicable laws, regulations, contracts, and grant agreements, and the results of that testing, and not to provide an opinion on compliance. This report is an integral part of an audit performed in accordance with U.S. generally accepted government auditing standards in considering compliance. Accordingly, this report on compliance with laws, regulations, contracts, and grant agreements is not suitable for any other purpose.


Greenbelt, Maryland
December 16, 2025

FINANCIAL STATEMENTS AND NOTES

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION
BALANCE SHEET
AS OF SEPTEMBER 30, 2025
(In Dollars)

| | 2025 |
|---|---------------------|
| Assets | |
| Intragovernmental Assets | |
| Fund Balance with Treasury (Note 2) | \$ 8,593,045 |
| Advances and Prepayments | 4,216 |
| Total Intragovernmental Assets | 8,597,261 |
| Other than Intragovernmental Assets | |
| Accounts Receivable, Net (Note 3) | 10,597 |
| Total Other than Intragovernmental Assets | 10,597 |
| Total Assets | \$ 8,607,858 |
| Liabilities | |
| Intragovernmental Liabilities | |
| Accounts Payable | \$ 379 |
| Accounts Payable | 379 |
| Other Liabilities (Note 5) | 56,290 |
| Other Liabilities (Without Reciprocals) | 13,408 |
| Other Current Liabilities - Benefit Contributions Payable | 42,882 |
| Total Intragovernmental Liabilities | 56,669 |
| Other than Intragovernmental Liabilities | |
| Accounts Payable | 142,610 |
| Federal Employee Salary, Leave, and Benefits Payable | 758,973 |
| Total Other than Intragovernmental Liabilities | 901,583 |
| Total Liabilities | \$ 958,252 |
| Net Position | |
| Unexpended Appropriations | |
| Funds from Other than Dedicated Collections | \$ 8,205,332 |
| Cumulative Results of Operations | |
| Funds from Other than Dedicated Collections | (555,726) |
| Total Net Position | \$ 7,649,606 |
| Total Liabilities and Net Position | \$ 8,607,858 |

The accompanying notes are an integral part of these financial statements.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION
STATEMENT OF NET COST
FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2025
(In Dollars)

| | 2025 |
|-----------------------------|---------------|
| Gross Program Costs: | |
| Administrative Law Judge | \$ 7,112,161 |
| Less: Earned Revenue | (118) |
| Net Program Costs | \$ 7,112,043 |
| Commission | \$ 6,017,984 |
| Less: Earned Revenue | (100) |
| Net Program Costs | \$ 6,017,884 |
| Executive Director | \$ 1,914,813 |
| Less: Earned Revenue | (32) |
| Net Program Costs | \$ 1,914,781 |
| Net Cost of Operations | \$ 15,044,708 |

The accompanying notes are an integral part of these financial statements.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION
STATEMENT OF CHANGES IN NET POSITION
FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2025
(In Dollars)

| | 2025 |
|--|---------------------|
| Unexpended Appropriations | |
| Beginning Balance | \$ 7,300,803 |
| Appropriations Received | 15,449,000 |
| Other Adjustments | (376,786) |
| Appropriations Used | (14,167,685) |
| Net Change in Unexpended Appropriations | 904,529 |
| Total Unexpended Appropriations | \$ 8,205,332 |
| Cumulative Results of Operations | |
| Beginning Balance | \$ (643,299) |
| Appropriations Used | 14,167,685 |
| Imputed Financing (Note 8) | 964,846 |
| Other | (250) |
| Net Cost of Operations | (15,044,708) |
| Net Change in Cumulative Results of Operations | 87,573 |
| Total Cumulative Results of Operations | \$ (555,726) |
| Net Position | \$ 7,649,606 |

