FORM D



### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, DC 20549

FORM D

SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Washington, DC

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

OMB Approval 3235-0076 **OMB Number:** Expires: November 30, 2001 Estimated average burden hours per response . . . 16.00

SEC	USE	ONL	Υ	
Prefi	( I	Se I	rial	
DAT	E RE(	CEIVE I	D	

Name of Offering ( check if this is an amendment and name has changed, and indicate change.) The LCM Trust Credit Opportunities Fund series units of beneficial interest Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☑ Rule 506 ☐ Section 4(6) ☐ ULOE Type of Filing: New Filing M Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) The LCM Trust Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) c/o Mellon Trust of Delaware, National Association, Trustee, 4005 Kennett Pike, Ste. 250, Greenville, DE 19801 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business Investment Fund Type of Business Organization ☑ other (please specify): Statutory Trust ☐ limited partnership, already formed ☐ corporation ☐ limited partnership, to be formed ☐ business trust Month Year ☐ Estimated **⊠**Actual Actual or Estimated Date of Incorporation or Organization: 1 1 :6 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State;  $\Box\Box$  DE CN for Canada; FN for other foreign jurisdiction)

#### GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

## A. BASIC IDENTIFICATION DATA

### 2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer and President	☑ Trustee	☐ General and/or Managing Partner Managing Member
Full Name (Last name first,	if individual)				
Mellon Trust of Dela Business or Residence Addr					
Business of Residence Addr	ess (Number and Si	reet, City, State, Zip Code)			
4005 Kennett Pike, S					<b>—</b>
Check Box(es) that Apply:	☐ Promoter	☑ Sponsor	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Lotsoff Capital Mana	igement				
Business or Residence Addr		reet, City, State, Zip Code)			
20 North Clark Street	t 34 <sup>th</sup> Floor C	hicago II. 60602			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	□Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ress (Number and S	reet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	□Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ress (Number and S	rreet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ress (Number and S	treet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partne
Full Name (Last name first,	if individual)				
Business or Residence Addr	ress (Number and S	treet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partne
Full Name (Last name first,	if individual)				
Business or Residence Add	ress (Number and S	treet, City, State, Zip Code)			
·	•	treet, City, State, Zip Code)			

						-	B. II	NFO]	RMA	OIT	N AI	BOUT	OFFERING			
1. Has	the issu	ıer sold	or does	the issu	er intend	i to sell	, to non-	-accred	ited inv	estors i	n this of	fering?			es	No
						Answ	er also	in App	endix, (	Column	2, if fili	ing under	ULOE.			
2. Wh	at is the	minim	um inve	stment tl	hat will	be acce	pted fro	m any i	ndividu	al?				\$	<u>2,000,000</u>	.00
3. Doe	s the of	fering p	ermit jo	oint own	ership o	f a singl	le unit?								Yes ☑	No □
pı ar	urchase nd/or wi	rs in coi ith a sta	nnection te or sta	n with sa	tles of so	ecurities of the	s in the broker	offerin	g. If a	person 1	to be lis	sted is an	or indirectly, any commission or sin associated person or agent of a brok to be listed are associated persons of	er or dealer r	egistered v	with the SEC
Full N	ame (L	ast nam	e first, i	f individ	lual)					<u></u>						
Busin	ess or R	esidenc	e Addre	ess (Num	ber and	Street,	City, St	ate, Zip	Code)							
Name	of Asso	ociated l	Broker	or Dealer	<u></u>					<del></del>						
				d Has So						'S						
[AL]		[AZ]								[GA]		[ID]				
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]				
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]				
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]				
Full N	lame (L	ast nam	e first,	if individ	lual)			-		<del></del>						
Busin	ess or R	lesidenc	e Addr	ess (Num	ber and	Street,	City, St	ate, Zip	Code)	1						
Name	of Ass	ociated	Broker	or Deale	r		<del></del>									
States	in Whi	ch Pers	on Liste	d Has So	olicited (	or Inten	ds to Sc	olicit Pu	ırchaseı	rs						
(Chec		States" o		individi [CA]			[DE]					[ID]				
	[IN]	[IA]	[KS]						-		[MS]					
								-			[OR]					
[RI]	[SC]	[NV]	[TN]	[NJ] [TX]							[WY]					
Full N	Jame (L	ast nam	ne first,	if indivic	lual)											
Busin	ess or F	Residenc	e Addr	ess (Nun	nber and	Street,	City, S	tate, Zi <sub>l</sub>	o Code)	)						
Name	of Ass	ociated	Broker	or Deale	r											
				ed Has So												
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]				
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]				
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]				
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]				

