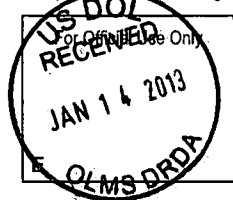


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

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 filers, including Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

511200

1. File Number C- <u>65136</u>	2. Period Covered By This Report From: <u>07/01/2011</u> Through: <u>06/30/2012</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name <u>James M. McGary</u>	Name <u></u>
Title <u>Vice President</u>	Title <u></u>
Organization <u>Briarleaf Nursing and Convalescent, Inc.</u>	Organization <u>Accord Health Service, Inc.</u>
P.O. Box, Building and Room Number, if any <u></u>	P.O. Box, Building and Room Number, if any <u></u>
Street <u>2500 Boulevard of the Generals</u>	Street <u>2500 Boulevard of the Generals</u>
City <u>Norristown</u>	City <u>Norristown</u>
State <u>Pennsylvania</u> ZIP Code + 4 <u>19403</u>	State <u>Pennsylvania</u> ZIP Code + 4 <u>19403</u>

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 the Section on penalties in the instructions).

17. Signed <u>[Signature]</u> Title <u>President</u> On <u>01/10/2013</u> Date <u>610-630-2400</u> Telephone Number	18. Signed <u>[Signature]</u> Title <u>Treasurer</u> On <u>01/10/2013</u> Date <u>610-630-2400</u> Telephone Number
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Name of Person Filing:	File Number C-
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Building and Room Number, if any	
Trade Name		Street	
Attention To		City	
Title		State	<input checked="" type="checkbox"/> ZIP Code + 4
5.b. Termination Date		5.c. Amount	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 0			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:			
(a) Name	(b) Salary	(c) Expenses	(d) Totals
			9. Office and Administrative Expenses
			10. Publicity
			11. Fees for Professional Services
			12. Loans Made
			13. Other Disbursements
8. Total disbursements to officers and employees:			14. Total Disbursements (Sum of Items 8-13)

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:	15.b. Trade Name, if any:
Briarleaf Nursing and Convalescent, Inc.	
15.c. To Whom Paid	15.d. Amount
Name	48,325
Title	
Organization	15.e. Purpose
Kulture Consulting, Inc.	Kulture's employees met with employees of Briarleaf to discuss union card signing activity
P.O. Box, Building and Room Number, if any	
Street	
City	
State	<input checked="" type="checkbox"/> ZIP Code + 4
New Jersey	07006
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 48,325	