The accompanying notes are an integral part of these financial statements.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION
STATEMENT OF BUDGETARY RESOURCES
FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2025
(In Dollars)

| | 2025 |
|--|----------------------|
| Budgetary Resources | |
| Unobligated Balance From Prior Year Budget Authority, Net (Note 9) | \$ 3,186,695 |
| Appropriations | 15,449,000 |
| Total Budgetary Resources | \$ 18,635,695 |
| Status of Budgetary Resources | |
| New Obligations and Upward Adjustments (Total) | \$ 14,074,434 |
| Unobligated Balance, End of Year | |
| Apportioned, Unexpired Accounts | 1,453,558 |
| Unexpired, Unobligated Balance, End of Year | 1,453,558 |
| Expired, Unobligated Balance, End of Year | 3,107,703 |
| Unobligated Balance, End of Year (Total) | 4,561,261 |
| Total Budgetary Resources | \$ 18,635,695 |
| Outlays, Net and Disbursements, Net | |
| Outlays, Net (Total) | \$ 14,121,241 |
| Distributed Offsetting Receipts | (250) |
| Agency Outlays, Net | \$ 14,120,991 |

The accompanying notes are an integral part of these financial statements.



U.S. OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION NOTES TO THE FINANCIAL STATEMENTS

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Reporting Entity

The U.S. Occupational Safety and Health Review Commission (Review Commission) is an independent adjudicatory agency created by the Occupational Safety and Health Act of 1970 (the Act). The sole statutory mandate is to serve as an administrative court providing fair and expeditious resolution of disputes involving the Occupational Safety and Health Administration (OSHA), employers charged with violations of the Occupational Safety and Health Act, and employees and/or their representatives. The Review Commission was created by Congress as an agency completely independent of the Department of Labor (DOL) to ensure that OSHA's enforcement actions are carried out in accordance with the law and that parties are accorded due process.

The Review Commission is comprised of General Funds and General Miscellaneous Receipts. General Funds are accounts used to record financial transactions arising under congressional appropriations or other authorizations to spend general revenues. General Fund Miscellaneous Receipts are accounts established for receipts of non-recurring activity, such as fines, penalties, fees and other miscellaneous receipts for services and benefits.

The Review Commission receives custodial collections and holds custodial receivables that are non-entity assets and are transferred to Treasury at fiscal year-end.

The Review Commission has rights and ownership of all assets reported in these financial statements. The reporting entity is a component of the U.S. Government. For this reason, some of the assets and liabilities reported by the entity may be eliminated for government-wide reporting because they are offset by assets and liabilities of another U.S. Government entity. These financial statements should be read with the realization that they are for a component of the U.S. Government, a sovereign entity. The Review Commission does not possess any non-entity assets.

B. Basis of Presentation

The financial statements have been prepared to report the financial position and results of operations of the Review Commission. The Balance Sheet presents the financial position of the agency. The Statement of Net Cost presents the agency's operating results; the Statement of Changes in Net Position displays the changes in the agency's equity accounts. The Statement of Budgetary Resources presents the sources, status, and uses of the agency's resources and follows the rules for the Budget of the United States Government.

The statements are a requirement of the Chief Financial Officers Act of 1990, the Government Management Reform Act of 1994 and the Accountability of Tax Dollars Act of 2002. They have been prepared from, and are fully supported by, the books and records of the Review Commission in accordance with the hierarchy of accounting principles generally accepted in the United States of America, standards issued by the Federal Accounting Standards Advisory Board (FASAB), Office of Management and Budget (OMB) Circular A-136, *Financial Reporting Requirements*, as amended,

and the Review Commission's accounting policies which are summarized in this note. These statements, with the exception of the Statement of Budgetary Resources, are different from financial management reports, which are also prepared pursuant to OMB directives that are used to monitor and control the Review Commission's use of budgetary resources. The financial statements and associated notes are presented on a comparative basis. Unless specified otherwise, all amounts are presented in dollars.

C. Basis of Accounting

Transactions are recorded on both an accrual accounting basis and a budgetary basis. Under the accrual method, revenues are recognized when earned, and expenses are recognized when a liability is incurred, without regard to receipt or payment of cash. Budgetary accounting facilitates the control and monitoring of federal funds as well as the compliance with legal requirements on the use of those funds.

D. Fund Balance with Treasury

Fund Balance with Treasury (FBWT) is an asset of a reporting entity and a liability of the General Fund. It is the aggregate amount of the Review Commission's funds with Treasury in expenditure and receipt accounts. Appropriated funds recorded in expenditure accounts are available to pay current liabilities and finance authorized purchases.

