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 10-31-2013

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	2. Type of Report	3. Date Trusteeship Established
	☐ Initial *(complete pages 1 through 4.)* ☐ Semiannual for period ending ___ / ___ / ___ *(Complete pages 1 and 2 only.)*	___ / ___ / ___

4. Labor Organization Held in Trusteeship

Affiliation or Organization Name

Designation

Designation Number Prefix Number Suffix

Unit Name (if any)

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

Number and Street

City

State

ZIP Code + 4

5. Labor Organization Imposing the Trusteeship

Name

File Number

P.O. Box, Building and Room Number, if any

Number and Street

City

State

ZIP Code + 4

6. List the article(s) and section(s) of the constitution which specifically authorize imposition of the trusteeship:

Add More Item 6 Information

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.)

On _____ Date _____ Telephone Number

25. Signed _____ Treasurer (if other title, see instructions.)

On _____ Date _____ Telephone Number

26. Signed _____ Trustee (if other title, see instructions.)

On _____ Date _____ Telephone Number

27. Signed _____ Trustee (If other title, see instructions.)

On _____ Date _____ Telephone Number

Print Report

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 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 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)*

(A) Description Add More Schedule 2 Items	(B) Amount
Marketable Securities:	
1. Total Cost	
2. Total Book Value	
3. List each marketable security that has a book value over $1,000 and exceeds 20% of Line 2.	
(a)	
(b)	
(c) Total from additional pages *(if any)*	
Other Investments:	
4. Total Cost	
5. Total Book Value	
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)	
(b)	
(c)Total from additional pages *(if any)*	
7. Total of Lines 2 and 5	0

Schedule 3 - Other Assets *(See Instructions for Item 16)*

(A) Description Add More Schedule 3 Items	(B) Book Value
1.	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages *(if any)*	
8. Total of Lines 1 through 7	

Schedule 4 - Other Liabilities *(See Instructions for Item 21)*

(A) Description Add More Schedule 4 Items	(B) Amount
1.	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages *(if any)*	
8. Total of Lines 1 through 7	

Name of Labor Organization Held In Trusteeship	File Number

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)*

Add More Schedule 6 Items

(A) Source	(B) Amount
1.	
2.	
3.	
4.	
5. Total from additional pages *(if any)*	
6. Total of Lines 1 through 6	