U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires 10-31-2013

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



1. File Number:

Person Filing

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

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.

Name Name J Clay Byron Title Presiddent Organization BJC Enterprises, Inc. Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street Street 10108 Fehlberg Court City City Saint John State Indiana ▼ ZIP Code + 4 46373 State ▼ ZIP Code + 4 5. Type of person: 4. Date fiscal year ends: Individual b. Partnership c. Corporation d. Other (Specify): Dec **Nature of Agreement or Arrangement** 7. Date entered into: 6. Full name and address of employer with whom made (include ZIP Code): / 10 / 2013 Coughlin Name Diane B. Name of person(s) through whom made: Organization Unified Community Connections Name Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 11350 McCormick Road City Hunt Valley Name ZIP Code + 4 21031 State Maryland 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.) President Treasurer (If other title, see (If other title, see instructions) instructions) • 219-577-7420 08/25/2013 219-577-7420 8/25/2013 Telephone Number Date Telephone Number Date Form LM-20 (2003) Page 1 of 2

Filer Byron Clay BJC Enterprises, Inc.		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.			
C. T	ments must be attached to		
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.): I was engaged by Labor Relations institure, Inc. to perform for United Community Connections as an Independent Consultant.			
Specific Activities to be Performed			
11. For each activity, separately list in detail the information required (See instructions): a. Nature of activity: Conduct employee and supervisory group meetings to inform and educate participants about their rights under the National Labor Relations Act. In addition we discuss collective bargaining and union rules and finances.			
11.b. Period during which performed: July 15 to August 15, 2013	11.c. Extent performed: Completed	l ·	
11.d. Name and address through whom performed:		Additional Name and address through whom performed, if any:	
Name Byron J Clay	Name	Name	
Organization BJC Enterprises, Inc.	Organization	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No.	P.O. Box, Bldg., Room No., if any	
Street 10108 Fehlberg Court	Street	Street	
City Saint John	City		
State Indiana ZIP Code + 4 46373	State	▼ ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor	12.b. Identify subject labor organizations:	
REsidential Care Providers	Teamsters	Teamsters	
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