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

FORM LM-30
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management and Budget
No. 1215-0188
Expires 11-30-2006

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 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7679

2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005

3. Name and address of person filing.

Name: Donna L Frame

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

Street: 9201 Hale Drive

City: St. Louis

State: Missouri ZIP Code + 4: 63123

4. Name, file number, and address of labor organization.

Name: United Food & Commercial Workers Union #655

Labor Organization File Number: 015641

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

Street: 300 Weidman Road

City: Ballwin

State: Missouri ZIP Code + 4: 63011

5. Position in labor organization: Administrative Manager Pension Fund

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value **from an employer whose employees your organization represents** or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name:

Trade Name, if any:

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

Street:

City:

State: ZIP Code + 4:

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the 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.)

Signed: Donna L. Frame On: 3/6/06 (Date) 636-736-2712 (Telephone Number)

Name of Person Filing Donna Frame	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: Byrnes Software Technologies, Inc

Trade Name, if any:

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

Street: 1819 Clarkson Road, Suite 200

City: Chesterfield

State: Missouri ZIP Code + 4: 63017

9. Business deals with:

- [ ] a. Labor Organization
- [x] b. Trust
- [ ] c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: United Food & Commercial Workers Local 655

Trade Name, if any: Food Employers Joint Pension Fund

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

Street: 300 Weidman Road

City: Ballwin

State: Missouri ZIP Code + 4: 63011

11.a. Nature of such dealing.

Ball Tickets

11.b. Approximate dollar value of such dealing. $116

12.a. Nature of interest held or income received.

12.b. Amount.

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

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

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing Donna Frame	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: Commerce Trust

Trade Name, if any:

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

Street: 8000 Forsyth

City: St. Louis

State: Missouri ZIP Code + 4: 63105

9. Business deals with:

- [ ] a. Labor Organization
- [x] b. Trust
- [ ] c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: United Food & Commercial Workers Local 655

Trade Name, if any: Food Employers Joint Pension Fund

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

Street: 300 Weidman Road

City: Ballwin

State: Missouri ZIP Code + 4: 63011

11.a. Nature of such dealing.

Client Night at the Ball Park

11.b. Approximate dollar value of such dealing. $ 100.00

12.a. Nature of interest held or income received.

12.b. Amount.

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

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

Street:

City:

State: ZIP Code + 4:

13.b. Is the Business an Employer [ ] or Consultant [ ] ?

14.a. Nature of payment.

14.b. Amount of payment.

Name of Person Filing Donna Frame	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: Employees Benefit Administrator Assoc

Trade Name, if any:

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

Street

City: St. Louis

State: Missouri ZIP Code + 4

9. Business deals with:

- [ ] a. Labor Organization
- [x] b. Trust
- [ ] c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: United Food & Commercial Workers Local 655

Trade Name, if any: Food Employers Joint Pension Fund

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

Street: 300 Weidman Road

City: Ballwin

State: Missouri ZIP Code + 4

11.a. Nature of such dealing.

Expense incurred in conjunction with Administrators meeting in San Antonio, TX

11.b. Approximate dollar value of such dealing. $159

12.a. Nature of interest held or income received.

12.b. Amount.

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

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

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer [ ] or Consultant [ ] ?

14.b. Amount of payment.

Name of Person Filing Donna Frame	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: Employees Benefit Administrator Assoc

Trade Name, if any:

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

Street

City: St. Louis

State: Missouri ZIP Code + 4

9. Business deals with:

- [ ] a. Labor Organization
- [x] b. Trust
- [ ] c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: United Food & Commercial Workers Local 655

Trade Name, if any: Food Employers Joint Pension Fund

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

Street: 300 Weidman Road

City: Ballwin

State: Missouri ZIP Code + 4

11.a. Nature of such dealing.

Expense incurred in conjunction with Administrators meeting in Lake of the Ozark

11.b. Approximate dollar value of such dealing. $204

12.a. Nature of interest held or income received.

12.b. Amount.

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

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

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer [ ] or Consultant [ ] ?

14.b. Amount of payment.

Name of Person Filing Donna Frame	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: Employees Benefit Administrator Assoc

Trade Name, if any:

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

Street

City: St. Louis

State: Missouri ZIP Code + 4

9. Business deals with:

- [ ] a. Labor Organization
- [x] b. Trust
- [ ] c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: United Food & Commercial Workers Local 655

Trade Name, if any: Food Employers Joint Pension Fund

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

Street: 300 Weidman Road

City: Ballwin

State: Missouri ZIP Code + 4

11.a. Nature of such dealing.

Airfare for Administrators Meeting in Chicago

11.b. Approximate dollar value of such dealing. $97

12.a. Nature of interest held or income received.

12.b. Amount.

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

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

Street

City

State ZIP Code + 4

13.b. Is the Business an Employer [ ] or Consultant [ ] ?

14.a. Nature of payment.

14.b. Amount of payment.

Name of Person Filing Donna Frame	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: Employees Benefit Administrator Assoc

Trade Name, if any:

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

Street

City: St. Louis

State: Missouri ZIP Code + 4

9. Business deals with:

- [ ] a. Labor Organization
- [x] b. Trust
- [ ] c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: United Food & Commercial Workers Local 655

Trade Name, if any: Food Employers Joint Pension Fund

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

Street: 300 Weidman Road

City: Ballwin

State: Missouri ZIP Code + 4

11.a. Nature of such dealing.

Lodging in conjunction with Administrators meeting in Chicago, IL

11.b. Approximate dollar value of such dealing. $436

12.a. Nature of interest held or income received.

