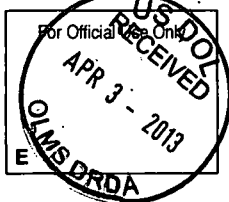


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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 Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

524868

1. File Number C- 00755	2. Period Covered By This Report From: 01/01/2012 Through: 12/31/2012
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A. Person Filing

3. Name and mailing address (include ZIP Code):

Name: Robert W Long
Title: Chief Executive Officer
Organization: Healthcare Labor Solutions
P.O. Box, Building and Room Number, if any: L1-645
Street: 27762 Antonio Parkway
City: Ladera Ranch
State: California ZIP Code + 4: 92694

4. Any other address where records necessary to verify this report are kept:

Name:
Title:
Organization:
P.O. Box, Building and Room Number, if any:
Street:
City:
State: ZIP Code + 4:

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: [Signature] President
(if other title, see instructions)
Title: President

On: 03/26/2013 Telephone Number: 877-424-9799

18. Signed: [Signature] Treasurer
(if other title, see instructions)
Title: Treasurer

On: 03/26/2013 Telephone Number: 877-424-9799

Name of Person Filing: Robert Long	File Number C- 00755
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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 Windsor Vallejo Care Center	P.O. Box, Building and Room Number, if any Suite 700
Trade Name	Street 9200 West Sunset Blvd.
Attention To Josh Sable	City West Hollywood
Title	State California ZIP Code + 4 90069

5.b. Termination Date **06/28/2012** 5.c. Amount **174,349**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS **521,542**

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	
Robert W Long	25,285	4,258	29,543	9. Office and Administrative Expenses 5,294
				10. Publicity 1,255
				11. Fees for Professional Services 437,762
				12. Loans Made 0
				13. Other Disbursements 0
8. Total disbursements to officers and employees: 29,543				14. Total Disbursements (Sum of Items 8-13) 473,854

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:
15.c. To Whom Paid	15.d. Amount
Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: Robert Long		File Number C- 00755	
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).			
Employer: Sutter East Bay Hospitals, Inc.		Mailing Address: P.O. Box, Bldg., Room No., if any	
Trade Name: Alta Bates Summit Medical Center		Street: 350 Hawthorne Ave.	
Attention To: Mary Pelkey		City: Oakland	
Title: Administrative Director, HR		State: California ZIP Code + 4: 94609	
5.b. Termination Date: 02/29/2012		5.c. Amount: 30,023	
5.a. Name and Address of Employer (including trade name, if any).			
Employer: Memorial Medical Center		Mailing Address: P.O. Box, Bldg., Room No., if any	
Trade Name:		Street: 1200 Scenic Drive	
Attention To: Susan Donker		City: Modesto	
Title: Regional VP, HR		State: California ZIP Code + 4: 95350	
5.b. Termination Date: 06/30/2012		5.c. Amount: 124,758	
5.a. Name and Address of Employer (including trade name, if any).			
Employer: Sutter East Bay Hospitals, Inc.		Mailing Address: P.O. Box, Bldg., Room No., if any	
Trade Name: Alta Bates Summit Medical Center		Street: 350 Hawthorne Ave.	
Attention To: Mary Pelkey		City: Oakland	
Title: Administrative Director, HR		State: California ZIP Code + 4: 94609	
5.b. Termination Date: 07/05/2012		5.c. Amount: 30,819	
5.a. Name and Address of Employer (including trade name, if any).			
Employer: Sutter Central Valley Hospitals		Mailing Address: P.O. Box, Bldg., Room No., if any	
Trade Name: Sutter Tracy Community Hospital		Street: 1200 Scenic Drive	
Attention To: Susan Donker		City: Modesto	
Title: Regional VP, HR		State: California ZIP Code + 4: 95350	
5.b. Termination Date: 03/15/2012		5.c. Amount: 161,593	
5.a. Name and Address of Employer (including trade name, if any).			
Employer:		Mailing Address: P.O. Box, Bldg., Room No., if any	
Trade Name:		Street:	
Attention To:		City:	
Title:		State: ZIP Code + 4:	
5.b. Termination Date:		5.c. Amount: 0	
5.a. Name and Address of Employer (including trade name, if any).			
Employer:		Mailing Address: P.O. Box, Bldg., Room No., if any	
Trade Name:		Street:	
Attention To:		City:	
Title:		State: ZIP Code + 4:	
5.b. Termination Date:		5.c. Amount:	