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

## FORM LM-16 TERMINAL TRUSTEESHIP REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

For Official Use Only

This report is mandatory under P.L. 86-267, 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

File Number of Labor Organization Formerly Held in Trusteeship		Trusteeship Termination Date (mm/dd/yyyy)     / /		
Labor Organization Formerly Held in Trusteeship     Affiliation or Organization Name	4. F	File Number of Labor Organization Terminating the Trusteeship		
Designation (Local, Lodge, etc.)				
Designation Number (Prefix/Number/Suffix)		Labor Organization Terminating the Trusteeship		
Unit Name (if any)		Name		
	P	P.O. Box, Building and Room Number, if any		
P.O. Box, Building and Room Number, if any	N	Number and Street		
Number and Street	c	City		
City	s	State ZIP Code + 4		
State ZIP Code + 4				
211 6006 1 4				
<ul> <li>6. During the period since the last Form LM-15 trusteeship report was filed:</li> <li>a. Did a convention or other policy-determining body meet to which the truyes (If the answer is "Yes", complete and file Form LM-15A.)</li> <li>No</li> <li>b. Did the labor organization imposing the trusteeship hold an election of Yes (if the answer is "Yes", complete and file Form LM-15A.)</li> <li>No</li> </ul>		organization sent delegates or would have sent delegates if not in trusteeship?		
	Signatures			
Each of the undersigned, duly authorized officials of the labor organization of perjury and other applicable penalties of law, that all of the information documents) has been examined by the signatory and is, to the best of the on penalties in the instructions.)	submitted in t	the trusteeship over the above labor organization, declares, under penalty in this report (including the information contained in any accompanying ed's knowledge and belief, true, correct, and complete. (See the section		
11. Signed President		13. Signed Trustee		
Title (if other tit see instru		Title (if other title, see instructions.)		
On	C	On		
12. Signed Treasurer		14. Signed Trustee		
Title (if other tit see instru	itle, uctions.)	Title (if other title, see instructions.)		
On/ /	C	On		

Form LM-16 (2003)

Name of Labor Organization Formerly Held In Trusteeship	File Number	Trusteeship Termination Date
7. How was the trusteeship terminated?  a. Dissolution of subordinate labor organization (If a. is checked, provide details in Item 10.)  b. Merger or consolidation (If b. is checked, provide details in Item 10.)  c. Restoration of the autonomy otherwise available to the subordinate labor organization (if c. is checked, complete Items 8 and 9.),  9. List the names and titles of the officers of the subordinate labor organization:	8. How were the officers of the subo a. Elected by the membership b. Other (Explain in Item 10.)	
10. Additional Information		