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

For Official Use Only

FORM LM-16 TERMINAL TRUSTEESHIP REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires 10-31-2013

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

1. File Number of Labor Organization Formerly Held in Trusteeship	2. Trusteeship Termination Date (mm/dd/yyyy) / /			
3. Labor Organization Formerly Held in Trusteeship Affiliation or Organization Name	4. File Number of Labor Organization Terminating the Trusteeship			
Designation (Local, Lodge, etc.)	5. Labor Organization Terminating the Trusteeship Name P.O. Box, Building and Room Number, if any			
Designation Number <i>(Prefix/Number/Suffix)</i> Unit Name <i>(if any)</i>				
				P.O. Box, Building and Room Number, if any
Number and Street	City			
City	State ZIP Code + 4			
State ZIP Code + 4				
6. During the period since the last Form LM-15 trusteeship report was filed:	and labor organization cont delegator or would have cont delegator if not in trusteeship?			

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 (If the answer is "Yes", complete and file Form LM-15A.)

No

b. Did the labor organization imposing the trusteeship hold an election of officers?

Yes (if the answer is "Yes", complete and file Form LM-15A.)

No

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.)

11. Signed Title	President (if other title, see instructions.)	13. Signed Title		Trustee (if other title, see instructions.)
On / / Date Telephone Number		On/ / Date	Telephone Number	-
12. Signed Title	Treasurer (if other title, see instructions.)	14. Signed Title		Trustee (if other title, see instructions.)
On / / Date Telephone Number		On / / Date	Telephone Number	-

Form LM-16 (2003)

Name of Labor Organization Formerly Held In Trusteeship		Trusteeship Termination Date	
8.	8. How were the officers of the subordinate labor organization selected?		
	a. Elected by the membership		
	b. Other <i>(Explain in Item 10.)</i>		
	8.	a. Elected by the membership	

9. List the names and titles of the officers of the subordinate labor organization:

10. Additional Information