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. 1245-0003 Expires 10-31-2013

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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: <b>C-</b> 00676						
Person Filing						
Name and mailing address (include Z	IP Code):	3. Any other address where records necessary to verify this report are kept:				
Name Adriana	Ortiz	Name				
Title		Title				
Organization Solutions Labor	Relations Consultants	Organization				
P.O. Box, Bldg., Room No., if any Su.	ite 210-106	P.O. Box, Bldg., Room No., if any				
Street 7426 Cherry Ave		Street				
City Fontana		City				
State California	ZIP Code + 4 92336	State	ZIP Code + 4			
4. Date fiscal year ends:	5. Type of person:					
Dec / 19	a. Individual b. Partnership	c. Corporation d. Other (S	Specify): LLC			
Nature of Agreement or Arrangemen	nt					
6. Full name and address of employer w	vith whom made (include ZIP Code):	7. Date entered into: 10 / 4 / 2016				
Name Caitlin Mo	ughon	,				
Organization DaVita, Inc.		Name of person(s) through whom made:				
Trade Name, if any		Name Peter List				
P.O. Box, Bldg., Room No., if any		Name				
Street 15271 Laguna Canyon F	Road	Name				
City Irvine		Name				
State California	ZIP Code + 4 92618	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 Alan Harris	President (If other title, see	14. Signed	Treasurer (If other title, see			
Title Managing Partner instructions)		Title	instructions)			
On 6/27/2019 90	9-910-5585	On				
Date	Telephone Number	Date	Telephone Number			
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Filer: Adriana Ortiz Solutions Labor Relations Consultants	File Number C- 00676				
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.):					
Oral agreement made with Kulture Consulting, LLC \$245.00 per hour, plu expenses.	s actual and reasonable				
Specific Activities to be Performed					
11. For each politicity, congretely list in detail the information required (See instructions):					

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

Traveled to various employer locations, met with management personnel. Met with employees to discuss employee relations, and answer any questions.

11.b. Period during which performed:	11.c. Extent performed:		
Various dates January-December	Ongoing		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name Peter List	Name		
Organization Kulture Consulting, LLC	Organization		
P.O. Box, Bldg., Room No., if any P.O. Box 2877	P.O. Box, Bldg., Room No., if any		
Street	Street		
City Pawleys Island	City		
State South Carolina ZIP Code + 4 29585	State ZIP Code + 4		
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:		
Healthcare employees employed by the employer at its various locations. NO PETITION	Service Employees International Union, United Nurses Association of California, and California Nurses Association.		
	NO PETITION		

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