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

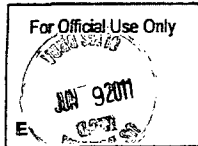# FORM LM-20
AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

For Official Use Only

JUN 9 2011

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C-   735-4601639

Person Filing

2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Dana Tran	Name
Title Consultant	Title
Organization	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 117 Bernal Road, #70-175	Street
City San Jose	City
State California ZIP Code + 4 95119	State ZIP Code + 4

4. Date fiscal year ends:	5. Type of person:
Dec / 10	a. [X] Individual b. [ ] Partnership c. [ ] Corporation d. [ ] Other (Specify):

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 6 / 17 / 2010
Name Sharon Z Ginchansky	
Organization Country Villa Health Srvs/Rancho Mirage	8. Name of person(s) through whom made:
Trade Name, if any	Name Lupe Cruz
P.O. Box, Bldg., Room No., if any	Name
Street 5120 West Goldleaf Circle, Ste 400	Name
City Los Angeles	Name
State California ZIP Code + 4 90056	Name

Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See *Section VII* on penalties in the instructions.)

13. Signed *Dana Tran*	President (If other title, see instructions)	14. Signed	Treasurer (If other title, see instructions)
Title Sole Proprietor		Title Treasurer	

On   5/12/2011   (408) 504-9896
   Date   Telephone Number

On   _____   _____
   Date   Telephone Number

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9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

a. ☐ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.

b. ☒ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

Paid Hourly. Expenses reimbursed.

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Provide information on employees and what they feel are the aspects of their employment situation that can be improved by holding small group meetings with employees to determine issues of concern or displeasure among the employees related to their particular facility, management, working conditions, and the employer generally.

11.b. Period during which performed:
    June 28 to present
	11.c. Extent performed:
	    Held meetings in small groups

11.d. Name and address through whom performed: Name Lupe Cruz Organization Cruz & Associates, Inc. P.O. Box, Bldg., Room No., if any P.O. Box 1831 Street City Upland State California ZIP Code + 4 91785	Additional Name and address through whom performed, if any: Name Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
12.a. Identify subject groups of employees: All employees in the facility	12.b. Identify subject labor organizations:

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