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 09-30-2021

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 Termina	ting the Trusteeship	
Designation (Local, Lodge, etc.)				
Designation Number (Prefix/Number/Suffix)		Labor Organization Terminating the Trusteeship		
Unit Name <i>(if any)</i>		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		
City		State	ZIP Code + 4	
•				
State ZIP Code + 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 tyes (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>	trusteed labo	oor organization sent delegates or would have	sent delegates if not in trusteeship?	
	Signatu			
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 Presider		13. Signed	Trustee	
Title (if other see instr	ructions.)	Title	(if other title, see instructions.)	
On/ / Telephone Number		On / / Telepho	one Number	
12. Signed		14. Signed		
Title (if other see instr	ructions.)	Title	(if other title, see instructions.)	
On/ /		On / / Telepho	one Number	

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		