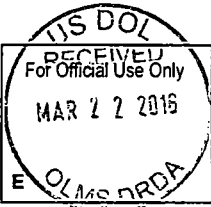


U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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)

619828

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00568

Person Filing

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

Name Raymond Rosenbach
Title Treasurer
Organization Govt Resources Consultants of America
P.O. Box, Bldg., Room No., if any 106
Street 253 Commerce Drive
City Grayslake
State Illinois ZIP Code + 4 60030

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 / 16

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 Sean Gallagher
Organization Cognosante
Trade Name, if any
P.O. Box, Bldg., Room No., if any 12th Floor
Street 8200 Greenboro Drive
City McLean
State Virginia ZIP Code + 4 22102

7. Date entered into:

9 / 15 / 2015

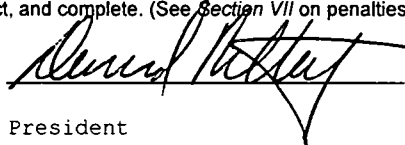
8. Name of person(s) through whom made:

Name
Name
Name
Name
Name

Signatures

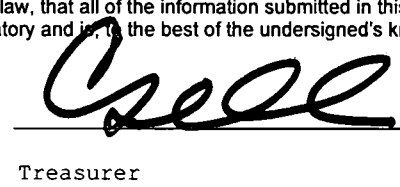
Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

13. Signed


Title President

President
(If other title, see
instructions)

14. Signed


Title Treasurer

Treasurer
(If other title, see
instructions)

On

3-15-16
Date

Telephone Number

On

3-15-16
Date

Telephone Number

Filer: Raymond Rosenbach Govt Resources Consultants of America

File Number C- 00568

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.):

To provide professional consulting services as described in Section 11.

Specific Activities to be Performed

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

a. Nature of activity:

Conducted focus group meetings with approximately 50 Cognosante hourly paid employees. The focus groups concentrated on overall satisfaction of working for employer, what employees believed were the contributors of level of satisfaction, and contributors of level of dissatisfaction.

11.b. Period during which performed:

September 2015

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Gary Riseling

Organization Govt Resources Consultants of America

P.O. Box, Bldg., Room No., if any 106

Street 253 Commerce Drive

City Grayslake

State Illinois ZIP Code + 4 60030

Additional Name and address through whom performed, if any:

Name

Organization

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

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

Approximately 50 hourly employees.

12.b. Identify subject labor organizations:

None