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. 1215-0188 Expires 11-30-2006

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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

Ε Month/Day/Year Month/Day/Year 2. Period Covered 1 . File Number C- 00633 (mm/dd/yyyy) (mm/dd/yyyy) By This Report From: 01 / 2010 / 2010

A. Person Filing	
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name Steven A Beyer	Name
Title Partner	Title
Organization The Crossroads Group Labor Relations Con	Organization
P.O. Box, Building and Room Number, if any Suite 505	P.O. Box, Building and Room Number, if any
Street 63 Via Pico Plaza	Street
City San Clemente	City
State California ZIP Code + 4 92672	State ZIP Code + 4
Signa	atures

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. Sig	gned XIIII NOM President (if other title, s	18. Signed Michael Dune Perm Treasurer (If other title, see
	Title Other (Specify) instructions)	Title Other (Specify) instructions)
	Partner	Partner
On	03/14/2011 (949) 248-0884	On 03/14/2011 (818) 999-5632
•	Date Telephone Number	Date Telephone Number

Name of Person Fili	ng:	Steven Beyer							File Number C-	00633		
				_					, .,			
B. Statement of Ro	ce	ipts Report all receipts from or services.	n employers in	i co	nnection w	rith labor relation	ons adv	vice or servi	ces regardless o	f the purpose	∋s o	f the advice
5.a. Name and Addre	ss c	of Employer (including trade na	me, if any).				_	g Address: g and Room	Number, if any			
Employer Ba	um	ann & Sons Buses,	Inc.									
Trade Name							Street 3355 Veterans Memorial Highway					
Attention To Ronald Baumann					City [City Ronkonkoma						
Title [Pre	esident *				State [lew Y	ork		ZIP Code +	- 4	11779
5.b. Termination D	ate	11-21-2009				5.c. Amou	nt 11	7,994				
6. TOTAL RECEIP	rs	FROM ALL EMPLOYERS	438,265				٠			-		
								<u></u>				
C. Statement of D	sb	ursements Report all di	sbursements r	——	de by the re	eporting organi	zation i	in connection	n with labor rela	tions advice	or s	ervices rendered
			yers listed in F			-						
7. Disbursements to (a) Name	Offi	cers and Employees:	(b) Salary	(c)	Expenses (d) Totals						
Steven	Α	Beyer	133,675		12,599	146,27	4 9. (Office and A	dministrative Exp	penses		
Michael	D	Penn	102,053	E	9,426	111,47	9 10.1	Publicity				
Ricardo		Pasalagua	55,177		9,736	64,91	3 11. 1	Fees for Pro	ofessional Servic	es		
Gerri		Ransom	1,438	L	66	1,50	4 12. l	Loans Made)			
				L			13.	Other Disbu	ırsements		[
8. Total disburseme	ents	to officers and employees:				324,17	0 14. 7	Total Disburs	sements (Sum of I	tems 8-13)		324,170
D. Schedule of Di	sbu	rsements for Reportable	Activity	— Use	e this Sche	dule to report of	only dis	bursements	made for the pu	rposes desc	ribe	ed in Part D of the
			-		tructions.							
15.a. Employer Na	me					15.b. Trad	de Nam	ne, If any:				
											╛	· · · · · · · · · · · · · · · · · · ·
15.c. To Whom Pa	d					15.d. Amo	ount [
Name						15.e. Puŋ	2000				_	
Title						13.6.1 01)						
Organization												
Organization			 									
P.O. Box Buildi	na :	and Room Number, if any										
10.000,000	9	and reconstruction, it any			7							
Street					i							
City					 -							
State			P Code + 4			¬II						
	De	EMENTS FOR ALL REPOR			·							
10. TOTAL DISBU	rs.	EIVIEN 13 FOR ALL REPUR	NIADLE AUTI	VII	1							

Form LM-21 (2003)

Name of Person Filing: Steven Beyer	File Number C- 00633
B. Statement of Receipts Report all receipts from employers in connection advice or services.	with labor relations advice or services regardless of the purposes of the
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Coca-Cola Enterprises, Inc.	P.O. Box, Bldg., Room No., if any
	Street 2500 Windy Ridge Parkway
Trade Name Attention To: Brian Sasadu	City Atlanta
	7100-4-4
Title Vice President, Labor Relations	State Georgia ZIP Code + 4 30339
5.b. Termination Date 10-08-2010	5.c. Amount 107,886
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any
Employer Value World, Inc.	
Trade Name Superior Management, Inc.	Street 953 Manufacturers Drive
Attention To: Brian Kosian	City Westland
Title City Manager	State Michigan ZIP Code + 4 48186
5.b. Termination Date 3-06-2010	5.c. Amount 67, 936
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
	P.O. Box, Bldg., Room No., if any
Employer Cherry Hill Hotel Management, Inc.	
Trade Name Crown Plaza Philadel/Cherry Hill	Street 2349 West Marlton Pike
Attention To: Jerry Lord	City Cherry Hill
Title General Manager	State New Jersey ZIP Code + 4 08002
5.b. Termination Date 6-19-2010	5.c. Amount 62,082
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any
Employer Fresh Direct, LLC	10. Sox, Biog., Noon No., II ally
Trade Name	Street 23-30 Borden Avenue
Attention To: Lawrence Hickey	City Long Island City
Title Senior Vice President	State New York ZIP Code + 4 11101
5.b. Termination Date 11-05-2010	5.c. Amount 34, 554
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any
Employer Serco, Inc.	Suite 1000
Trade Name	Street 1818 Library Street
Attention To: David C Goldberg	City Reston
Title Associate General Counsel	State Virginia ZIP Code + 4 20190
5.b. Termination Date 3-20-2010	5.c. Amount 29, 303
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any
Employer IKO Pacific, Inc.	
Trade Name IKO Industries, Ltd.	Street 850 West Front Street
Attention To: Aubrey Ellis	City Sumas
Title	State Washington ZIP Code + 4 98295-9634
5.b. Termination Date 11-06-2009	5.c. Amount 18,510

