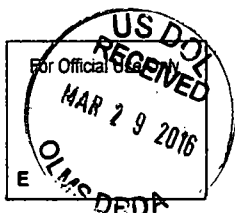


# FORM LM-20

## 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)

619830

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00322

### Person Filing

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

Name Peter A List  
Title Founder & CEO  
Organization Kulture Consulting, LLC  
P.O. Box, Bldg., Room No., if any  
Street P.O. Box 2877  
City Pawleys Island  
State South Carolina ZIP Code + 4 29585

#### 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): LLC

### Nature of Agreement or Arrangement

#### 6. Full name and address of employer with whom made (include ZIP Code):

Name  
Organization Albert Einstein Medical Center  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 5501 Old York Road  
City Philadelphia  
State Pennsylvania ZIP Code + 4 19141

#### 7. Date entered into:

3 / 7 / 2016

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

Name Lori Pisarski  
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 Other (Specify)

Founder & CEO

On 3/18/2016

Date

843-314-0383

Telephone Number

14. Signed

Treasurer  
(If other title, see  
instructions)

Title Other (Specify)

Manager of Administration

On 3/18/2016

Date

843-314-0383

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.):

Company was employed on a per hour basis with no formal written agreement relative to duration or amount of hours to be performed. Fee schedule based on a per hour rate.

#### Specific Activities to be Performed

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

a. Nature of activity:

Presented informational meetings to company employees relative to the process of unionization, the role of the NLRB, and collective bargaining.

11.b. Period during which performed:

March 2016

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name John Henderson

Organization Kulture Consulting, LLC

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

Street P.O. Box 2877

City Pawleys Island

State South Carolina ZIP Code + 4 29585

Additional Name and address through whom performed, if any:

Name Adriana Ortiz

Organization Kulture Consulting, LLC

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

Street P.O. Box 2877

City Pawleys Island

State South Carolina ZIP Code + 4 29585

12.a. Identify subject groups of employees:

All full time, part time, and per diem Registered Nurses employed by Albert Einstein Medical Center at the Acute Care Hospital located at 5501 Old York Road, Philadelphia, PA.

12.b. Identify subject labor organizations:

Pennsylvania Association of Staff Nurses and Allied Professionals

Filer: Peter List      Kulture Consulting, LLC	File Number C- 00322
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Specific Activities to be Performed (Continuation Page)	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Presented informational meetings to company employees relative to the process of unionization, the role of the NLRB, and collective bargaining.</p>	
<p>11.b. Period during which performed:</p> <p>March 2016</p>	<p>11.c. Extent performed:</p> <p>Completed</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Linda Broderick</p> <p>Organization Kulture Consulting, LLC</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street P.O. Box 2877</p> <p>City Pawleys Island</p> <p>State South Carolina      ZIP Code + 4 29585</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State      ZIP Code + 4</p>
<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State      ZIP Code + 4</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State      ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p> <p>All full time, part time, and per diem Registered Nurses employed by Albert Einstein Medical Center at the Acute Care Hospital located at 5501 Old York Road.</p>	<p>12.b. Identify subject labor organizations:</p> <p>Pennsylvania Association of Staff Nurses and Allied Professionals</p>

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