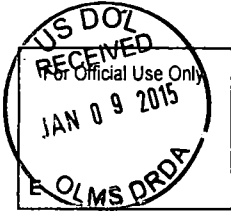


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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)

574953

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: c- 106185

Person Filing

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

Name Lawrence Feigen

Title Partner

Organization Windsor Anaheim Healthcare, Ltd

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

Street 3415 West Ball Road

City Anaheim

State California

ZIP Code + 4 92804

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

Name Joshua Sable

Title General Counsel

Organization S&F Management Company, LLC

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

Street 9200 Sunset Boulevard, Suite 700

City West Hollywood

State California

ZIP Code + 4 90069

4. Date fiscal year ends:

Dec / 12

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

Organization Cruz and Associates

Trade Name, if any

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

Street 10201 Trademark Street

City Rancho Cucamonga

State California

ZIP Code + 4 91730

7. Date entered into:

1 / 1 / 2012

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

Name Joshua M Sable

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

Title

President
(If other title, see
instructions)

14. Signed

Title

Treasurer
(If other title, see
instructions)

On 01/06/2015 310.385.1090
Date Telephone Number

On _____
Date 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.):

Cruz and Associates was hired to persuade employees to exercise or not to exercise the right to organize and bargain through representatives of their choosing.

Specific Activities to be Performed

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

a. Nature of activity:

Persuade employees to vote against union representation

11.b. Period during which performed:

January thru March 2012

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name

Organization Cruz and Associates

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

Street 10201 Trademark Street

City Rancho Cucamonga

State California

ZIP Code + 4 91730

Additional Name and address through whom performed, if any:

Name

Organization n/a

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

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

Employees at a skilled nursing facility

12.b. Identify subject labor organizations:

SEIU-ULTCW