The Review Commission does not maintain bank accounts of its own, has no disbursing authority, and does not maintain cash held outside of Treasury. When the reporting entity seeks to use Fund Balance with Treasury or investments in Government securities to liquidate budgetary obligations, Treasury will finance the disbursements in the same way it finances all other disbursements, which is to borrow from the public if there is a budget deficit (and to use current receipts if there is a budget surplus). Funds are disbursed for the agency on demand.

E. Accounts Receivable

Accounts receivable consists of amounts owed to the Review Commission by other federal agencies and the general public. Amounts due from federal agencies are considered fully collectible. Accounts receivable from the public include reimbursements from employees. An allowance for uncollectible accounts receivable from the public is established when, based upon a review of outstanding accounts and the failure of all collection efforts, management determines that collection is unlikely to occur considering the debtor's ability to pay.

F. Property, Equipment, and Software

Property, equipment and software represent furniture, fixtures, equipment, and information technology hardware and software which are recorded at original acquisition cost and are depreciated or amortized using the straight-line method over their estimated useful lives. Major alterations and renovations are capitalized, while maintenance and repair costs are expensed as incurred. The Review Commission's capitalization threshold is \$50,000 for individual purchases and \$500,000 for bulk purchases. Property, equipment, and software acquisitions that do not meet the capitalization criteria are expensed upon receipt. Applicable standard governmental guidelines regulate the disposal and convertibility of agency property, equipment, and software.

The useful life classifications for capitalized assets are as follows:

| <u>Description</u> | <u>Useful Life (years)</u> |
|--------------------|----------------------------|
| Office Furniture | 7 |
| Office Equipment | 5 |

G. Advances and Prepaid Charges

Advance payments are generally prohibited by law. There are some exceptions, such as reimbursable agreements, subscriptions and payments to contractors and employees. Payments made in advance of the receipt of goods and services are recorded as advances or prepaid charges at the time of prepayment and recognized as expenses when the related goods and services are received.

H. Liabilities

Liabilities represent the amount of funds likely to be paid by the Review Commission as a result of transactions or events that have already occurred.

The Review Commission reports its liabilities under two categories, Intragovernmental and Other than Intragovernmental. Intragovernmental liabilities represent funds owed to another government agency. Liabilities other than intragovernmental represent funds owed to any entity or person that is not a federal agency, including private sector firms and federal employees. Each of these categories may include liabilities that are covered by budgetary resources and liabilities not covered by budgetary resources.

Liabilities covered by budgetary resources are liabilities funded by a current appropriation or other funding source. These consist of accounts payable and accrued payroll and benefits. Accounts payable represent amounts owed to another entity for goods ordered and received and for services rendered except for employees. Accrued payroll and benefits represent payroll costs earned by employees during the fiscal year which are not paid until the next fiscal year.

Liabilities not covered by budgetary resources are liabilities that are not funded by any current appropriation or other funding source. These liabilities consist of accrued annual leave.

I. Annual, Sick, and Other Leave

Annual leave is accrued as it is earned, and the accrual is reduced as leave is taken. The balance in the accrued leave account is adjusted to reflect current pay rates. Liabilities associated with other types of vested leave, including compensatory, restored leave, and sick leave in certain circumstances, are accrued at year-end, based on latest pay rates and unused hours of leave. Funding will be obtained from future financing sources to the extent that current or prior year appropriations are not available to fund annual and other types of vested leave earned but not taken. Nonvested leave is expensed when used. Any liability for sick leave that is accrued but not taken by a Civil Service Retirement System (CSRS)-covered employee is transferred to the Office of Personnel Management (OPM) upon the retirement of that individual. Credit is given for sick leave balances in the computation of annuities upon the retirement of Federal Employees Retirement System (FERS)-covered employee.

J. Accrued and Actuarial Workers' Compensation

The Federal Employees' Compensation Act (FECA) administered by the U.S. Department of Labor (DOL) addresses all claims brought by the Review Commission's employees for on-the-job injuries. The DOL bills each agency annually as its claims are paid, but payment of these bills is deferred for two years to allow for funding through the budget process. Similarly, employees that the Review Commission terminates without cause may receive unemployment compensation benefits under the unemployment insurance program also administered by the DOL, which bills each agency quarterly for paid claims. Future appropriations will be used for the reimbursement to DOL. The liability consists of the unreimbursed cost paid by DOL for compensation to recipients under the FECA.