12.b. Amount.

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

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

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer [ ] or Consultant [ ] ?

14.b. Amount of payment.

Name of Person Filing Donna Frame	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: Employees Benefit Administrator Assoc

Trade Name, if any:

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

Street

City: St. Louis

State: Missouri ZIP Code + 4

9. Business deals with:

- [ ] a. Labor Organization
- [x] b. Trust
- [ ] c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: United Food & Commercial Workers Local 655

Trade Name, if any: Food Employers Joint Pension Fund

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

Street: 300 Weidman Road

City: Ballwin

State: Missouri ZIP Code + 4

11.a. Nature of such dealing.

Expense incurred in conjunction with Administrators meeting in Chicago, IL

11.b. Approximate dollar value of such dealing. $161

12.a. Nature of interest held or income received.

12.b. Amount.

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

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

Street

City

State ZIP Code + 4

13.b. Is the Business an Employer [ ] or Consultant [ ] ?

14.a. Nature of payment.

14.b. Amount of payment.

Name of Person Filing Donna Frame	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: International Foundation of Employees Benefi

Trade Name, if any:

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

Street: 18700 W Bluemound Road

City: Brookfield

State: Wisconsin ZIP Code + 4: 53005

9. Business deals with:

- [ ] a. Labor Organization
- [x] b. Trust
- [ ] c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: United Food & Commercial Workers Local 655

Trade Name, if any: Food Employers Joint Pension Fund

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

Street: 300 Weidman Road

City: Ballwin

State: Missouri ZIP Code + 4: 63011

11.a. Nature of such dealing.

Registration Fee & Hotel Deposit for Educational Conference in Honolulu Hawaii

11.b. Approximate dollar value of such dealing. $1,310

12.a. Nature of interest held or income received.

12.b. Amount.

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

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

Street

City

State ZIP Code + 4

13.b. Is the Business an Employer [ ] or Consultant [ ] ?

14.a. Nature of payment.

14.b. Amount of payment.

Name of Person Filing Donna Frame	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: International Foundation of Employees Benefi

Trade Name, if any:

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

Street: 18700 W Bluemound Road

City: Brookfield

State: Wisconsin ZIP Code + 4: 53005

9. Business deals with:

- [ ] a. Labor Organization
- [x] b. Trust
- [ ] c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: United Food & Commercial Workers Local 655

Trade Name, if any: Food Employers Joint Pension Fund

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

Street: 300 Weidman Road

City: Ballwin

State: Missouri ZIP Code + 4: 63011

11.a. Nature of such dealing.

Airfare for Educational Conference in Honolulu Hawaii

11.b. Approximate dollar value of such dealing. $626

12.a. Nature of interest held or income received.

12.b. Amount.

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

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

Street

City

State ZIP Code + 4

13.b. Is the Business an Employer [ ] or Consultant [ ] ?

14.a. Nature of payment.

14.b. Amount of payment.

Name of Person Filing Donna Frame	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: International Foundation of Employees Benefi

Trade Name, if any:

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

Street: 18700 W Bluemound Road

City: Brookfield

State: Wisconsin ZIP Code + 4: 53005

9. Business deals with:

- [ ] a. Labor Organization
- [x] b. Trust
- [ ] c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: United Food & Commercial Workers Local 655

Trade Name, if any: Food Employers Joint Pension Fund

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

Street: 300 Weidman Road

City: Ballwin

State: Missouri ZIP Code + 4: 63011

11.a. Nature of such dealing.

Lodging for Educational conference in Hawaii

11.b. Approximate dollar value of such dealing. $1,051

12.a. Nature of interest held or income received.

12.b. Amount.

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

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

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer [ ] or Consultant [ ] ?

14.b. Amount of payment.

Name of Person Filing Donna Frame	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: International Foundation of Employees Benefi

Trade Name, if any:

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

Street: 18700 W Bluemound Road

City: Brookfield

State: Wisconsin ZIP Code + 4: 53005

9. Business deals with:

- [ ] a. Labor Organization
- [x] b. Trust
- [ ] c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: United Food & Commercial Workers Local 655

Trade Name, if any: Food Employers Joint Pension Fund

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

Street: 300 Weidman Road

City: Ballwin

State: Missouri ZIP Code + 4: 63011

11.a. Nature of such dealing.

Car Rental for Educational conference in Hawaii

11.b. Approximate dollar value of such dealing. $454

12.a. Nature of interest held or income received.

12.b. Amount.

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

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

Street

City

State ZIP Code + 4

13.b. Is the Business an Employer [ ] or Consultant [ ] ?

14.a. Nature of payment.

14.b. Amount of payment.

Name of Person Filing Donna Frame	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: International Foundation of Employees Benefi

Trade Name, if any:

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

Street: 18700 W Bluemound Road

City: Brookfield

State: Wisconsin ZIP Code + 4: 53005

9. Business deals with:

- [ ] a. Labor Organization
- [x] b. Trust
- [ ] c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: United Food & Commercial Workers Local 655

Trade Name, if any: Food Employers Joint Pension Fund

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

Street: 300 Weidman Road

City: Ballwin

State: Missouri ZIP Code + 4: 63011

11.a. Nature of such dealing.

Meal & misc. expense for Educational conference in Hawaii

11.b. Approximate dollar value of such dealing. $460

12.a. Nature of interest held or income received.

12.b. Amount.

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

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

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer [ ] or Consultant [ ] ?

14.b. Amount of payment.