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FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, DC 20549 106

FORM D



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

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	is is an amendment and name has changed, and indicate change The Small Cap Fund series of units of particip	Andrew Control of the
Filing Under (Check box(es) that	apply): □ Rule 504 □ Rule 505 ☑ Rule 506 □ Section 4(6)	ULOE
Type of Filing: ☑ New Filing ¶	l Amendment	
	A. BASIC IDENTIFICATI	ION DATA
1. Enter the information requested		
Name of Issuer (L) check if this	s an amendment and name has changed, and indicate change.)	
The LCM Group Trust		
Address of Executive Offices (Nu	imber and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1Boston Place, Boston, N	erations (Number and Street, City, State, Zip Code)	ett Pike, Ste. Telephone Number (Including Area Code)
Investment Fund		
Type of Business Organization		
corporation	☐ limited partnership, already formed	☐ other (please specify): Statutory Trust
☐ business trust	☐ limited partnership, to be formed	
		Month Year
Actual or Estimated Date of Incor	poration or Organization:	0 9 9 6 ☑Actual ☐ Estimated
Jurisdiction of Incorporation or O	rganization: (Enter two-letter U.S. Postal Service abbreviation for	or State:
	CN for Canada; FN for other foreign jurisdiction)	□□ MA

GENERAL INSTRUCTIONS

Federal

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 SEC.

Filing Fee: There is no federal filing fee.

State

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 Membe
Full Name (Last name first,	if individual)				
Mellon Trust of New Business or Residence Addre				-	
1 Boston Place, Bosto					
Check Box(es) that Apply:	☐ Promoter	☑ Sponsor	☐ Executive Officer	☐ Director	☐ General and/or Managing Partne
Full Name (Last name first,	f individual)				
Lotsoff Capital Mana	gement				
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Code)			
20 North Clark Street	, 34 th Floor, Cl	nicago, IL 60602			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐Executive Officer	☐ Director	☐ General and/or Managing Partne
Full Name (Last name first,	f individual)				
Business or Residence Addre	ess (Number and St	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,	f individual)				
Business or Residence Addre	ess (Number and St	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,	f individual)				
Business or Residence Addre	ess (Number and St	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,	f individual)				
Business or Residence Addre	ess (Number and St	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,	f individual)				
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Code)			

				•			B. I	NFO	RMA	ATIO	N Al	BOUT	OFFERI	NG				
1. Ha	s the iss	uer solo	d or does	s the issu	ıer inten	d to sel										Ye	S	No ☑
						Ansv	wer also	in App	endix,	Column	2, if fil	ing under	r ULOE.					
2. Wh	at is the	e minim	um inve	estment t	that will	be acce	pted fro	om any	individ	ual?						\$ <u>2</u>	,000,000	.00_
3. Do	es the o	ffering	permit i	oint own	ership o	of a sing	ele unit?									Ye ☑	s	No
4. Ent	er the i urchase	nformaters in co	tion req nnection	uested fo	or each pales of s the nam	person vecurities	who has es in the broker	been o	ıg. If a	person	to be li:	sted is an	y or indirectly, associated per to be listed are	son or agent	of a broker	or dealer reg	istered v	with the SEC
Full N	lame (L	ast nam	ne first,	f individ	dual)				•									
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Busin	ess or F	Cesideno	e Addre	ess (Nun	nber and	Street,	City, Si	tate, Zij	(Code									
Name	of Ass	ociated	Broker	or Deale	r			,	· · · ·							-		
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]						
Full N	lame (L	ast nam	ne first, i	f individ	lual)					, <u>.</u>				· · · · · · · · · · · · · · · · · · ·				
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Busin	ess or R	lesideno	æ Addro	ess (Nun	nber and	Street,	City, St	tate, Zip	Code)									
Name	of Ass	ociated	Broker	or Deale	r										-			
States	in Whi	ch Pers	on Liste	d Has So	olicited (or Inten	ds to Sc	olicit Pu	rchaser	s								
			or check [AR]				[DE]					[ID]		🗖 All St	ates			
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]						
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Busin	ess or R	lesidenc	e Addre	ess (Num	nber and	Street,	City, St	ate, Zip	Code)		***************************************							
Name	of Asse	ociated	Broker	or Deale	r				-						··· - ···			
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]						

