

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

# FORM T-1 TRUST ANNUAL REPORT

Form Approved  
Office of Management and Budget  
No. xxxxxxxx  
Expires: xx-xx-xxxx

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.

For Official Use Only		READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.															
1. FILE NUMBERS UNION a) [ ][ ][ ][ ] - [ ][ ][ ][ ] TRUST b) T [ ][ ][ ][ ] - [ ][ ][ ][ ]		2. PERIOD COVERED MO [ ][ ][ ] DAY [ ][ ][ ] YEAR [ ][ ][ ]				3. (a) AMENDED - If this is an amended report, check here: <input type="checkbox"/> (b) HARDSHIP - If filing under the hardship procedures, check here: <input type="checkbox"/> (c) TERMINAL - If this is a terminal report, check here: <input type="checkbox"/>											
		From [ ][ ][ ] Through [ ][ ][ ]															
4. NAME OF UNION		10. NAME OF TRUST															
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER		11. TAX STATUS OF TRUST													
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)		Number and Street		City		State		Zip Code + 4	
P.O. Box - Building and Room Number (if any)		Last Name		First Name		Last Name		P.O. Box - Building and Room Number (if any)		Number and Street		City		State		Zip Code + 4	
Number and Street		Last Name		First Name		Last Name		P.O. Box - Building and Room Number (if any)		Number and Street		City		State		Zip Code + 4	
City		Last Name		First Name		Last Name		P.O. Box - Building and Room Number (if any)		Number and Street		City		State		Zip Code + 4	
State		Last Name		First Name		Last Name		P.O. Box - Building and Room Number (if any)		Number and Street		City		State		Zip Code + 4	
9. Are the union's records kept at its mailing address? (If "No," provide address in Item 25.) Yes <input type="checkbox"/> No <input type="checkbox"/>		14. Are the trust's records kept at its mailing address? (If "No," provide address in Item 25.) Yes <input type="checkbox"/> No <input type="checkbox"/>															
26. SIGNED: _____ on ____ / ____ / ____ ( ) - _____ Date Telephone Number		27. SIGNED: _____ on ____ / ____ / ____ ( ) - _____ Date Telephone Number															
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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.)