

# FORM LM-20

## AGREEMENT AND ACTIVITIES 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 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.

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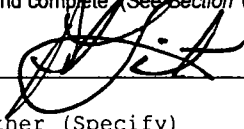
1. File Number: C- 00322

Person Filing	
2. Name and mailing address (include ZIP Code):  Name Peter A List  Title Founder & CEO  Organization Kulture Consulting, LLC  P.O. Box, Bldg., Room No., if any  Street 759 Bloomfield Avenue, #301  City West Caldwell  State New Jersey ZIP Code + 4 07006	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 / 14	5. Type of person:  a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): LLC

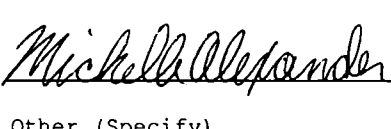
Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):  Name  Organization Phoebe Ministries  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 1925 Turner Street  City Allentown  State Pennsylvania ZIP Code + 4 18104	7. Date entered into:  7 / 17 / 2014  8. Name of person(s) through whom made:  Name Lisa Fichera  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   
Title Other (Specify)  
Founder & CEO

President  
(If other title, see  
instructions)

14. Signed   
Title Other (Specify)  
Manager of Administration

Treasurer  
(If other title, see  
instructions)

On 8/15/14 973-403-9901  
Date Telephone Number

On 8/15/14 973-403-9901  
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.):

Company was employed on a per hour basis with no formal written agreement relative to duration or amount of hours to be performed. Fee schedule based on a per hour rate.

**Specific Activities to be Performed**

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

a. Nature of activity:

Presented informational meetings to company employees relative to the process of unionization, the role of the NLRB, and collective bargaining.

11.b. Period during which performed:

7/14 - 8/14

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Ronn                      English

Organization Kulture Consulting, LLC

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

Street 759 Bloomfield Avenue, #301

City West Caldwell

State New Jersey                      ZIP Code + 4 07006

Additional Name and address through whom performed, if any:

Name John                      Henderson

Organization Kulture Consulting, LLC

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

Street 759 Bloomfield Avenue, #301

City West Caldwell

State New Jersey                      ZIP Code + 4 07006

12.a. Identify subject groups of employees:

All full-time and regular part-time non-professional employees, including nursing assistants, maintenance employees, housekeeping and laundry employees, clerical employees, central supply clerk, and community life employees employed by the employer at its Phoebe Wyncote facility located at 208 Fernbrook Avenue, Wyncote, PA.

12.b. Identify subject labor organizations:

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

Filer: Peter List      Kulture Consulting, LLC	File Number C- 00322
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Specific Activities to be Performed (Continuation Page)	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Presented informational meetings to company employees relative to the process of unionization, the role of the NLRB, and collective bargaining.</p>	
<p>11.b. Period during which performed:</p> <p>7/14 - 8/14</p>	<p>11.c. Extent performed:</p> <p>Completed</p>
<p>11.d. Name and address through whom performed:</p> <p>Name      Joanne                      Gitto Davis</p> <p>Organization Kulture Consulting, LLC</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 759 Bloomfield Avenue, #301</p> <p>City West Caldwell</p> <p>State New Jersey                      ZIP Code + 4 07006</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State                      ZIP Code + 4</p>
<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State                      ZIP Code + 4</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State                      ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p> <p>All full-time and regular part-time non-professional employees, including nursing assistants, maintenance employees, housekeeping and laundry employees, clerical employees, central supply clerk, and community life employees employed by the employer at its 208 Fernbrook Avenue, Wyncote, PA, facility.</p>	<p>12.b. Identify subject labor organizations:</p> <p>District 1199C, National Union of Hospital and Health Care Employees, AFSCME</p>