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

already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box □ and indicate in the column below the amounts of the securities of		
fered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	\$
Equity		\$
		· · · · · · · · · · · · · · · · · · ·
□ Common □ Preferred		
Convertible Securities (including warrants)		\$
Partnership Interests	\$ <u></u>	\$
Other (Specify_series of units of participation of Trust	\$ <u>1,000,000,000*</u>	\$ <u>94,629,831.80</u>
Total	\$ <u>1,000,000,000*</u>	\$ <u>94,629,831.80</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	20	\$ <u>94,629,831.80</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 Security	Dollar Amount 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		\$
Legal Fees		\$
Accounting Fees		\$
Engineering Fees		\$
Sales Commissions (Specify finder's fees separately)		\$
Other Expenses (identify) <u>Filing Fees; postage; travel, etc</u>		\$
Total	П	\$0.00**

 $^{{\}bf **} Offering \ expenses \ to \ be \ paid \ by \ the \ Investment \ Manager \ without \ reimbursement \ by \ the \ Issuer.$

C. OFFERING PRICE, I	NUMBER OF INVESTORS, E	XPE	NSES AND U	JSE OF PROCEEDS	
b. Enter the difference between the aggregate of					
Question 1 and total expenses furnished in re- is the "adjusted gross proceeds to the issuer."			\$ <u>1,000,000,000.00*</u>		
5. Indicate below the amount of the adjusted gross prused for each of the purposes shown. If the amount an estimate and check the box to the left of the estimate adjusted gross proceeds to the issue tion 4.b. above.	ant for any purpose is not known, furnish stimate. The total of the payments listed				
			Payments to		
			Officers, Directors, & Affiliates	Payments To Others	
Salaries and fees			\$	□ s	
Purchase of real estate			\$	□ s	
Purchase, rental or leasing and installation	n of machinery and equipment		\$	□ s	
Construction or leasing of plant buildings	and facilities		\$	□ s	
Acquisition of other businesses (including offering that may be used in exchange for	the assets or securities of another issuer				
			\$	□ \$	
• •			\$	□ \$	
			\$	 \$1,000,000,000.00*	
Other (specify)			\$	□ \$	
				_	
			\$	□ s	
			\$	✓ \$ <u>1,000,000,000.00*</u>	
Total Payments Listed (column totals add	ed)		☑ \$ <u>1</u>	<u>1,000,000,000.00</u> *	
* This amount is an estimate. There is no maximum	amount to be raised.				
Waret -	D. FEDERAL SIGNAT	URE	<u> </u>		
The issuer has duly govered this notice to be signed by					
The issuer has duly caused this notice to be signed by undertaking by the issuer to furnish to the U.S. Senon-accredited investor pursuant to paragraph (b) (2)	curities and Exchange Commission, upon writ	us notic ten req	ce is filed under Rule uest of its staff, the	e 505, the following signature constitutes a information furnished by the issuer to an	
Issuer (Print or Type)	Signature 1 A		-Date -		
The LCM Crosses Travel	W Thill	5	`	200C	
The LCM Group Trust Name of Signer (Print or Type)	Title of Signer (Print or Type)		- V \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	my 2005	
The state of the s				•	
Managing Director of Lotsoff Capital Management, Sponsor and Investment Man Rich DeMatteo for The LCM Group Trust					
	and the second s		N - 1		
	ATTENTION				
Intentional misstatements or omissions of fact cons	titute federal criminal violations. (See 18 U.S.	.C. 100	1.)		