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. 1215-0188 Expires 11-30-2006

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 Numbe	r of Labor Organ	ization Terminating the Trustee	ship
Designation (Local, Lodge, etc.)		5110			
Designation Number (Prefix/Number/Suffix)		Labor Organization Terminating the Trusteeship Name			
Unit Name (if any)		Name			
		P.O. Box, I	Building and Ro	om Number, if any	
P.O. Box, Building and Room Number, if any		Number ar	nd Street		
Number and Street		City			
City		State ZIP Code + 4			
State ZIP Code + 4					
State ZIP Code + 4					
 6. During the period since the last Form LM-15 trusteeship report was fa. Did a convention or other policy-determining body meet to which Yes (If the answer is "Yes", complete and file Form LM-15A.) No b. Did the labor organization imposing the trusteeship hold an elect Yes (if the answer is "Yes", complete and file Form LM-15A.) No 	the trusteed lab	·	n sent delegates	or would have sent delegates i	f not in trusteeship?
	Signat				
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.)					
	esident	13. Signed			_ Trustee
	other title, e instructions.)	Title			(if other title, see instructions.)
On/ /		On	/ / Date	Telephone Number	-
	easurer other title,	14. Signed			_ Trustee
Title See	e instructions.)	Title			(if other title, see instructions.)
On/ /		On	/ / Date	Telephone Number	-

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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.), 9. List the names and titles of the officers of the subordinate labor organization:	8. How were the officers of the subo a. Elected by the membership b. Other (Explain in Item 10.)	rdinate labor organization selected?
40. Additional Information		
10. Additional Information		