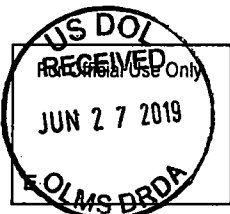


FORM LM-20

AGREEMENT AND ACTIVITIES 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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 06237

1. File Number: C- 00676

Person Filing

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

Name Carlos Ortiz
Title Managing Partner
Organization Solutions Labor Relations Consultants
P.O. Box, Bldg., Room No., if any Suite 210-106
Street 7426 Cherry Ave.
City Fontana
State California ZIP Code + 4 92336

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

Name
Title
Organization
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

4. Date fiscal year ends:

Dec / 19

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify): LLC

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Lisa Fichera
Organization Phoebe Ministries
Trade Name, if any Wyncote Church Home, Phoebe Wyncote
P.O. Box, Bldg., Room No., if any
Street 1925 Turner Street
City Allentown
State Pennsylvania ZIP Code + 4 18104

7. Date entered into:

5 / 27 / 2019

8. Name of person(s) through whom made:

Name Peter List
Name
Name
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 [Signature] President
(If other title, see instructions)
Title Managing Partner

14. Signed _____ Treasurer
(If other title, see instructions)
Title _____

On 6/24/2019 909-910-5575
Date Telephone Number

On _____
Date Telephone Number

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 \$262.50 per hour, plus actual and reasonable expenses.

Specific Activities to be Performed

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

a. Nature of activity:

Traveled to employer; met with management personnel; provided information to management and employees relative to the National Labor Relations Act, employees' Section Seven Rights, as well as information regarding the NLRB election process and collective bargaining; answered questions.

11.b. Period during which performed:

Various days beginning 5/27/19

11.c. Extent performed:

Completed 6/21/2019

11.d. Name and address through whom performed:

Name Peter List

Organization Kulture Consulting, LLC

P.O. Box, Bldg., Room No., if any P.O. Box 2877

Street

City Pawleys Island

State South Carolina

ZIP Code + 4 29585

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:

Included: All full-time and regular part-time certified nursing assistants (including medical technicians), maintenance employees, housekeeping employees and laundry employees employed by the Employer at its 208 Fernbrook Avenue, Wyncote, PA facility.

Excluded: All other employees, managers, guards and supervisors as defined in the Act.

12.b. Identify subject labor organizations:

District 1199C, National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO