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

FORM LM-15 TRUSTEESHIP REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires 09-30-2021

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.

	Г						
File Number of Labor Organization Held in Trusteeship	2. Type of Report	te pages 1 through 4.)		3. Date Trusteeship Established			
3	Semiannual for						
	(Complete pages			/	/ /	<i>'</i>	
4. Labor Organization Held in Trustees	hip						
Affiliation or Organization Name							
Designation (Local, Lodge, etc.)		P.O. Bo	ox, Bldg. and R	oom No., if any			
Designation Number		Numbe	Number and Street				
Designation Number Prefix	Number Suffix	City					
Unit Name (if any)		State	State		ZIP Code + 4		
5. Labor Organization Imposing the Tru	ısteeship						
Name							
File Number							
P.O. Box, Building and Room Numb	per, if any						
Number and Street							
City		State			ZIP Code + 4		
6. List the article(s) and section(s) of the	constitution which sne	rifically authorize imn	osition of the tri	isteeshin:			
		Signat	ures				
Each of the undersigned, duly authorize	zed officials of the labor	organization imposir	ng the trusteesh	nip over the abov	e labor organization. declares	, under penalty	
of perjury and other applicable penaltic documents) has been examined by the	es of law, that all of the	information submitte	d in this report	including the info	ormation contained in any acc	companying	
on penalties in the instructions.)	s signatory and is, to the	e best of the undersi	gried 5 kriowied	ge and belief, tru	ie, correct, and complete. (Se	e trie section	
24. Signed		President	26. Signed			Trustee	
		(if other title, see instructions.)				(if other title, see instructions.)	
		,				,	
On Date T	elephone Number		On _	Date	Telephone Number		
05.01		T	O7 Cimad			Tourston	
25. Signed		Treasurer (if other title,	27. Signed -			Trustee (If other title,	
		see instructions.)				see instructions.)	
On	elephone Number		On _	Date	Telephone Number		
Dale I	CICPHOLIC INUITIDE			Date	releptione multiper		

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.				
9. During the period covered by this report	wavilal barra and delegate 15 - 15			
a. Did a convention or other policy-determining body meet to which the trusteed 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

Statement of Assets and Liabilities (Complete for Initial Report Only)							
Assets as of Date Trusteeship Imposed		Liabilities	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	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	23. NET ASSETS (Item 17 less Item 22)			
16. Other Assets	3						
17. TOTAL ASSETS							

Schedule 1 - Loans Receivable (See Instructions for Item 12)				
(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 Instruc	ctions for Item 14)	Schedule 3 - Other Assets (See Instructions for Item 16)	
(A) Description	(B) Amount	(A) Description	(B) Book Value
Marketable Securities:		1.	
1. Total Cost		2.	
2. Total Book Value		3.	
List each marketable security that has a book value over \$1,000 and exceeds 20% of Line 2.		4.	
		5.	
(a)		6.	
(b)		7. Total from additional pages (if any)	
(c) Total from additional pages (if any)		8. Total of Lines 1 through 7	
Other Investments:			
Other Investments:		Schedule 4 - Other Liabilities (See In	nstructions for Item 21)
Other Investments: 4. Total Cost		Schedule 4 - Other Liabilities (See In	estructions for Item 21) (B) Amount
		<u> </u>	
4. Total Cost 5. Total Book Value		(A) Description	
4. Total Cost		(A) Description 1.	
4. Total Cost 5. Total Book Value 6. List each other investment which has a book value		(A) Description 1. 2.	
4. Total Cost 5. Total Book Value 6. List each other investment which has a be exceeds 20% of Line 5. Also list each subs		(A) Description 1. 2. 3.	
4. Total Cost 5. Total Book Value 6. List each other investment which has a be exceeds 20% of Line 5. Also list each subsinvestment.		(A) Description 1. 2. 3. 4.	
4. Total Cost 5. Total Book Value 6. List each other investment which has a be exceeds 20% of Line 5. Also list each subsinvestment. (a)		(A) Description 1. 2. 3. 4. 5.	

(A) Description	ed Assets (See instruction (B) Cost or Other Basis	(C) Total Depreciation or Amount Expensed	(D) Book Value		ir Iarket ⁄alue
1. Land (give location)					
Total from additional pages (if any)					
3. Buildings (give location)					
4. Total from additional pages (if any)					
5. Automobiles and Other Vehicles					
Office Furniture and Equipment					
7. Other Fixed Assets					
8. Total of Lines 1 through 7					
(A) Source	ns Payable (See Instru	ictions for Item 19)		(B) Amou	ınt
1.				(B) Alliot	
2.					
3.					
4.					
		5. Total from additional	pages (if any)		
		6. Total of Lines 1 thro	ough 6		

File Number

Name of Labor Organization Held In Trusteeship