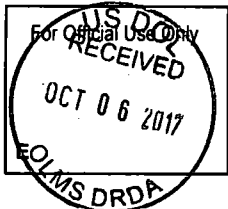


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 10-31-2013



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.

657127

1. File Number: C- 00525

## Person Filing

### 2. Name and mailing address (include ZIP Code):

Name Phillip B Wilson

Title

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 74011

### 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:

Dec / 31

### 5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☒ Corporation d. ☐ 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 PA ZIP Code + 4 19139

### 7. Date entered into:

8 / 17 / 2017

### 8. Name of person(s) through whom made:

Name Rose DiOttavio

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

President  
(If other title, see  
instructions)

Title CEO

14. Signed

Treasurer  
(If other title, see  
instructions)

Title

President

On 10/2/2017  
Date

918-455-9995  
Telephone Number

On 10/2/2017  
Date

918-455-9995  
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. \$3,000 per day per consultant plus 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 8/21/17

11.c. Extent performed:

Fully Performed

11.d. Name and address through whom performed:

Name Byron Clay

Organization BJC and Associates Inc

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

Street 10108 Fehlberg Court

City St John

State IN ZIP Code + 4 46379

Additional Name and address through whom performed, if any:

Name Carina Hunt

Organization C Hunt Management Consulting Inc

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

Street 909 Champions Court

City Roanoke

State TX ZIP Code + 4 76262

12.a. Identify subject groups of employees:

LPNs, Behavioral Health Techs, Unit Clerks,  
Admissions Clerks, and Admissions Coordinators

12.b. Identify subject labor organizations:

Hospital & Health Care Employees (AFSCME)