FORM T-1 TRUST ANNUAL REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only	1. FILE NUMBERS UNION a) TRUST b)	2. PERIOD COVERED 　　　　　　MO　　DAY　　YEAR From Through	3. (a) AMENDED - If this is an amended report, check here: ☐ 　(b) HARDSHIP - If filing under the hardship procedures, check here: ☐ 　(c) TERMINAL - If this is a terminal report, check here: ☐

4. NAME OF UNION	10. NAME OF TRUST
5. DESIGNATION (Local, Lodge, etc.)	6. DESIGNATION NUMBER	11. EMPLOYER IDENTIFICATION NUMBER
7. UNIT NAME OF UNION (if any)	12. PURPOSE OF TRUST
8. MAILING ADDRESS OF UNION (use capital letters)	13. MAILING ADDRESS OF TRUST (use capital letters)

8. MAILING ADDRESS OF UNION (use capital letters)		13. MAILING ADDRESS OF TRUST (use capital letters)	
First Name	Last Name	First Name	Last 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

9. Are the union's records kept at its mailing address? (If "No," provide address in Item 25.)　　　　Yes ☐　No ☐

14. Are the trust's records kept at its mailing address? (If "No," provide address in Item 25.)　　　　Yes ☐　No ☐

15. Will the labor organization be submitting an independent, certified audit in place of the remainder of Form T-1?　　　　Yes ☐　No ☐

Each of the undersigned, duly authorized officers of 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 Section V on penalties in the instructions.)

26. SIGNED:_____ PRESIDENT　　27. SIGNED:_____ TREASURER

_____　_____　　　　　　　_____　_____
　Date　　　　　Telephone　　　　　　　　　　Date　　　　　Telephone

Complete Items 16 Through 25

16. During the reporting period did the trust discover any loss or shortage of funds or other property? (Answer "Yes" even if there has been repayment or recovery.) ☐ YES ☐ NO

17. During the reporting period did the trust acquire or dispose of any goods or property in any manner other than by purchase or sale? ☐ YES ☐ NO

18. During the reporting period did the trust liquidate, reduce or write-off any liabilities without full payment of principal and interest? ☐ YES ☐ NO

19. Has the trust extended any loan or credit during the reporting period to any officer or employee of the reporting labor organization at terms below market rates? ☐ YES ☐ NO

20. During the reporting period did the trust liquidate, reduce or write-off any loans receivable due from officers or employees of the reporting labor organization without full receipt of principal and interest? ☐ YES ☐ NO

If the answer to any of the above is "Yes," provide details in Item 25 (Additional Information) as explained in the instructions for each item.

21. Enter the total assets of the trust at the end of the reporting period. ☐

22. Enter the total liabilities (debts) of the trust at the end of the reporting period. ☐

23. Enter the total receipts of the trust during the reporting period. ☐

24. Enter the total disbursements of the trust during the reporting period. ☐

Please be sure to:
* Enter your labor organization's 6-digit file number and the trust's 7-digit file number in Item 1.

* Have your labor organization's president and treasurer sign the Form T-1 in Items 26 and 27.

* Complete Schedules 1 through 3

25. (Text entered will appear on last page of form. To enter comments, press the General Additional Information" button.)

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SCHEDULE 1 - INDIVIDUALLY IDENTIFIED RECEIPTS

(List all entities from whom the trust received a total of $10,000 or more during the reporting period.)

Initial Itemization Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
(B) Type or Classification			
	(F) Total of Receipts Listed Above		
	(G) Total of All Receipts from Continuation Pages with this Payer		
	(H) Total of All Itemized Receipts with this Payer (Sum of (F) and (G))		
	(I) Total of All Non-Itemized Receipts with this Payer		
	(J) **Total of All Receipts with this Payer** (Sum of (H) and (I))		

SCHEDULE 2 - INDIVIDUALLY IDENTIFIED DISBURSEMENTS

(List all entities that received $10,000 or more in total disbursements from the trust during the reporting period.)

Initial Itemization Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
(B) Type or Classification			
	(F) Total of Disbursements Listed Above		
	(G) Total of All Disbursements from Continuation Pages with this Payee		
	(H) Total of All Itemized Disbursements to this Payee (Sum of (F) and (G))		
	(I) Total of All Non-Itemized Disbursements to this Payee		
	(J) **Total of All Disbursements to this Payee** (Sum of (H) and (I))		

SCHEDULE 3 — DISBURSEMENTS TO OFFICERS AND EMPLOYEES OF THE TRUST

Full Name / Title	(A) LAST, FIRST, MIDDLE INITIAL / Treasurer, Trustee, Attorney, etc.	Gross Salary Disbursements (before any deductions) (B)	Allowances (C)	Disbursements for Official Business (D)	Other Disbursements (E)	TOTAL (F)
1. Full Name						
Title						
2. Full Name						
Title						
3. Full Name						
Title						
4. Full Name						
Title						
5. Full Name						
Title						
6. Full Name						
Title						
7. Full Name						
Title						
8. Full Name						
Title						
9. Full Name						
Title						
10. Total from Continuation pages (if any)						
11. Total of Lines 1 through 10						

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25. ADDITIONAL INFORMATION

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