

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:
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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)	
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

<p>9. Are the union's records kept at its mailing address? (If "No," provide address in Item 25.)</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>14. Are the trust's records kept at its mailing address? (If "No," provide address in Item 25.)</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>15. Will the labor organization be submitting an independent, certified audit in place of the remainder of Form T-1?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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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.)

<p>26. SIGNED: _____ PRESIDENT</p> <p style="text-align: center;">_____ Date Telephone Number</p>	<p>27. SIGNED: _____ TREASURER</p> <p style="text-align: center;">_____ Date Telephone Number</p>
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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.)*

SCHEDULE 1 - INDIVIDUALLY IDENTIFIED RECEIPTS

UNION FILE NUMBER (a):

TRUST FILE NUMBER (b):

(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

UNION FILE NUMBER (a):

TRUST FILE NUMBER (b):

(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**

UNION FILE NUMBER (a):

TRUST FILE NUMBER (b):

Full Name	(A) LAST, FIRST, MIDDLE INITIAL	Gross Salary Disbursements (before any deductions) (B)	Allowances (C)	Disbursements for Official Business (D)	Other Disbursements (E)	(F) TOTAL
Title	Treasurer, Trustee, Attorney, etc.					
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						

25. ADDITIONAL INFORMATION

UNION FILE NUMBER (a):

TRUST FILE NUMBER (b):