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 09-30-2021

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 Trust	eeship 2. Trusteeship Termination D	2. Trusteeship Termination Date (mm/dd/yyyy) / /			
3. Labor Organization Formerly Held in Trusteeship Affiliation or Organization Name	4. File Number of Labor Org	4. File Number of Labor Organization Terminating the Trusteeship			
Designation (Local, Lodge, etc.)	5. Labor Organization Terr	5. Labor Organization Terminating the Trusteeship Name			
Designation Number (Prefix/Number/Suffix)	Name				
Unit Name <i>(if any)</i>	P.O. Box, Building and F	P.O. Box, Building and Room Number, if any			
P.O. Box, Building and Room Number, if any	Number and Street	Number and Street			
Number and Street	City	City			
City	State	ZIP Code + 4			
State ZIP Code +	- 4				
6. During the period since the last Form LM-15 trusteeship re					

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 / /	-	On <u>/ /</u> 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		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		a. Elected by the membership		
(If a. is checked, provide details in Item 10.)	b. Other <i>(Explain in Item 10.)</i>			
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