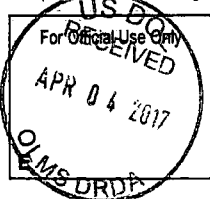


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

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 Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

645067

1. File Number C- 00755	2. Period Covered By This Report From: 01/01/2016 Through: 12/31/2016
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name: Robert W Long Title: Organization: Healthcare Labor Solutions P.O. Box, Building and Room Number, if any: L1-645 Street: 27762 Antonio Parkway City: Ladera Ranch State: California ZIP Code + 4: 92679	4. Any other address where records necessary to verify this report are kept: Name: Robert W Long Title: Organization: Healthcare Labor Solutions P.O. Box, Building and Room Number, if any: Suite 251-151 Street: 4843 Colleyville Blvd. City: Colleyville State: Texas ZIP Code + 4: 76034

### 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: [Signature] President Title: President On: 03/28/2016 877-424-9799 Date Telephone Number	18. Signed: [Signature] Treasurer Title: Treasurer On: 03/28/2016 877-424-9799 Date Telephone Number
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Name of Person Filing: Robert Long	File Number C- 00755
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**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 <u>Via Christi Health, Inc.</u>	P.O. Box, Building and Room Number, if any <u>Suite 1963</u>
Trade Name <u></u>	Street <u>848 N St. Francis</u>
Attention To <u>Judy</u> <input type="checkbox"/> <u>Espinoza</u>	City <u>Wichita</u>
Title <u></u>	State <u>Kansas</u> ZIP Code + 4 <u>67214-3800</u>

5.b. Termination Date 03/23/2016 5.c. Amount 105,813

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 806,239

**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		
Robert	<input type="checkbox"/>	Long	91,724	0		91,724	9. Office and Administrative Expenses	15,075
Deborah	<input type="checkbox"/>	Long	2,400	0		2,400	10. Publicity	0
Timothy	<input type="checkbox"/>	Long	12,000	0		12,000	11. Fees for Professional Services	672,640
Cody	<input type="checkbox"/>	Long	6,200	0		6,200	12. Loans Made	0
Kaydee	<input type="checkbox"/>	Long	6,200	0		6,200	13. Other Disbursements	
8. Total disbursements to officers and employees:						118,524	14. Total Disbursements (Sum of Items 8-13)	806,239

**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.

<p>15.a. Employer Name: <u></u></p> <p>15.c. To Whom Paid</p> <p>Name <u></u> <input type="checkbox"/> <u></u></p> <p>Title <u></u></p> <p>Organization <u></u></p> <p>P.O. Box, Building and Room Number, if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>15.b. Trade Name, if any: <u></u></p> <p>15.d. Amount <u></u></p> <p>15.e. Purpose</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: Robert Long		File Number C- 00755	
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**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: Loma Linda University Medical Center		P.O. Box, Bldg., Room No., if any	
Trade Name		Street: 11234 Anderson St.	
Attention To: Kent Hansen		City: Loma Linda	
Title		State: California ZIP Code + 4 92354	
5.b. Termination Date: ongoing		5.c. Amount: 413,276	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: Pomona Valley Medical Center		P.O. Box, Bldg., Room No., if any	
Trade Name		Street: 1798 N. Garey Avenue	
Attention To: Richard Yochum		City: Pomona	
Title		State: California ZIP Code + 4 91767	
5.b. Termination Date: 01/22/2016		5.c. Amount: 98,688	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: Bayview Behavioral Hospital		P.O. Box, Bldg., Room No., if any	
Trade Name		Street: 6629 Wooldridge Rd.	
Attention To: Rick Paczkowski		City: Corpus Christi	
Title		State: Texas ZIP Code + 4 78414	
5.b. Termination Date: 05/13/2016		5.c. Amount: 101,058	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: Torrence Memorial Medical Center		P.O. Box, Bldg., Room No., if any	
Trade Name		Street: 3330 Memorial Medical Center	
Attention To: Ingrid Cobb		City: Torrence	
Title		State: California ZIP Code + 4 90505	
5.b. Termination Date: 10/05/2016		5.c. Amount: 72,603	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: Huntington Memorial Hospital		P.O. Box, Bldg., Room No., if any	
Trade Name		Street: 100 W. California Blvd.	
Attention To: Debra Ortega		City: Pasadena	
Title		State: California ZIP Code + 4 91109-7013	
5.b. Termination Date: 08/12/2016		5.c. Amount: 14,801	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: DaVita, Inc.		P.O. Box, Bldg., Room No., if any	
Trade Name		Street: 2000 16th Street	
Attention To: Michael Freimann		City: Denver	
Title		State: Colorado ZIP Code + 4 80202	
5.b. Termination Date: Ongoing		5.c. Amount: 0	

Name of Person Filing: <b>Robert Long</b>		File Number C- 00755	
<b>B. Statement of Receipts</b> 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). <span style="float: right;">Mailing Address:</span>			
Employer <b>Sutter Delta Medical Center</b> Trade Name <input type="text"/> Attention To: <b>Dan</b> <input type="checkbox"/> <b>Baer</b> Title <input type="text"/>	P.O. Box, Bldg., Room No., if any <input type="text"/> Street <b>3901 Lone Tree Way</b> City <b>Antioch</b> State <b>California</b> ZIP Code + 4 <b>94509</b>		
5.b. Termination Date <b>10/17/2016</b>		5.c. Amount <b>0</b>	
5.a. Name and Address of Employer (including trade name, if any). <span style="float: right;">Mailing Address:</span>			
Employer <input type="text"/> Trade Name <input type="text"/> Attention To: <input type="text"/> <input type="checkbox"/> <input type="text"/> Title <input type="text"/>	P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>		
5.b. Termination Date <input type="text"/>		5.c. Amount <b>0</b>	
5.a. Name and Address of Employer (including trade name, if any). <span style="float: right;">Mailing Address:</span>			
Employer <input type="text"/> Trade Name <input type="text"/> Attention To: <input type="text"/> <input type="checkbox"/> <input type="text"/> Title <input type="text"/>	P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>		
5.b. Termination Date <input type="text"/>		5.c. Amount <b>0</b>	
5.a. Name and Address of Employer (including trade name, if any). <span style="float: right;">Mailing Address:</span>			
Employer <input type="text"/> Trade Name <input type="text"/> Attention To: <input type="text"/> <input type="checkbox"/> <input type="text"/> Title <input type="text"/>	P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>		
5.b. Termination Date <input type="text"/>		5.c. Amount <input type="text"/>	
5.a. Name and Address of Employer (including trade name, if any). <span style="float: right;">Mailing Address:</span>			
Employer <input type="text"/> Trade Name <input type="text"/> Attention To: <input type="text"/> <input type="checkbox"/> <input type="text"/> Title <input type="text"/>	P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>		
5.b. Termination Date <input type="text"/>		5.c. Amount <input type="text"/>	
5.a. Name and Address of Employer (including trade name, if any). <span style="float: right;">Mailing Address:</span>			
Employer <input type="text"/> Trade Name <input type="text"/> Attention To: <input type="text"/> <input type="checkbox"/> <input type="text"/> Title <input type="text"/>	P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>		
5.b. Termination Date <input type="text"/>		5.c. Amount <input type="text"/>	