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. 1215-0188
Expires 09-30-2011



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. File Number: C- 00483 Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name Lupe Cruz Title CEO Organization Cruz & Associates, Inc. Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street 10201 Trademark Street, Ste C Street City City Rancho Cucamonga ZIP Code + 4 91730 State California State ZIP Code + 4 4. Date fiscal year ends: 5. Type of person: a. Individual b. Partnership c. Corporation d. Other (Specify): Dec 10 Sec. Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: / 17 / 2010 Name Sharon Z Ginchansky 8. Name of person(s) through whom made: Organization Country Villa Health Services/Oxnard Name Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 5120 West Goldleaf Circle, Ste 400 City Los Angeles Name ZIP Code + 4 State California 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.) President 13. Signed 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) Treasurer Title Title

On

Date

CEO

08/04/2010

Date

909-980-8736

Telephone Number

Telephone Number

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Filer: Lupe Cruz Cruz & Associates, Inc.	File Number C- 00483
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.):	
Paid Hourly, Expenses Reimbursed	
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 employees and what they feel are the aspects of their employment situation that can be improved by holding small group meetings with employees to determine issues of concern or displeasure among the employees related to their particular facility, management, working conditions, and the employer generally.	
11.b. Period during which performed:	11.c. Extent performed:
June 25 to present	On-going
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Bill Michaelis	Name Jose Agraz
Organization	Organization

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

City Vista

ZIP Code + 4 91042

State California

Street 511 W. California Avenue

12.b. Identify subject labor organizations:

City

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

Street 6930 Parsons Trail

12.a. Identify subject groups of employees:

All employees in the facility

Tujunga

State California

ZIP Code + 4 92084