

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

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

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.

387890

1. File Number: C-659

Person Filing

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

Name Jason Greer

Title Consultant

Organization Greer Consulting, Inc.

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

Street P.O. Box 1175

City O'Fallon

State MO

ZIP Code + 4 63367-1175

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:

12/31/08

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 Brandywine Senior Living

Organization

Trade Name, if any

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

Street 525 Fellowship Road

City Mt. Laurel

State NJ

ZIP Code + 4 08054

7. Date entered into:

07/03/08

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

Name Brenda Bacon

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 information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, correct, and complete. (See Section VII on penalties in the instructions.)

Signed Jason J. Greer

President
(If other title, see instructions)

14. Signed

Treasurer
(If other title, see instructions)

Title President

Title Treasurer

On 11/28/09 314-397-4218

Date

Telephone Number

On

Date

Telephone Number

Filer:

File Number C-

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.):

Specific Activities to be Performed

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

a. Nature of activity:

Conducted Captive Audience Meetings; met w/ employees,
discussed secret ballot election

11.b. Period during which performed:

07/03/08 - 07/24/08

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name

Organization Brandywine Senior Living

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

Street 525 Fellowship Road

City Mt. Laurel

State NJ

ZIP Code + 4 08054

Additional Name and address through whom performed, if any:

Name

Organization

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

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

Care managers; housekeepers;
maintenance employees; food and dining
services

12.b. Identify subject labor organizations: