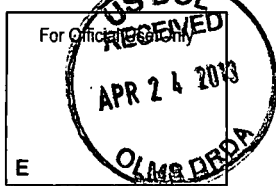


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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 employing Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

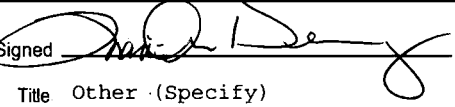
528007

1. File Number C- 05549	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2010	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2010
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Mari-Ann Deering Title Partner Organization HR Focus Consulting, LLC P.O. Box, Building and Room Number, if any PO Box 3461 Street City Barrington State Illinois ZIP Code + 4 60011	4. Any other address where records necessary to verify this report are kept: Name Julie A Proscia Title Partner Organization SmithAmundsen P.O. Box, Building and Room Number, if any Street 3815 East Main Street, Suite A-1 City St. Charles State Illinois ZIP Code + 4 60174

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 the Section on penalties in the instructions).

17. Signed  Title Other (Specify) Partner On 4-18-13 Date 847-258-7970 Telephone Number	President (if other title, see instructions)	18. Signed _____ Title Treasurer On / / Date _____ Telephone Number	Treasurer (if other title, see instructions)
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Name of Person Filing: Mari-Ann Deering	File Number C-
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
5.a. Name and Address of Employer (including trade name, if any). Employer Education Management Corporation Trade Name Attention To Linda Hunter Title Vice Presidnet Human Resources	Mailing Address: P.O. Box, Building and Room Number, if any Street 210 Sixth Avenue City Pittsburgh State Pennsylvania ZIP Code + 4 13222
5.b. Termination Date 7-23-2010	5.c. Amount 56,986
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 56,986	

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.					
7. Disbursements to Officers and Employees:					
(a) Name	(b) Salary	(c) Expenses	(d) Totals		
Mari-Ann Deering	36,171	18,815	54,986	9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:			54,986	14. Total Disbursements (Sum of Items 8-13)	54,986

D. Schedule of Disbursements for Reportable Activity		Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
15.a. Employer Name:	15.b. Trade Name, If any:	
15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4	15.d. Amount 15.e. Purpose	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		