Department of Labor Office of Labor-Management Standards Washington, DC 20210

FURM 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.				
1. File Number: C- 658				
Person Filing				
2. Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:			
Name Jason J Greer	Name			
Title President	Title			
Organization Greer Consulting, Inc.	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 6311 Ronald Reagan Dr. Suite 162	Street			
City Lake St. Louis	City			
State Missouri ZIP Code + 4 63367	State ZIP Code + 4			
4. Date fiscal year ends: 5. Type of person:				
Dec / 12 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 Ken Segarnick	7. Date entered into: 1 / 15 / 2008			
Organization Brandywine Senior Living	8. Name of person(s) through whom made:			
Trade Name, if any	Name Ken Segarnick			
P.O. Box, Bldg., Room No., if any	Name			
Street 525 Fellowship Road Suite 360	Name			
City Mt. Laurel	Name			
State New Jersey ZIP Code + 4 08054	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				

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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 Not Ready To S	SIGN	IERE	Not Ready To Si	gn 🌉	SIGNHERE	
13. Signed ().)	Preside				Treasurer	
,/	(ii other	title, see		maka. Amazara ar waretaka	(If other title, see instructions)	
Title President	- Institution	Title			mstructions)	
On 5/21/12	314-643-6572	On				
0// 3/22/12		On				
Date	Telephone Number		Date	Telephone Number		

Miler Greer Consulting Inc.	File Number C- 658				
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.):					

Specific Activities to be Performed					
11. For each activity, separately list in detail the information required (See instructions): a. Nature of activity: To persuade employees of Huntington Terrace (Brandywine Senior Living's assisted living facility) to vote no in the representation election.					
11.b. Period during which performed: January 2008 – March 2008	11.c. Extent performed: Completed				
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:				
Name	Name				
Organization Huntington Terrace	Organization				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any				
Street 70 Pinelawn Road	Street				
City Melville	City				
State New York ZIP Code + 4 11747	State ZIP Code + 4				
12.a. Identify subject groups of employees: All care givers, maintenance, dietary employees	12.b. Identify subject labor organizations: Amalgamated Local No. 298				