

**LITHOGRAPHERS AND PHOTOENGRAVERS LOCAL 285 WELFARE FUND
STATEMENT OF GAIN OR (LOSS)**

2017/2018	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	TOTAL
Income													
Contrib-Employer	0	153,802	156,003	164,045	188,892	109,372	153,007	153,732	149,963	140,466			1,369,282
COBRA Self Pay	153	77	38	115	3,715	77	115	3,677	115	38			8,120
Retired Self Pay	24,560	15,122	15,073	17,699	16,080	13,067	15,254	17,199	13,425	14,219			161,697
Liquidated Damages	0	0	0	340	0	0	337	0	1,609	0			2,285
Interest on Delinquency	944	0	500	432	0	0	356	110	1,758	0			4,100
Interest Income	5,553	2,114	1,309	1,670	3,523	4,714	2,708	807	2,154	2,913			27,464
Express Scripts Refunds	0	0	0	0	0	0	0	0	0	0			0
Schwab Unrealized Gain/Loss	0	0	0	0	0	(751)	252	(1,009)	(1,452)	(1,143)			(4,103)
Total Income	31,209	171,114	172,923	184,300	212,211	126,479	172,030	174,515	167,572	156,493	0	0	1,568,845
Expenses													
Administration Fee	7,793	7,793	7,793	7,793	7,793	7,793	7,793	7,793	7,793	8,027			78,164
Audit Fee	0	0	1,000	1,000	0	0	14,500	0	0	0			16,500
Bank Charges	57	75	57	57	66	63	57	0	0	0			434
Ben Paid-GCN	2,198	2,198	2,198	2,198	2,198	2,198	2,198	2,198	2,198	1,759			21,544
Bond Expense	119	0	0	238	0	0	0	0	0	0			357
Dental Premiums	4,817	6,373	5,505	5,565	5,717	6,093	6,116	5,785	5,306	5,364			56,641
Vision Premiums	1,223	1,188	1,182	1,112	1,126	1,251	1,119	1,140	1,147	1,015			11,502
Ins Premium Life *	1,440	0	0	7,201	2,129	(2,313)	1,771	1,759	1,519	1,637			15,144
Ins Premium - STD, AD&D *	1,435	0	0	5,265	1,518	(2,908)	1,242	1,233	1,058	1,150			9,993
Kaiser Premium-Act	98,419	138,388	121,086	118,738	117,260	114,258	118,524	115,005	96,524	108,860			1,147,060
Kaiser Premium-Ret	10,730	10,730	10,730	10,730	10,144	10,802	9,452	10,127	10,127	9,647			103,222
Kaiser Premium-COBRA	2,135	1,099	(2,199)	0	0	3,131	0	0	3,131	1,565			8,862
Consulting Fees	0	0	0	0	0	0	0	0	0	0			0
Inv Custodian Expense	0	0	0	0	0	0	0	0	0	0			0
Meeting Expense	0	0	255	0	0	123	122	122	127	0			749
Legal Fees	0	0	0	0	4,561	3,883	0	0	0	14,229			22,673
Payroll Taxes 941	0	0	0	0	0	0	0	0	0	0			0
Postage Expense	0	10	0	310	0	26	6	2	61	0			415
Printing & Stationery Exp	0	0	0	358	0	0	180	0	0	0			538
Professional Associations	0	0	0	0	0	0	0	0	0	0			0
Fiduciary Resp Insurance	1,859	0	0	0	0	0	0	1,328	0	0			3,186
Trustee Expense	0	0	0	0	0	0	0	16	0	0			16
Office Supply	0	0	0	49	0	0	0	0	0	0			49
Miscellaneous Expense	0	0	0	0	0	0	0	0	0	0			0
IFEBP	958	0	0	0	0	0	0	0	201	0			1,159
Medical Reimbursement	0	0	0	0	0	0	0	0	0	0			0
Wire Fee	0	0	0	0	0	0	0	0	0	0			0
Total Expenses	133,183	167,856	147,608	160,614	152,512	144,400	163,081	146,508	129,193	153,252	0	0	1,498,207
Gain/Loss	(101,974)	3,258	25,315	23,685	59,699	(17,921)	8,949	28,008	38,379	3,241	0	0	70,638

* August Includes credits of \$4,059.92 for Life & \$4,131.40 for Disability

Lithographers & Photoengravers Local 285 Welfare Fund
Balance Sheet
For December 31, 2017

