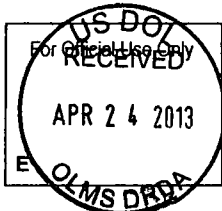


FORM LM-20

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)

528445
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number:

c-65548

Person Filing

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

Name Mari-Ann Deering

Title Partner

Organization HR Focus Consulting, LLC

P.O. Box, Bldg., Room No., if any PO Box 3461

Street

City Barrington

State Illinois

ZIP Code + 4 60011

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

Name Julie A Proscia

Title Partner

Organization SmithAmundsen

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

Street 3815 East Main Street, Suite A-1

City St. Charles

State Illinois

ZIP Code + 4 60174

4. Date fiscal year ends:

Dec / 31

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 Education Management Corporation

Trade Name, if any

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

Street 210 Sixth Avenue

City Pittsburgh

State Pennsylvania

ZIP Code + 4 13222

7. Date entered into:

5 / 25 / 2010

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

Name Linda Hunter

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

Mari-Ann Deering

President
(If other title, see
instructions)

Title Other (Specify)

Partner

On

4/18/13
Date

847-258-7970

Telephone Number

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On

Date

Telephone Number

File # Mari-Ann Deering HR Focus Consulting, LLC	File Number C-
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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.):

No written agreement. Provide consulting services regarding unionization, the NLRA and assist with communication pieces.

Specific Activities to be Performed

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

a. Nature of activity:

B. Nature of activity:

Provide training to management on the NLRA, the company's stance on unionization and on each manager's responsibilities. Draft communication pieces regarding unions, the NLRA, and management's position on a union for management approval. Coordinate the project and liase with corporate and school management and first line managers.

11.b. Period during which performed:

May 25, 2010 - July 23, 2010

11.c. Extent performed:

completed

11.d. Name and address through whom performed:

Name

Organization The Art Institute of Seattle (a

P.O. Box, Bldg., Room No., if any subsidiary of Education Mgmt)

Street 2323 Elliott Avenue

City Seattle

State Washington

ZIP Code + 4 98121

Additional Name and address through whom performed, if any:

Name: Linda Hunter

Organization Education Management Corporation

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

Street 210 Sixth Avenue

City Pittsburgh

State Pennsylvania

ZIP Code + 4 13222

12.a. Identify subject groups of employees:

All Full-time and part-time instructors/teachers

12.b. Identify subject labor organizations:

American Federation of Teachers AFL-CIO