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

For Official Use Only

MAY 1 4 2012

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.

497121

1. File Number: c-723

Person Filing

2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Bill E Michaelis	Name
Title Consultant	Title
Organization	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 6930 Parsons Trail	Street
City Tujunga	City
State California ZIP Code + 4 91042	State ZIP Code + 4

4. Date fiscal year ends:	5. Type of person:
Dec / 10	a. ☒ 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 / 7 / 2010
Name Sharon Z Ginchansky	
Organization Country Villa Health Srvcs.-South	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 _Bill Michaelis_ President (If other title, see instructions)	14. Signed _____ Treasurer (If other title, see instructions)
Title Sole Proprietor	Title Treasurer
On 5/3/2012 818-399-6725	On _____
Date Telephone Number	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.

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

Verbal agreement. Paid Hourly plus expenses.

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 what employees said they feel are the aspects of their employment that can be improved and which are positives, by holding small group meetings with employees to gather this input related to their particular facility, management, working conditions and the employer in general.

11.b. Period during which performed:	11.c. Extent performed:
June 14 to present	Ongoing

11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Lupe Cruz	Name
Organization Cruz & Associates, Inc.	Organization
P.O. Box, Bldg., Room No., if any P.O. Box 1831	P.O. Box, Bldg., Room No., if any
Street	Street
City Upland	City
State California ZIP Code + 4 91785	State ZIP Code + 4

12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
All employees in facility.	