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. 1215-0188 Expires 11-30-2006



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 CAREFUL	LY BEFORE PREPARING THIS REPORT.			
50919:3				
1. File Number: C- 00322				
Person Filing				
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:			
Name Peter A List	Name			
Title Founder & CEO	Title			
Organization Kulture Consulting, LLC	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 759 Bloomfield Avenue, No. 301	Street 305 Eisenhower Parkway			
City West Caldwell	City Livingston			
State New Jersey ZIP Code + 4 07006	State New Jersey ZIP Code + 4 07039			
4. Date fiscal year ends: 5. Type of person:				
Dec / 12 a. Individual b. Partnership	c. Corporation d. Other (Specify): LLC			
Nature of Agreement or Arrangement				
6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into:				
Name	, , , , , , , , , , , , , , , , , , ,			
Organization Consulate Management Company	8. Name of person(s) through whom made:			
Trade Name, if any	Name Debra Mason			
P.O. Box, Bldg., Room No., if any	Name			
Street 4419 Pheasant Ridge Road, Ste. 200	Name			
City Roanoke	Name			
State Virginia ZIP Code + 4 24014	Name			
Signa	tures			
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete (See Section VII on penalties in the instructions.)	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief,			
13. Signed President (If other title, see instructions)	14. Signed Treasurer (If other title, see instructions)			
Founder & CEO	Title Manager of Administration			
tounder a ope	nanager of naministration			
On 12-10-12 973-403-9901	On 12/10/12 973-403-9901			
Date Telephone Number	Date Telephone Number			

Date

Telephone Number

Telephone Number



Filer: Peter Li	st Kulture Consulting, LLC	File Number C- 00322
9. Check the approp	riate box to indicate whether an object of the activities undertaken,	is directly or indirectly:
a. To persua collective	de employees to exercise or not to exercise, or persuade employe y through representatives of their own choosing.	es as to the manner of exercising, the right to organize and bargain

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.):	
Company was employed on a per hour basis with no formal written agreement relative to duration or amount of hours to be performed. Fee schedule based on a per hour rate.	

Specific Activities to be Performed

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

Presented informational meetings to company employees relative to the process of unionization, the role of the NLRB, and collective bargaining.

11.b. Period during which performed:	11.c. Extent performed:		
11/12 - 12/12	11/12		
1.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name Ronn English	Name Luisa Perez		
Organization Kulture Consulting, LLC	Organization Kulture Consulting, LLC		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 759 Bloomfield Avenue, #301	Street 759 Bloomfield Avenue, #301		
City West Caldwell	City West Caldwell		
State New Jersey ZIP Code + 4 07006	State New Jersey ZIP Code + 4 07006		
2.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:		
All ful-time and regular part-time certified Nursing Assistants (CNAs), Activity Assistants, and Central Supply Clerk/Staffing Coordinators, employed by the Employer at its Winter Haven, Florida, facility.	United Food & Commercial Workers, Local 1625		

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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. 1. File Number: C- 00322 **Person Filing** 3. Any other address where records necessary to verify this report are kept: 2. Name and mailing address (include ZIP Code): Name Name Peter A List Title Title Founder & CEO Organization Organization Kulture Consulting, LLC P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street 305 Eisenhower Parkway Street 759 Bloomfield Avenue, No. 301 City West Caldwell City Livingston State New Jersey ZIP Code + 4 07006 ZIP Code + 4 07039 State New Jersey 4. Date fiscal year ends: 5. Type of person: d. X Other (Specify): LLC Individual b. Partnership Corporation Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 2012 8. Name of person(s) through whom made: Organization Consulate Management Company Name Debra Mason Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 4419 Pheasant Ridge Road, Ste. 200 City Roancke Name ZIP Code + 4 State Virginia 24014 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 14. Signed President Treasurer (If other title, see (If other title, see .. : instructions) instructions)

Other (Specify)

Manager of Administration

973-403-9901

Telephone Number

Title

Founder & CEO

973-403-9901

Telephone Number

12-10-12

Date

Filer. Peter List Kulture Consulting, LLC		File Number C- 00322		
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.):				
Company was employed on a per hour basis with no for amount of hours to be performed. Fee schedule base	ormal written agreeme	ent relative to duration or		
	-			
And the Artist of the Artist o				
Specific Activities to be Performed				
 For each activity, separately list in detail the information required (See instruct Nature of activity: 	ions):			
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	•			
11.b. Period during which performed:	11 a Extent performed:			
11/12 - 12/12	11.c. Extent performed: 11/12			
11.d. Name and address through whom performed:	Additional Name and address	s through whom performed, if any:		
Name Ronn English	Name Luisa	Perez		
Organization Kulture Consulting, LLC	Organization Kulture Co	onsulting, LLC		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., it	fany		
Street 759 Bloomfield Avenue, #301	Street 759 Bloomfield	Avenue, #301		
City West Caldwell	City West Caldwell			
State New Jersey ZIP Code + 4 07006	State New Jersey	ZIP Code + 4 07006		
12.a. Identify subject groups of employees:	12.b. Identify subject labor or	ganizations:		
All ful-time and regular part-time certified Nursing Assistants (CNAs), Activity Assistants, and Central Supply Clerk/Staffing Coordinators, employed by the Employer at its Winter Haven, Florida, facility.	United Food & Comm	ercial Workers, Local 1625		