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Name of Person Filing: S	teven Beyer	r				File Number C	- 00633			
B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the										
<u></u>	advice or services. 5.a. Name and Address of Employer (including trade name, if any). Mailing Address:									
			P.O. B	P.O. Box, Bldg., Room No., if any						
Employer CRC Health Corporation Suite 600										
Trade Name					20400 Steve	ensCreek Blvd	1.			
Attention To: Pame	la	B Burke		City	Cupertino					
Title Seni	or VP & Ger	neral Counsel		State	California		ZIP Code + 4 95014			
5.b. Termination Date 1	0-29-2010			5.c. Amo	5.c. Amount 17,452					
5.a. Name and Address of	5.a. Name and Address of Employer (including trade name, if any). Mailing Address: P.O. Box, Bldg., Room No., if any									
Employer Consol	idated Cont	ainer Company		7 .0. 5	Suite 300	,,				
Trade Name				Street	3101 Towerd	reek Parkway	7			
Attention To: Matt	hew	Patterson		City	Atlanta					
Title Depu	ty General	Counsel		State	Georgia		ZIP Code + 4 30339			
5.b. Termination Date 1]	5.c. Amo	ount 10,298					
5.a. Name and Address of		uding trade name, if a		<u> </u>	Mailing Addres	26.				
				P.O. B	ox, Bldg., Room N					
Employer Valley	Crest Lands	cape Maintenar	nce							
Trade Name				Street	24151 Ventu	ra Blvd.				
Attention To: Raul		Diaz de Lec	on	City	Calabasas					
Title Vice	President	, Human Resour	ces	State	California		ZIP Code + 4 91302			
5.b. Termination Date 6	-18-2010]	5.c. Amo	ount 8,862					
5.a. Name and Address of	f Employer (inclu	uding trade name, if ar	ny).		Mailing Addres	ss:				
				P.O. B	ox, Bldg., Room N	lo., if any				
Employer Commun	ity Educati	on Centers, Ir	nc.							
Trade Name				Street	35 Fairfiel	d Place				
Attention To: Debr	a	Shannon		City	West Caldwe	11				
Title Gene	ral Counsel	L		State	New Jersey		ZIP Code + 4 07006			
5.b. Termination Date 9	-18-2009]	5.c. Ame	ount 3,741					
5.a. Name and Address of	f Employer (inclu	uding trade name, if ar	ny).		Mailing Addres	ss:				
<u> </u>					ox. Blda Room N					
Employer Volunt	eers of Ame	rica			Suite 1500					
Trade Name					3600 Wilshi	re Blvd.	<u></u>			
Attention To: Susa	n	Loveira		City	Los Angeles					
Title Huma	n Resources	Director		State	California		ZIP Code + 4 90010			
5.b. Termination Date 7	-01-2010			5.c. Amo	ount 3,413					
5.a. Name and Address of	5.a. Name and Address of Employer (including trade name, if any). Mailing Address: P.O. Box. Bldg., Room No., if any									
Employer The Sofia Hotel										
Trade Name				Street	150 West Br	oadway				
Attention To: Andr	ea	Winslow		City	San Diego		1			
Title Gene	ral Manager			State	California		ZIP Code + 4 92101			
5.b. Termination Date 1			1	5 c Am	ount 2,925					
3.b. remination Date [+	~2 2 0 T O		ī	J S.C. AITIC	Junt (27, 72, 7					

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Reporting Organization:

The Crossroads Group, Labor Relations Consultants

File Number:

C-00633

Reporting Period Ending Date:

12/31/2010

Additional Pages:

1 of 1

Additional Information:

Pages 2 - 4:

- Please note that the amount in items B. Statement of Receipts for
 - o Baumann & Sons Buses, Inc.
 - IKO Industries, Ltd.
 - Sofia Hotel
 - o Serco, Inc.
 - Value World, Inc.
 - Cherry Hill Hotel Management, Inc.
 - Consolidated Container Company

include receipts and disbursements for matters <u>not</u> connected with reportable labor relations advice and services according to LMRDA Section 203(b).

Pages 3 and 4:

• Allocation Method: Regarding all other receipts and disbursements reported in B. Statement of Receipts and C. Statement of Disbursements, reimbursable expenses are allocated on a percentage basis. As it is difficult to determine the amount of expenses attributable to the reportable services, whenever an arrangement provides for the performance of both reportable and non-reportable services, the reportable receipts and disbursements for reimbursable expenses are allocated at the same percentage in relation to the reportable receipts and disbursements for the services. EXAMPLE: An arrangement resulting in \$1,000.00 in receipts for non-reportable services; \$2,000.00 in receipts for reportable services, and \$600.00 in combined reimbursable expenses. Reportable services equal 67%. Therefore, the reportable reimbursed expenses in this case would be 67% of \$600.00 – or \$402.00.