

# 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, including 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)

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

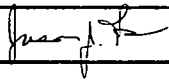
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1. File Number C- 00658	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2014	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2014
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):  Name Jason Greer  Title Chief Executive Officer  Organization Greer Consulting, Inc.  P.O. Box, Building and Room Number, if any  Street 6311 Ronald Reagan Drive, Suite 162  City Lake Saint Louis  State Missouri ZIP Code + 4 63367	4. Any other address where records necessary to verify this report are kept:  Name  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City  State ZIP Code + 4

### 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 	President (if other title, see instructions)	18. Signed _____	Treasurer (If other title, see instructions)
Title Other (Specify) Chief Executive Officer		Title Treasurer	
On 03 / 04 / 2015 314-643-4218		On / /	
Date Telephone Number		Date Telephone Number	

Name of Person Filing: Jason Greer	File Number C- 00658
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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).		Mailing Address:	
Employer Kisco Assisted Living		P.O. Box, Building and Room Number, if any	
Trade Name		Street 5790 Fleet Street, Suite 300	
Attention To Terri Novak		City Carlsbad	
Title Chief Operating Officer		State California ZIP Code + 4 92008	

5.b. Termination Date 7/21/2014	5.c. Amount 78,780
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS 78,780
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**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
	0	0	0
			9. Office and Administrative Expenses 0
			10. Publicity 0
			11. Fees for Professional Services 0
			12. Loans Made 0
			13. Other Disbursements 0
8. Total disbursements to officers and employees:		0	14. Total Disbursements (Sum of Items 8-13) 0

**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: Greer Consulting, Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name Title Organization  P.O. Box, Building and Room Number, if any  Street 6311 Ronald Reagan Drive, Ste. 162 City Lake Saint Louis State Missouri ZIP Code + 4 63367	15.d. Amount 78,780  15.e. Purpose Disbursements were made to the Consultants and employees of Greer Consulting, Inc. for Employee and Labor Relations, advice and expenses.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 78,780
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