

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.

1. File Number: **c-65136**

Person Filing

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

Name **James Mulroy**
Title **Vice President**
Organization **Greenleaf Nursing and Convalescent, Inc.**
P.O. Box, Bldg., Room No., if any
Street **2500 Boulevard of the General**
City **Norristown**
State **Pennsylvania** ☒ ZIP Code + 4 **19403**

3. Any other address where records necessary to verify this report are kept:

Name
Title
Organization **Accord Health Service, Inc**
P.O. Box, Bldg., Room No., if any
Street **2500 Boulevard of the Generals**
City **Norristown**
State **Pennsylvania** ☒ ZIP Code + 4 **19403**

4. Date fiscal year ends:

Jun ☒ / 30

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 **Kulture Consulting, Inc.**
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street **759 Bloomfield Avenue, No. 301**
City **West Caldwell**
State **New Jersey** ☒ ZIP Code + 4 **07006**

7. Date entered into:

9 / 7 / 11

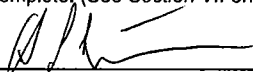
8. Name of person(s) through whom made:

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



President
(If other title, see
instructions)

Title



14. Signed



Treasurer
(If other title, see
instructions)

Title



On **1/10/2013**

Date

610-630-2400

Telephone Number

On **1/10/2013**

Date

610-630-2400

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.):

Kulture was engaged by Accord Health Service, Inc. on behalf of its affiliate Greenleaf Nursing and Convalescent, Inc. on an hourly basis. There was no written agreement concerning the duration of the engagement or the number of hours of work to be performed.

Specific Activities to be Performed

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

a. Nature of activity:

Kulture's employees met with employees of Greenleaf to discuss union card signing activity.

11.b. Period during which performed:

September 2011 to November 2011

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name [REDACTED]

Organization Kulture Consulting LLC

P.O. Box, Bldg., Room No., if any [REDACTED]

Street 759 Bloomfield Avenue, No. 301

City West Caldwell

State New Jersey ☒ ZIP Code + 4 07006

Additional Name and address through whom performed, if any:

Name [REDACTED]

Organization [REDACTED]

P.O. Box, Bldg., Room No., if any [REDACTED]

Street [REDACTED]

City [REDACTED]

State [REDACTED] ZIP Code + 4 [REDACTED]

12.a. Identify subject groups of employees:

Employees working at 400 South Main Street, Doylestown, PA 18901

12.b. Identify subject labor organizations:

[REDACTED]