

# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006



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. 438 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: C-614 338621

<b>Person Filing</b>	
2. Name and mailing address (include ZIP Code):	
Name Jennifer K. Peterson, Esquire	3. Any other address where records necessary to verify this report are kept:
Title Executive Partner	Name N/A
Organization saul Ewing LLP	Title
P.O. Box, Bldg., Room No., if any Centre Square West	Organization
Street 1500 Market Street, 38th Floor	P.O. Box, Bldg., Room No., if any
City Philadelphia	Street
State Pennsylvania	City
ZIP Code + 4 19102	State
ZIP Code + 4	ZIP Code + 4
4. Date fiscal year ends: Dec / 31	5. Type of person: a. <input type="checkbox"/> Individual b. <input checked="" type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

<b>Nature of Agreement or Arrangement</b>	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	7. Date entered into: 1 / 15 / 2005
Organization Presbyterian SeniorCare (Washington Div)	8. Name of person(s) through whom made:
Trade Name, if any	Name Elaine Bloskis
P.O. Box, Bldg., Room No., if any	Name
Street 835 South Main Street	Name
City Washington	Name
State Pennsylvania	Name
ZIP Code + 4 15301	

## 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 Other (Specify)  
Executive Partner  
On 4/29/05 215-972-7170  
Date Telephone Number

14. Signed \_\_\_\_\_ Treasurer  
(If other title, see instructions)  
Title Other (Specify)  
N/A due to partnership status  
On \_\_\_\_\_  
Date Telephone Number

Filer: Jennifer Peterson, Esquire Saul Ewing LLP

File Number C-

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.):

Saul Ewing was retained by Presbyterian SeniorCare (Washington Division) ("Employer") to represent it in connection with various labor and employment law matters, including representation in proceedings before the National Labor Relations Board, the Unemployment Compensation Board of Review, as well as to negotiate a new labor agreement with the SEIU, District 1199P. [See also Attachment A incorporated herein]

## Specific Activities to be Performed

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

a. Nature of activity:

Represent Employer in connection with its labor dispute with union, including collective bargaining negotiations, proceedings before the NLRB and other forums and communicating with employees regarding the status of these matters as well as the status of a representation proceeding pending before the NLRB. [See also Attachment A incorporated herein]

11.b. Period during which performed:

January 1, 2005 through April 2005

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Stephen J Cabot

Organization Saul Ewing LLP

P.O. Box, Bldg., Room No., if any Centre Square West

Street 1500 Market Street, 38th Floor

City Philadelphia

State Pennsylvania

ZIP Code + 4 19102

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:

Various employees, supervisors and managers

12.b. Identify subject labor organizations:

SEIU District 1199P