U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires: 03-31-2019

For Private Conty RECEIVED	ult in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Ider section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA) ILLY BEFORE PREPARING THIS REPORT			
1. File Number C- 665588 66018	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy) Month/Day/Year (mm/dd/yyyy) Month/Day/Year (mm/dd/yyyy) Month/Day/Year (mm/dd/yyyy) Through: 1/31/18			
A. Person Filing				
Name and mailing address (include ZIP Code):				
3. Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:			
Name Charles Stephenson	Name			
Title	Title			
Organization CRS Labor Relations Solutions	Solutions Organization			
P.O. Box, Building and Room Number, if any Suite M Street 1500 E.Katella Ave. City Orange State California ZIP Code + 4 92867	P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4			
	Annual Control and			
Signa	turee			
Each of the undersigned declares, under penalty of perjury and other applicable penaltic information contained in any accompanying documents) has been examined by the correct, and complete (See the Section on penalties in the instructions).				
17. Signed Name Supply President (if other title, see instructions)	18. Signed Treasurer Title Other (Specify) (If other title, see instructions)			
On 3 / 1 / 19 (951) -316-1032 Date Telephone Number	On			

Name of Person Filing:		•		File Number C-		
B. Statement of Receipts Report or services	t all receipts from emplo	yers in connectic	on with labor rel	lations advice or services regardless of the pu	urposes of the advice	
5.a. Name and Address of Employer (i	including trade name, if ar	ny).		Mailing Address:		
Employer Modern Manag			P.O. Bo	ox, Building and Room Number, if any		
Trade Name	ement inc.			Suite 105		
		Win (1 15) & William Consumers	Street	253 Commerce Drive		
Attention To David	Rittof		City	Grayslake		
Title			State	Illinois ZIP Co	ode + 4 60030	
5.b. Termination Date 12/31,	/18		5.c. Am	ount 50,925.00		
3. TOTAL RECEIPTS FROM ALL E				ount 30,923.00		
. 10171110111110111111111111111111111111						
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. Statement of Disbursements	Report all disburserr	nents made by the	e reporting orga	anization in connection with labor relations adv	in an anadon sandan	
The second secon		ed in Part B.		BIRCONTEL CONTINUE TO THE POLICE OF THE STATE OF THE STAT	vice of services renuere	
 Disbursements to Officers and Emp (a) Name 	ployees: . (b) Salar	ry (c) Expenses	e (d) Totals	•		
		1	3(6).52	Office and Administrative Expenses	francisco de construir de const	
		American Advantage of the second of the seco	2	Onice and Administrative Expenses 10. Publicity	1	
	Control of the Contro	Particular and Activity programmes and a second		11. Fees for Professional Services	Contraction to Service Contract Services Contractions	
management gaves on property and the set \$ 5 to recover the commence of	The state of the s	manual barrana				
The second secon	il	11		12. Loans Made	•	
			900	13. Other Disbursements		
Total disbursements to officers ar	nd employees:		***************************************	13. Other Disbursements		
Total disbursements to officers a	nd employees:		anai		3)	
		Lea this Sch	- tale to month	13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13)		
). Schedule of Disbursements for		Use this Sch instructions.	nedule to report	13. Other Disbursements		
). Schedule of Disbursements for		Use this Sch instructions.	·	13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13)		
). Schedule of Disbursements for		Use this Sch instructions.	·	13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13 only disbursements made for the purposes described by the purposes of the purpose of the purpo		
Total disbursements to officers are D. Schedule of Disbursements for 5.a. Employer Name: 5.c. To Whom Paid		Use this Schinstructions.	·	13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13 t only disbursements made for the purposes of ade Name, If any:		
D. Schedule of Disbursements for 5.a. Employer Name:		Use this Scrinstructions.	15.b. Tra	13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13 t only disbursements made for the purposes of ade Name, If any:		
5.a. Employer Name: 5.c. To Whom Paid		Use this Schinstructions.	15.b. Tra	13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13 t only disbursements made for the purposes of ade Name, If any:		
5.a. Employer Name: 5.c. To Whom Paid Name Title		Use this Schinstructions.	15.b. Tra	13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13 t only disbursements made for the purposes of ade Name, If any:		
D. Schedule of Disbursements for 15.a. Employer Name: 5.c. To Whom Paid Name		Use this Schinstructions.	15.b. Tra	13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13 t only disbursements made for the purposes of ade Name, If any:		
5.a. Employer Name: 5.c. To Whom Paid Name Title	or Reportable Activity	Use this Schinstructions.	15.b. Tra	13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13 t only disbursements made for the purposes of ade Name, If any:		

State Washington

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY