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. 1245-0003
Expires 07-31-2019

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. File Number of Labor Organization Terminating the Trusteeship			
Designation (Local, Lodge, etc.)	-				
Designation Number (Prefix/Number/Suffix)		5. Labor Organization Terminating the Trusteeship			
Unit Name (if any)		Name			
		P.O. Box, Building and Room Number, if any			
P.O. Box, Building and Room Number, if any		Number and Street			
Number and Street		City			
		State ZIP Code + 4			
City					
State ZIP Code + 4					
 6. During the period since the last Form LM-15 trusteeship report was filed: 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.)					
	sident	13. Signed Trustee			
	ther title, instructions.)) Title (if other title see instruc			
On		On/ /			
	asurer ther title.	14. Signed Trustee	lo.		
	instructions.)) Title (if other titl see instruc	tions.)		
On/ /		On/			

Form LM-16 (2003)

Name of Labor Organization Formerly Held In Trusteeship	File Number	Trusteeship Termination Date
7. How was the trusteeship terminated?	8. How were the officers of the subo	rdinate labor organization selected?
a. Dissolution of subordinate labor organization	How were the officers of the subordinate labor organization selected? a. Elected by the membership	
(If a. is checked, provide details in Item 10.)	b. Other (Explain 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:		
10. Additional Information		