K. Retirement Plans

The Review Commission's employees participate in either the CSRS or the FERS. The employees who participate in CSRS are beneficiaries of the Review Commission's matching contribution, equal to seven percent of pay, distributed to their annuity account in the Civil Service Retirement and Disability Fund.

Prior to December 31, 1983, all employees were covered under the CSRS program. From January 1, 1984 through December 31, 1986, employees had the option of remaining under CSRS or joining FERS and Social Security. Employees hired as of January 1, 1987 are automatically covered by the FERS program. Both CSRS and FERS employees may participate in the federal Thrift Savings Plan (TSP). FERS employees receive an automatic agency contribution equal to one percent of pay and the Review Commission matches any employee contribution up to an additional four percent of pay. For FERS participants, the Review Commission also contributes the employer's matching share of Social Security.

FERS employees and certain CSRS reinstatement employees are eligible to participate in the Social Security program after retirement. In these instances, the Review Commission remits the employer's share of the required contribution.

The Review Commission recognizes the imputed cost of pension and other retirement benefits during the employees' active years of service. OPM actuaries determine pension cost factors by calculating the value of pension benefits expected to be paid in the future and communicate these factors to the Review Commission for current period expense reporting. OPM also provides information regarding the full cost of health and life insurance benefits. The Review Commission recognized the offsetting revenue as imputed financing sources to the extent these expenses will be paid by OPM.

The Review Commission does not report on its financial statements' information pertaining to the retirement plans covering its employees. Reporting amounts such as plan assets, accumulated plan benefits, and related unfunded liabilities, if any, is the responsibility of the OPM, as the administrator.

L. Other Post-Employment Benefits

The Review Commission's employees eligible to participate in the Federal Employees' Health Benefits Plan (FEHBP) and the Federal Employees' Group Life Insurance Program (FEGHIP) may continue to participate in these programs after their retirement. The OPM has provided the Review Commission with certain cost factors that estimate the true cost of providing the post-retirement benefit to current employees. The Review Commission recognizes a current cost for these and Other Retirement Benefits (ORB) at the time the employee's services are rendered. The ORB expense is financed by OPM, and offset by the Review Commission through the recognition of an imputed financing source.

M. Use of Estimates

The preparation of the accompanying financial statements in accordance with generally accepted accounting principles requires management to make certain estimates and assumptions that affect the reported amounts of assets, liabilities, revenues, and expenses. Actual results could differ from those estimates.

N. Classified Activities

Accounting standards require all reporting entities to disclose that accounting standards allow certain presentations and disclosures to be modified, if needed, to prevent the disclosure of classified information.

NOTE 2. FUND BALANCE WITH TREASURY

Fund Balance with Treasury account balances as of September 30, 2025 were as follows:

| | 2025 |
|---|---------------------|
| Status of Fund Balance With Treasury | |
| Unobligated Balance | \$ 4,561,261 |
| Obligated Balance Not Yet Disbursed | 4,031,784 |
| Total Fund Balance With Treasury | \$ 8,593,045 |

No discrepancies exist between the Fund Balance reflected on the Balance Sheet and the balances in the Treasury accounts.

Unobligated balances may include amounts that are not available for current use and are restricted to future use.

The obligated balance not yet disbursed includes accounts payable, accrued expenses, and undelivered orders that have reduced unexpended appropriations but have not yet decreased the fund balance on hand.

NOTE 3. ACCOUNTS RECEIVABLE, NET

Accounts receivable balances as of September 30, 2025, were as follows:

| | 2025 |
|----------------------------------|------------------|
| Other than Intragovernmental | |
| Accounts Receivable | \$ 10,597 |
| Total Accounts Receivable | \$ 10,597 |

The accounts receivable is primarily made up of employee receivables.

Historical experience has indicated that the majority of the receivables are collectible. There are no material uncollectible accounts as of September 30, 2025.

