

FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 09-30-2011



1. File Number:

c-(485

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.

Person Filing			
2. Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:	
Name		Name	
Title		Title	
Organization M Rosado Management Consultants LLC		Organization	
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any	
Street 96 Linwood Plaza, Suite 103		Street	
City Fort Lee		City	
State New Hampehire JOSSEY ZIP Code + 4 07024		State ZIP Code + 4	
4. Date fistal year ends:	5. Type of person:		
816 /2010	a. Individual b. Partnership	c. Corporation . Other (Specify):	
Nature of Agreement or Arrangement			
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into: 10 / 29 / 2007	
Name		, , , , , , , , , , , , , , , , , , , ,	
Organization Brandywine Senior Living		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 Nount Laurel		Name	
State New Hampshire York 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 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 Line	President (If other title, see instructions)	14. Signed Treasurer (If other title, see instructions)	
on 7 6 2010 Date	201-655-9725 Telephone Number	Title On Date 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 to provide consultation and to give speeches to employees about exercising their right to organize and bargain colletively. Terms are \$187.50 per hour plus expenses.

Specific Activities to be Performed

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

To provide consultation and to give speeches to employees regarding their rights to organize and bargain collectively.

11.b. Period during which performed:	11.c. Extent performed:
various days beginning 11/1/07	Fully Performed
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name	Name
Organization LRI Consulting Services, Inc.	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 7850 S Elm Place, Suite E	Street
City Broken Arrow	City
State Ohio ZIP Code + 4 74011	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Home Health and Personal Care Aides, Waiters, Kitchen, Housekeeping, Recreation, Concierge and Environmental Staff	Food & Commercial Workers