

FORM LM-15 TRUSTEESHIP REPORT

For Official Use
Only

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. 461.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number of Labor Organization Held in Trusteeship <input style="width: 100%;" type="text"/>	2. Type of Report <input type="checkbox"/> Initial <i>(complete pages 1 through 4.)</i> <input type="checkbox"/> Semiannual for period ending <input type="text"/> / <input type="text"/> / <input type="text"/> <i>(Complete pages 1 and 2 only.)</i>	3. Date Trusteeship Established <input type="text"/> / <input type="text"/> / <input type="text"/>
4. Labor Organization Held in Trusteeship Affiliation or Organization Name <input style="width: 100%;" type="text"/> Designation (Local, Lodge, etc.) <input style="width: 40%;" type="text"/> P.O. Box, Bldg. and Room No., if any <input style="width: 40%;" type="text"/> Designation Number Prefix <input style="width: 10%;" type="text"/> Number <input style="width: 10%;" type="text"/> Suffix <input style="width: 10%;" type="text"/> Number and Street <input style="width: 100%;" type="text"/> City <input style="width: 100%;" type="text"/> Unit Name (if any) <input style="width: 40%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>		
5. Labor Organization Imposing the Trusteeship Name <input style="width: 100%;" type="text"/> File Number <input style="width: 100%;" type="text"/> P.O. Box, Building and Room Number, if any <input style="width: 100%;" type="text"/> Number and Street <input style="width: 100%;" type="text"/> City <input style="width: 100%;" type="text"/> State <input style="width: 100%;" type="text"/> ZIP Code + 4 <input style="width: 100%;" type="text"/>		
6. List the article(s) and section(s) of the constitution which specifically authorize imposition of the trusteeship: Add More Item 6 Information <div style="border: 1px solid black; height: 100px; width: 100%;"></div>		

Signatures

Each of the undersigned, duly authorized officials of the labor organization imposing the trusteeship over the above labor organization, 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.)*

24. Signed _____ President (if other title, see instructions.) <input style="width: 100%;" type="text"/> On <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> Date Telephone Number	26. Signed _____ Trustee (if other title, see instructions.) <input style="width: 100%;" type="text"/> On <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> Date Telephone Number
25. Signed _____ Treasurer (if other title, see instructions.) <input style="width: 100%;" type="text"/> On <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> Date Telephone Number	27. Signed _____ Trustee (if other title, see instructions.) <input style="width: 100%;" type="text"/> On <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> Date Telephone Number

Name of Labor Organization Held In Trusteeship

File Number

7. Check the reason(s) for establishing or continuing the trusteeship:

- a. To correct corruption or financial malpractice.
- b. To assure the performance of collective bargaining agreements or other duties of a bargaining representative.
- c. To restore democratic procedures.
- d. Other.

8. Provide a detailed statement which explains each reason checked in Item 7, above.

[Add More Item 8 Information](#)

9. During the period covered by this report

a. Did a convention or other policy-determining body meet to which the trustee labor organization sent delegates or would have sent delegates if not in trusteeship?

Yes No

(if the answer is "Yes," complete and file Form LM-15A.)

b. Did the labor organization imposing the trusteeship hold an election of officers?

Yes No

(If the answer is "Yes," complete and file Form LM-15A.)

Name of Labor Organization Held In Trusteeship	File Number
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Statement of Assets and Liabilities (Complete for Initial Report Only)					
Assets as of Date Trusteeship Imposed			Liabilities as of Date Trusteeship Imposed		
Item	From Sch. #	Amount	Item	From Sch. #	Amount
10. Cash			18. Accounts Payable		
11. Accounts Receivable			19. Loans Payable	6	
12. Loans Receivable	1		20. Mortgages Payable		
13. U.S. Treasury Securities			21. Other Liabilities	4	
14. Investments	2		22. TOTAL LIABILITIES		
15. Fixed Assets	5		23. NET ASSETS (Item 17 less Item 22)		
16. Other Assets	3				
17. TOTAL ASSETS					

Schedule 1 - Loans Receivable (See Instructions for Item 12)			Add More Schedule 1 Items
(A) Name of officer, employee, member, or business enterprise	(B) Purpose of loan, security, if any, and terms for repayment	(C) Amount	
1.			
2.			
3.			
4. Total from additional pages (if any)			
5. Total of loans not listed above			
6. Total of Lines 1 through 5			

Schedule 2 - Investments (See Instructions for Item 14)		Schedule 3 - Other Assets (See Instructions for Item 16)			
(A) Description	Add More Schedule 2 Items	(B) Amount	(A) Description	Add More Schedule 3 Items	(B) Book Value
Marketable Securities:			1.		
1. Total Cost			2.		
2. Total Book Value			3.		
3. List each marketable security that has a book value over \$1,000 and exceeds 20% of Line 2.			4.		
(a)			5.		
(b)			6.		
(c) Total from additional pages (if any)			7. Total from additional pages (if any)		
4. Total Cost			8. Total of Lines 1 through 7		
5. Total Book Value			Schedule 4 - Other Liabilities (See Instructions for Item 21)		
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary or trust which is an investment.			(A) Description	Add More Schedule 4 Items	(B) Amount
(a)			1.		
(b)			2.		
(c) Total from additional pages (if any)			3.		
7. Total of Lines 2 and 5			4.		
			5.		
			6.		
			7. Total from additional pages (if any)		
			8. Total of Lines 1 through 7		

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Schedule 5 - Fixed Assets (See instructions for Item 15)				Add More Schedule 5 Items
(A) Description	(B) Cost or Other Basis	(C) Total Depreciation or Amount Expensed	(D) Book Value	(E) Fair Market Value
1. Land (give location)				
2. Total from additional pages (if any)				
3. Buildings (give location)				
4. Total from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment				
7. Other Fixed Assets				
8. Total of Lines 1 through 7				

Schedule 6 - Loans Payable (See instructions for Item 19)	
(A) Source	(B) Amount
1.	
2.	
3.	
4.	
	5. Total from additional pages (if any)
	6. Total of Lines 1 through 6