NOTE 4. LIABILITIES NOT COVERED BY BUDGETARY RESOURCES

The liabilities for the Review Commission as of September 30, 2025, include liabilities not covered by budgetary resources. Congressional action is needed before budgetary resources can be provided. Although future appropriations to fund these liabilities are likely and anticipated, it is not certain that appropriations will be enacted to fund these liabilities.

| | | 2025 |
|--|-----------|----------------|
| Unfunded Leave | \$ | 568,957 |
| Total Liabilities Not Covered by Budgetary Resources | \$ | 568,957 |
| Total Liabilities Covered by Budgetary Resources | | 389,295 |
| Total Liabilities | \$ | 958,252 |

Unfunded leave represents a liability for earned leave and is reduced when leave is taken. The balance in the accrued annual leave account is reviewed quarterly and adjusted as needed to accurately reflect the liability at current pay rates and leave balances. Accrued annual leave is paid from future funding sources and, accordingly, is reflected as a liability not covered by budgetary resources. Sick and other leave is expensed as taken.

NOTE 5. OTHER LIABILITIES

Other liabilities account balances as of September 30, 2025, were as follows:

| | Current | Non-Current | Total |
|--|------------------|-------------|------------------|
| 2025 | | | |
| Intragovernmental Other Liabilities | | | |
| Employer Contributions and Payroll Taxes Payable (without reciprocals) | \$ 13,408 | \$ - | \$ 13,408 |
| Employer Contributions and Payroll Taxes Payable | 42,882 | - | 42,882 |
| Total Intragovernmental Other Liabilities | \$ 56,290 | \$ - | \$ 56,290 |
| Total Other Liabilities | \$ 56,290 | \$ - | \$ 56,290 |

NOTE 6. LEASES

The Review Commission occupies office space under lease agreements that are accounted for as intragovernmental leases per SFFAS 54 guidance. Annual rent for each location is charged by the General Services Administration (GSA), which acts as the federal leasing agent for the Review Commission. Lease payments are increased annually based on the adjustments for operating costs and real estate tax escalations. The Atlanta, GA lease was cancelled as of July 31, 2025 with no additional rent, interest, or penalties due.

The lease locations and terms are listed below.

| Location | Term | Lease Expiration Date |
|----------------|------------|-----------------------|
| Denver, CO | 120 months | 9/30/2028 |
| Washington, DC | 180 months | 4/23/2038 |

Below is a schedule of future payments for the term of the lease:

| | Buildings | Total Federal |
|--------------------|----------------------|----------------------|
| Fiscal Year | | |
| 2026 | \$ 1,597,647 | \$ 1,597,647 |
| 2027 | 1,598,582 | 1,598,582 |
| 2028 | 1,599,536 | 1,599,536 |
| 2029 | 1,493,364 | 1,493,364 |
| 2030 | 1,493,364 | 1,493,364 |
| 2031-2035 | 7,466,818 | 7,466,818 |
| 2036-2040 | 3,857,855 | 3,857,855 |
| Total | \$ 19,107,166 | \$ 19,107,166 |

The operating lease amount does not include estimated payments for leases with annual renewal options.

NOTE 7. COMMITMENTS AND CONTINGENCIES

The Review Commission did not have any material contingent liabilities that met disclosure requirements as of September 30, 2025.

NOTE 8. INTER-ENTITY COSTS

The Review Commission recognizes certain inter-entity costs for goods and services that are received from other federal entities at no cost or at a cost less than the full cost. Certain costs of the providing entity that are not fully reimbursed are recognized as imputed cost and are offset by imputed revenue. Such imputed costs and revenues relate to employee benefits and claims to be settled by the Treasury Judgement Fund. The Review Commission recognizes as inter-entity costs the amount of accrued pension and post-retirement benefit expenses for current employees.

The assets and liabilities associated with such benefits are the responsibility of the administering agency, OPM. For the fiscal years ended September 30, 2025, inter-entity costs were as follows:

| | 2025 |
|--|-------------------|
| Office of Personnel Management | \$ 964,846 |
| Total Imputed Financing Sources | \$ 964,846 |

NOTE 9. UNOBLIGATED BALANCE FROM PRIOR YEAR BUDGET AUTHORITY, NET

The Unobligated Balance Brought Forward from the prior fiscal year has been adjusted for recoveries of prior year paid and unpaid obligations and other changes such as canceled authority. The Adjustments to Unobligated Balance Brought Forward, October 1, as of September 30, 2025, consisted of the following:

| | 2025 |
|--|---------------------|
| Unobligated Balance Brought Forward from Prior Year, October 1 | \$ 3,508,851 |
| Recoveries of Prior Year Obligations | 54,631 |
| Other Changes in Unobligated Balances | (376,787) |
| Unobligated Balance from Prior Year Budget Authority, Net (Discretionary and Mandatory) | \$ 3,186,695 |

