

FORM LM-16

TERMINAL TRUSTEESHIP REPORT

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

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1. File Number of Labor Organization Formerly Held in Trusteeship <input type="text"/>	2. Trusteeship Termination Date (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>
3. Labor Organization Formerly Held in Trusteeship Affiliation or Organization Name <input type="text"/> Designation (Local, Lodge, etc.) <input type="text"/> Designation Number (Prefix/Number/Suffix) <input type="text"/> <input type="text"/> <input type="text"/> Unit Name (if any) <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Number and Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	4. File Number of Labor Organization Terminating the Trusteeship <input type="text"/> 5. Labor Organization Terminating the Trusteeship Name <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Number and Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>
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 trustee labor organization sent delegates or would have sent delegates if not in trusteeship? <input type="checkbox"/> Yes (if the answer is "Yes", complete and file Form LM-15A.) <input type="checkbox"/> No b. Did the labor organization imposing the trusteeship hold an election of officers? <input type="checkbox"/> Yes (if the answer is "Yes", complete and file Form LM-15A.) <input type="checkbox"/> 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 <input type="text"/> President On <input type="text"/> / <input type="text"/> / <input type="text"/> Date <input type="text"/> Telephone Number <input type="text"/>	13. Signed _____ Title <input type="text"/> Trustee On <input type="text"/> / <input type="text"/> / <input type="text"/> Date <input type="text"/> Telephone Number <input type="text"/>
12. Signed _____ Title <input type="text"/> Treasurer On <input type="text"/> / <input type="text"/> / <input type="text"/> Date <input type="text"/> Telephone Number <input type="text"/>	14. Signed _____ Title <input type="text"/> Trustee On <input type="text"/> / <input type="text"/> / <input type="text"/> Date <input type="text"/> Telephone Number <input type="text"/>

Name of Labor Organization Formerly Held In Trusteeship	File Number	Trusteeship Termination Date / /
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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.)

8. How were the officers of the subordinate labor organization selected?

a. Elected by the membership

b. Other *(Explain in Item 10.)*

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

	□		
	□		
	□		
	□		
	□		
	□		
	□		
	□		
	□		

10. Additional Information Additional Officer Names & Titles