

FORM LM-20
AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 07-31-2019



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.

659709

1. File Number: C- 67190

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Kirsten Johnson Moore	
Title	
Organization	
P.O. Box, Bldg., Room No., if any	
Street 134 Drexel Rd	
City Ardmore	
State Pa ZIP Code + 4 19003	
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:	5. Type of person:
Dec / 31	a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	
Organization Corecare Systems, Inc.	
Trade Name, if any dba Kirkbride Center	
P.O. Box, Bldg., Room No., if any	
Street 111 N 49th Street	
City Philadelphia	
State Pennsylvania ZIP Code + 4 19139	
7. Date entered into: 6 / 19 / 2017	
8. Name of person(s) through whom made:	
Name	
Name	
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 [Signature] President
(If other title, see instructions)
Title Other (Specify)
Consultant

14. Signed _____ Treasurer
(If other title, see instructions)
Title Treasurer

On 12/31/2017 610-420-0819
Date Telephone Number

On _____
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.):

Verbal agreement made through LRI Consulting Services, Inc. \$1500 per day reasonable travel expenses.

Specific Activities to be Performed

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

a. Nature of activity:

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

various days beginning 6/20/17

11.c. Extent performed:

Fully performed

11.d. Name and address through whom performed:

Name Philip B Wilson
Organization LRI Consulting Services, Inc
P.O. Box, Bldg., Room No., if any
Street 7850 South Elm Place, Suite E
City Broken Arrow
State Oklahoma ZIP Code + 4 40411

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:

LPNS, Therapists, Behavioral Health Techs, Unit Clerks, Admissions Clerks, Admission Coordinators, Transporters, Doctor's Assistants, Dietary Aides, Cooks, Environmental Services employees, Housekeepers, Laundry Aides, Receptionists, Unit Clerks, Staffing Office Clerks, Recovery Coaches, and Certified Peer Specialists.

12.b. Identify subject labor organizations:

Hospital & Healthcare Employees