NOTE 10. UNDELIVERED ORDERS AT THE END OF THE PERIOD

Budgetary resources obligated for undelivered orders as of September 30, 2025 were as follows:

| | Intragovernmental | Other than Intragovernmental | Total |
|---------------------------------|---------------------|---------------------------------|---------------------|
| 2025 | | | |
| Paid Undelivered Orders | \$ 4,216 | \$ - | \$ 4,216 |
| Unpaid Undelivered Orders | 1,611,810 | 2,030,679 | 3,642,489 |
| Total Undelivered Orders | \$ 1,616,026 | \$ 2,030,679 | \$ 3,646,705 |

NOTE 11. EXPLANATION OF DIFFERENCES BETWEEN THE STATEMENT OF BUDGETARY RESOURCES AND THE BUDGET OF THE U.S. GOVERNMENT

The President's Budget that will include fiscal year 2025 actual budgetary execution information has not yet been published. The President's Budget is scheduled for publication in February 2026 and can be found at the OMB Web site: <http://www.whitehouse.gov/omb/>. The Fiscal Year 2026 Budget of the United States Government, with the "Actual" column completed for 2024, has been reconciled to the Statement of Budgetary Resources and there were no material differences.

In Millions

| | Total Budgetary Resources | New Obligations & Upward Adjustments (Total) | Distributed Offsetting Receipts | Net Outlays |
|--|------------------------------|---|---------------------------------------|--------------|
| Combined Statement of Budgetary Resources | \$ 18 | \$ 14 | \$ - | \$ 14 |
| Unobligated Balance Not Available | (2) | - | - | - |
| Difference Due to Rounding | (1) | - | - | - |
| Budget of the U.S. Government | \$ 15 | \$ 14 | \$ - | \$ 14 |

NOTE 12. CUSTODIAL REVENUES

The Review Commission's custodial collection primarily consists of Freedom of Information Act requests. While these collections are considered custodial, they are neither primary to the mission of the Review Commission nor material to the overall financial statements. The Review Commission's total custodial collections are \$250 for the year ended September 30, 2025.

NOTE 13. RECONCILIATION OF NET OPERATING COST & NET BUDGETARY OUTLAYS

The reconciliation of net outlays, presented on a budgetary basis, and the net cost, presented on an accrual basis, provides an explanation of the relationship between budgetary and financial accounting information.

The reconciliation of Net Cost to Net Outlays as of September 30, 2025:

| | Intragovern- mental | Other than Intragovern- mental | Total |
|---|------------------------|--------------------------------------|----------------------|
| Net Operating Cost (Revenue) Reported on Statement of Net Cost | \$ 5,187,155 | \$ 9,857,553 | \$ 15,044,708 |
| Components of Net Operating Cost Not Part of the Budgetary Outlays | | | |
| Increase/(Decrease) in Assets Not Affecting Budgetary Outlays: | | | |
| Accounts Receivable, Net | - | 8,987 | 8,987 |
| Advances and Prepayments | 2,647 | - | 2,647 |
| (Increase)/Decrease in Liabilities Not Affecting Budgetary Outlays: | | | |
| Accounts Payable | (211) | (38,431) | (38,642) |
| Federal Employee Salary, Leave, and Benefits Payable | - | 70,658 | 70,658 |
| Other Liabilities | (2,537) | 16 | (2,521) |
| Financing Sources: | | | |
| Imputed Cost | (964,846) | - | (964,846) |
| Total Components of Net Operating Cost Not Part of the Budgetary Outlays | \$ (964,947) | \$ 41,230 | \$ (923,717) |
| Misc Items | | | |
| Distributed Offsetting Receipts (SBR 4200) | - | (250) | (250) |
| Non-Entity Activity | 250 | - | 250 |
| Total Other Reconciling Items | \$ 250 | \$ (250) | \$ - |
| Total Net Outlays (Calculated Total) | \$ 4,222,458 | \$ 9,898,533 | \$ 14,120,991 |
| Budgetary Agency Outlays, net | | | \$ 14,120,991 |