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

For Official Use Only

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FORM LM-16
TERMINAL TRUSTEESHIP REPORT

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.

Form approved
Office of Management and Budget
No. 1245-0003
Expires 03-31-2019

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

Designation *(Local, Lodge, etc.)*

Designation Number *(Prefix/Number/Suffix)*

Unit Name *(if any)*

P.O. Box, Building and Room Number, if any

Number and Street

City

State ZIP Code + 4

4. File Number of Labor Organization Terminating the Trusteeship

5. Labor Organization Terminating the Trusteeship

Name

P.O. Box, Building and Room Number, if any

Number and Street

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.)*

11. Signed _____ President (if other title, see instructions.)
Title President
On / / Date
Telephone Number

12. Signed _____ Treasurer (if other title, see instructions.)
Title Treasurer
On / / Date
Telephone Number

13. Signed _____ Trustee (if other title, see instructions.)
Title Trustee
On / / Date
Telephone Number

14. Signed _____ Trustee (if other title, see instructions.)
Title Trustee
On / / Date
Telephone Number

Print Report

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

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:

Additional Officer Names & Titles

10. Additional Information

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