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

<ol> <li>Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offer- ing, check this box □ and indicate in the column below the amounts of the securities of-</li> </ol>		
fered for exchange and already exchanged.  Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	\$
Equity	\$	\$
Equity	-	·
□ Common □ Preferred		
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$	\$
Other (Specify units of beneficial interests of series of Trust interests	\$ <u>200,000,000</u> *	\$ <u>8,962,606.36</u>
Total	\$ <u>200,000,000</u> *	\$ <u>8,962,606,36</u>
Answer also in Appendix, Column 3, if filing under ULOE		
* This amount is an estimate. There is no maximum amount to be raised.		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	21	\$ <u>8,962,606.36</u>
Non-accredited Investors		\$
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.	•	
Type of offering	Type of	Dollar Amount
	Security	Sold
Rule 505		\$
Regulation A		\$
Rule 504		\$
Total		\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		\$
Printing and Engraving Costs		\$15,000.00
Legal Fees		\$20,000.00
Accounting Fees	_	\$
Engineering Fees		\$
Sales Commissions (Specify finder's fees separately)		\$ \$
Other Expenses (identify) Filing Fees; postage; travel, etc		\$15,000.00
Total	_	\$50,000.00
i Uldi		\$ <u>50,000.00</u>

	offering price given in response to Part C- response to Part C-Question 4.a. This difference	\$ <u>199,950,000.00*</u>					
5. Indicate below the amount of the adjusted gross used for each of the purposes shown. If the am an estimate and check the box to the left of the must equal the adjusted gross proceeds to the it tion 4.b. above.	ount for any purpose is not known, furnish estimate. The total of the payments listed						
		Payments to Officers, Directors, & Affiliates	Payments To Others				
Salaries and fees		□ <b>\$</b>	□ \$				
Purchase of real estate		□ <b>\$</b>	□ s				
Purchase, rental or leasing and installat	ion of machinery and equipment	□ s	□ \$				
Construction or leasing of plant building	gs and facilities	□ <b>\$</b>	□ \$				
offering that may be used in exchange	ing the value of securities involved in this for the assets or securities of another issuer						
· •		□ s	□ s				
		□ <b>s</b>	□ \$				
- ·		□ <b>\$</b>	<b>☑</b> \$ <u>199,950,000.00*</u>				
		□ s	□ <b>\$</b>				
		□ s	<b>S</b>				
Column Totals		□ \$	<b>☑</b> \$ <u>199,950,000.00</u> *				
Total Payments Listed (column totals a	dded)		\$ <u>199,950,000.00*</u>				
* This amount is an estimate. There is no maximum	um amount to be raised.						
	D. FEDERAL SIGNAT	URE					
The issuer has duly caused this notice to be signe undertaking by the issuer to furnish to the U.S. non-accredited investor pursuant to paragraph (b) (	Securities and Exchange Commission, upon write	is notice is filed under Ruen request of its staff, the	ale 505, the following signature constitutes and the information furnished by the issuer to any				
Issuer (Print or Type)	Signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date					
The LCM Trust	Very 11 7, Mars	) ~~~	1.6 2000				
Name of Signer (Print or Type)	Title of Signer (Print or Type)		m ( 200 )				
Managing Director of Lotsoff Capital Management, Sponsor and Investment Manager for The LCM Trust							
	ATTENTION						
Intentional misstatements or omissions of fact co	onstitute federal criminal violations. (See 18 U.S	.C. 1001.)					