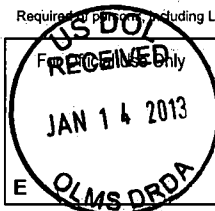


FORM LM-21

RECEIPTS AND DISBURSEMENTS 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 persons: Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

511199

| | | | |
|--------------------------------|---|--------------------------------|--------------------------------|
| 1. File Number C- <u>65134</u> | 2. Period Covered By This Report From: <u>07/01/2011</u> Through: <u>06/30/2012</u> | Month/Day/Year (mm/dd/yyyy) | Month/Day/Year (mm/dd/yyyy) |
|--------------------------------|---|--------------------------------|--------------------------------|

| | |
|---|---|
| A. Person Filing | |
| 3. Name and mailing address (include ZIP Code): | |
| Name <u>James Mulroy</u> | 4. Any other address where records necessary to verify this report are kept: |
| Title <u>Vice President</u> | Name <u></u> |
| Organization <u>Greenleaf Nursing and Convalescent, Inc.</u> | Title <u></u> |
| P.O. Box, Building and Room Number, if any <u></u> | Organization <u>Accord Health Service, Inc.</u> |
| Street <u>2500 Boulevard of the Generals</u> | P.O. Box, Building and Room Number, if any <u></u> |
| City <u>Norristown</u> | Street <u>2500 Boulevard of the Generals</u> |
| State <u>Pennsylvania</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>19403</u> | City <u>Norristown</u> |
| | State <u>Pennsylvania</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>19403</u> |

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 the Section on penalties in the instructions).

| | | | |
|-------------------------------|---|-------------------------------|---|
| 17. Signed <u>[Signature]</u> | President (if other title, see instructions) | 18. Signed <u>[Signature]</u> | Treasurer (if other title, see instructions) |
| Title <u>President</u> | | Title <u>Treasurer</u> | |
| On <u>01/10/2013</u> | Telephone Number <u>610-630-2400</u> | On <u>01/10/2013</u> | Telephone Number <u>610-630-2400</u> |
| Date | | Date | |

| | |
|------------------------|----------------|
| Name of Person Filing: | File Number C- |
|------------------------|----------------|

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

| | | | |
|---|--|--|--------------|
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: | |
| Employer | | P.O. Box, Building and Room Number, if any | |
| Trade Name | | Street | |
| Attention To | | City | |
| Title | | State | ZIP Code + 4 |
| 5.b. Termination Date | | 5.c. Amount | |
| | | | |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS 0 | | | |

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

| | | | |
|---|------------|--------------|------------|
| 7. Disbursements to Officers and Employees: | | | |
| (a) Name | (b) Salary | (c) Expenses | (d) Totals |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 8. Total disbursements to officers and employees: | | | |
| | | | |
| 9. Office and Administrative Expenses | | | |
| 10. Publicity | | | |
| 11. Fees for Professional Services | | | |
| 12. Loans Made | | | |
| 13. Other Disbursements | | | |
| 14. Total Disbursements (Sum of Items 8-13) | | | |

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

| | | | |
|--|--|---|--|
| 15.a. Employer Name: | | 15.b. Trade Name, If any: | |
| Greenleaf Nursing and Convalescent, Inc. | | | |
| 15.c. To Whom Paid | | 15.d. Amount | |
| Name | | 43,325 | |
| Title | | | |
| Organization | | 15.e. Purpose | |
| Kulture Consulting, Inc. | | Kulture's employees met with employees of Greenleaf to discuss union card signing activity. | |
| P.O. Box, Building and Room Number, if any | | | |
| Street | | | |
| City | | | |
| State | | | |
| New Jersey | | ZIP Code + 4 | |
| | | 07006 | |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 43,325 | | | |