ASSETS

Current Assets

PNC Bank (0355)	\$ 100.00
PNC Bank MM (0347)	619,574.64
Capital Financial, LLC	429,000.00
Charles Schwab	1,452,832.47
Prepaid Expenses	1,004.16
Prepaid Insurance Premium	<u>2,690.72</u>

Total Assets	<u><u>\$ 2,505,201.99</u></u>
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LIABILITIES AND CAPITAL

Current Liabilities

Prepaid Contributions	<u>33.44</u>
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Total Liabilities	<u>33.44</u>
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Capital

Retained Earnings	2,434,530.19
Net Income	<u>70,638.36</u>

Total Capital	<u>2,505,168.55</u>
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Total Liabilities & Capital	<u><u>\$ 2,505,201.99</u></u>
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Lithographers & Photoengravers Local 285 Welfare Fund
Income Statement
For December 31, 2017

Dec-17

Income

Contributions	\$	140,465.99
Cobra Payments		38.38
Interest Earned		2,912.77
Retiree Contributions		14,219.13
Liquidated Damages		0.00
Interest on Late Contributions		0.00
Express Scripts Refunds		0.00
Schwab Unrealized Gain/Loss		(1,143.36)

Total Income		156,492.91
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Expenses

Vision Insurance	1,014.70
Medical Reimbursement	0.00
Plan/Trust Administration	8,026.79
Bank Charges	0.00
Accounting, Auditing, Consulting	0.00
Bond Insurance Expense	0.00
Fiduciary Liability Insurance	0.00
Medical Insurance (Kaiser)	120,072.35
Medical Insurance (GCN)	1,758.68
Dental Insurance	5,364.14
Legal Expenses	14,228.66
Misc Expenses	0.00
IFEBP	0.00
Travel Expenses	0.00
Payroll Taxes 940	0.00
Payroll Taxes 941	0.00
Postage Expense	0.00
Office Supply	0.00
Printing Expense	0.00
Salaries	0.00
Trustee Expense	0.00
Group Term Life Insurance	1,636.80
Short Term Disability	1,150.00
Consulting Fees	0.00
Investment Advisor Fee	0.00
Meeting Expense	0.00
Wire Fee	0.00

Total Expenses		153,252.12
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Net Income	\$	3,240.79
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Lithographers & Photoengravers Local 285 Welfare Fund
Contributions Received
Dec-17

Name	Employer #	AMOUNT	CHECK#	Date Pymt Rec'd	Notes
Accumail, Inc.	5197	7,298.76	10414	12/18/2017	Payment for 11/17
Doyle Printing & Offset	5187	11,651.60	23872	12/12/2017	Payment for 11/17
H&H Bindery	5189	4,331.57	11449	12/11/2017	Payment for 11/17
Union HQ Staff	5196	2,377.02	9843	12/4/2017	Payment for 11/17
Kelly Press	5193	35,172.00	610472	12/4/2017	Payment for 11/17
Mosaic Bookbinders	5185	36,169.12	ACH	12/8/2017	Payment for 11/17
Mosaic Lithographers	5194	34,113.32	ACH	12/8/2017	Payment for 11/17
Raff Embossing & Foilcraft	5183	4,813.62	20262	12/28/2017	Payment for 11/17
Raff Embossing & Foilcraft	5183	3,844.00	20263	12/28/2017	Payment for 11/17
Raff Embossing & Foilcraft	5183	<u>694.98</u>	20265	12/28/2017	Payment for 11/17

Total Contributions: 140,465.99

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Total Late Fees/Liquidated Damages: -

Lithographers & Photoengravers Local 285 Welfare Fund
Check Register
For the Period From December 1, 2017 to December 31, 2017

Date	Check #	Payee	Amount
12/15/17	1623	CHLIC	5,364.14
12/15/17	1624	National Vision Administrators, LLC	1,014.70
12/15/17	1625	Mutual Of Omaha	2,786.80
12/15/17	1626	Mooney, Green, Saindon, Murphy & Welch	14,228.66
12/15/17	1627	Graphic Communications National H&W Fund	1,758.68
12/15/17	1628	Kaiser Foundation Health Plan	120,072.35
12/15/17	1629	Associated Administrators, LLC	8,026.79
Total			<u>153,252.12</u>